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What Shall I Do Now?

Released Offenders' Expectations for Supervision Upon Release

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In an outcome evaluation of recovering addicts who participated in a prison-based therapeutic community, 39 clients (a nonrandomized subsample) were interviewed about their rehabilitation and reintegration experience. The study focused on participants' perceptions of how essential the continuum of treatment and supervision after release was. Whereas many studies have shown that participating in prison-based drug treatment programs reduces likelihood of recidivism, clients in this study suggested that other factors might be equally important—in particular, the importance of the continuum of treatment after release and/or being supervised in the community. Findings are discussed in regard to inmates' expectations, confusion upon release, and formal support mechanisms; suggestions for further research are made.

Keywords: *reintegration; seamless system; continuum of treatment; community supervision; formal social support*

With prison population worldwide reaching new peaks, early release may become a necessity for communities facing massive numbers of released inmates who are returning home. For many inmates, returning home after completing their sentences is not easy. The task becomes even harder for recovering drug addicts who participated in treatment while incarcerated and are returning home as drug-free individuals.

Past studies have demonstrated that drug treatment in correctional settings is effective in reducing recidivism rates. According to Lipton (1995) and Taxman (1998), the effectiveness of drug treatment is enhanced when offenders are treated in the community after release from jail or prison programs. Additionally, research on treatment has proven that supervision and immediate sanctions for violation of supervision conditions are critical components of an effective treatment delivery system (Taxman, 1998). For example, in a 3-year outcome evaluation, Wexler and

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his colleagues (Wexler, Melnick, Lowe, & Peters, 1999) examined the Amity in-prison treatment community (TC) in conjunction with community aftercare. Their results showed that only 27% of those participating in TC followed by community programs returned to custody, in comparison to 75% of the control group (those not supervised after completion of the prison-based program). Similar findings in Delaware by Martin and colleagues (Martin, Butzin, Saum, & Inciardi, 1999) showed significantly lower recidivism and drug relapse among those participating in prison-based TC and aftercare release. Other studies that examined prison-based treatment in conjunction with community aftercare support the notion that community supervision and postrelease aftercare are crucial factors in reducing recidivism and future drug use rates (Knight, Simpson, & Hiller, 1999; Pearson & Lipton, 1999; Simpson, Wexler, & Inciardi, 1999). Taking into consideration the above findings, this study aims to examine released offenders' perceptions of community aftercare and supervision. Specifically, the study seeks to gain insight into the importance given to community aftercare and supervision by offenders who received drug treatment while incarcerated.

Drug offenders who enter recovery from their addiction while incarcerated can be compared, when they rejoin the community, to immigrants that have just arrived in a foreign land. Learning even the simplest routines, recovered drug addicts experience bewilderment, confusion, and as a result, high levels of stress. Such stress may be exacerbated by difficulties in finding housing, survival until employment is found, stresses of employment itself, and lack of appropriate support. These stressors can confound newly released inmates after years of isolation from the outside world and thus inhibit or destroy the progress of recovering drug addicts. Stress is magnified during early stages of reentry; therefore, having supervision and support is essential in maintaining the momentum gained by the program received while on the inside. According to Taxman and colleagues (Taxman, Young, Byrne, Holsinger, & Anspach, 2003), there is a pressing need for transitional housing and having a companion to accompany the offender during the day when he or she departs from the transitional housing. Taxman and her colleagues (Taxman, Young, & Byrne, 2003) examined the benefits of this type of support, in a study founded by the Department of Justice under what is known as the "experiment in the Reentry Partnership Initiative." In that report, offender's views of reentry were examined, particularly in regard to their survival needs and to the social and institutional factors that affect reintegration. Taxman (2002) suggests that the supervision and reentry process must support the psychological needs of the offender and promote accountability for his or her actions.

Control and Supervision

According to early control theoreticians, ideas of criminal conduct are driven from each individual life experience; thus, it is assumed that individuals will not commit crimes unless they were exposed to similar negative attitudes and behaviors

manifested in their immediate social surrounding and by their peers (e.g., Akers, 1977; Hirschi, 1969; Matza, 1964). This notion of social environment as generating criminal behavior is crucial to our understanding of the need for supervision. The practice of intensive supervision (as introduced by Deschenes, Turner, & Petersilia, 1995) is one possible way of achieving this goal of supervising offenders in various risk levels because it provides, when compared to other types of supervision, more face-to-face contact with the supervising agent, increased drug tests, and possible house arrest (Deschenes et al., 1995).

In jurisdictions where parole failures are decreasing, researchers and practitioners are attributing the decline to higher levels of supervision (Austin, 2001). However, other studies have found contradictory evidence to the use of intensive supervision. In fact, Mackenzie (2000) and Sherman et al. (1997) found intensive supervision to be ineffective. However, Taxman (2002) stated that most correctional interventions and supervision programs to date have been poorly evaluated and thus may not be adequate to determine the effectiveness of such programs. However, a discussion about supervision's encompassing preventive and supportive measures remains relevant to any discussion that aims to deal with released inmates, especially those who participated in prison-based drug treatment programs and are released to the community as recovering drug addicts. Research has shown that offenders can successfully reintegrate into society if given the right tools. A seamless system—sometimes referred to as a continuum of care—is a systematic process that addresses the needs of both the criminal justice system and the offenders by providing frequent supervision with coerced treatment. The seamless system can be initiated immediately after release on parole—and in many cases, upon commencing probation—and it provides the individual with steady guidance that may aid in reducing recidivism (Taxman, 1998). Simpson and colleagues (1999a) stated that long-term effectiveness can be obtained when there is a continuum of services in the community. Additionally, research has shown a decrease in recidivism and drug use among individuals who received drug treatment after release from incarceration when treatment was also provided during the prison term (Chanhatasilpa, Mackenzie, & Hickman, 2000; Deschenes et al., 1995; Young, Fluellen, & Belenko, 2004). Such findings lead many to believe that "more is better" when it comes to increased contacts with offenders, increased drug tests, and more comprehensive surveillance (e.g., ankle bracelets/monitors and house arrest).

Contacts with the offenders are the framework of supervision and provide a way to monitor the offenders in the community (Taxman, 2002). Contacts are considered an important aspect of supervision, and the number of contacts deemed appropriate is based on the risk of the offender (Taxman, 2002). Studies conducted on the intensity and length of supervision indicate that offenders who suffer from substance abuse should spend between 12 and 24 months under supervision or treatment (Lipton, 1995; Taxman, Young, Byrne, et al., 2003), but it is not only the amount of time being supervised that is important but also the dosage—the type, length, and intensity—of treatment that the individual receives that has the most cogent effect (Condelli &

Hubbard, 1994). Interestingly, Hall and colleagues (Hall, Evans, & Smith, 1989) found that correctional officers and criminal court judges share an overall support for increased control, such as using electronic monitoring, to monitor offenders under supervision in the community. Furthermore, Deschenes and colleagues (1995) found that offenders on intensive supervision were characterized as being more likely to actively search for jobs; they had more face-to-face contacts with their supervising agent; they underwent increased drug tests; and they were more likely to be involved in at least one constructive activity in a 1-year follow-up. Moreover, Seiter and Kadela (2003) stated that the existence of parole and parole considerations can create an incentive for good behavior and program participation. The researchers further argue that the process can be beneficial even if it is not truly voluntary.

However, many studies that focused on increased supervision programs such as intensive supervision did not provide support for their ability to reduce recidivism. The differing results of the studies have incited a debate over the benefits of coerced and intensive supervision. Mackenzie (2000) focused on intensive supervision and found that increased contacts did not produce better outcomes. Similarly, Petersilia and Turner (1993) evaluated 14 sites that utilized the intensive supervision approach, and they found no difference in rearrest rates between routine probationers (controls) and those who received intensive supervision (also see Sherman et al., 1997). Yet some studies provided support for the use of coercive treatment, an important component of the seamless system described earlier, which combines supervision with coerced treatment. For example Collins and Allison (1983) examined retention rates among outpatient versus residential clients and found higher rates to be associated with closer supervision. Similarly, Farbaree and colleagues (Farbaree, Prendergast, & Douglas, 1998) conducted an overview of 11 studies regarding the effectiveness of various levels of coerced treatment. They support the use of coerced treatment, arguing that it is an effective method with better retention rates and, thus, better outcomes, when compared to other methods. Examining the relationship of legal coercion and readiness to change (i.e., motivation) among 295 adults with alcohol and other drug problems, Gregoire and Burke (2004) found that those who are legally coerced into treatment are over 3 times more likely to engage in recovery-oriented behavior.

Taxman (1998) asserts that there is a common myth that those who volunteer for treatment are more motivated to change. However, research has never substantiated this myth. Interestingly, Taxman states that most persons afflicted with addiction do not volunteer for treatment; rather, some factor prompts the treatment. Taxman calls these *coercive factors* and posits that they provide a driving force to begin treatment but do not necessarily provide continuing pressure to stay in treatment. It is important to note that coerced individuals may have lower levels of motivation and may thus be reluctant to take active part in the process. Morris (1974) avowed that correctional treatment was indeed important but would not be effective if perceived as being coercive. Yet some research has shown that people who are mandated to treatment are motivated to modify their behaviors.

Although there is a paucity of research focusing on the use of coercive treatment, studies such as those of Gregoire and Burke (2004) and Farbaree and colleagues (1998), described earlier, provide support for its use. This is also supported by Hough (2002), who examined treatment providers. In this study, he argues that "coerced treatment is no less effective than treatment on a voluntary basis" (p. 992). More so, Hough summarizes his study by arguing that the body of evidence is now sufficient to argue that coercing drug users into treatment will yield benefits both to the users and to the broader community. Similarly, Kaufman (2000) argues that continuum of treatment and outside supervision after release are critical factors in the rehabilitation process. However, future studies are still needed to substantiate the effectiveness of coercive treatment on rehabilitation.

Taxman, Young, and Byrne (2003) made an important point when stating that offenders do not benefit from just supervision. In their research on offenders' views of reentry, they discovered that assessment of needs and assistance in obtaining those needs (i.e., transitional housing, employment, and food) are crucial in keeping offenders from "falling off the wagon." Other researchers have concluded similar notions. Offenders often state a need for assistance in finding employment opportunities (Hanrahan, Gibbs, & Zimmerman, 2005; La Vigne & Kachnowski, 2005). La Vigne and Kachnowski (2005) found that 93% of respondents ($n = 676$) believed that finding a job after release was important. Further 87% expressed a need for help or a lot of help in finding employment. Hanrahan et al. (2005) found similar concerns among participants in their study.

Whereas some studies have shown that intensive supervision is no more effective in reducing recidivism than regular or orthodox supervision (Mackenzie, 2000; Sherman et al., 1997), others provide an opposing view. As mentioned, studies on coerced treatment argue that coercion may be effective in helping transform offending behaviors (Farbaree et al., 1998; Gregoire & Burke, 2004). Consequently, further research that is aimed at understanding these discrepancies is needed to advance the field.

The current study aims to further the notion that offenders do understand their need for monitoring and supervision. The data in this present study consistently identify this need and show that ex-offenders benefit from being monitored in the community.

Criminal justice practitioners often adopt paternalistic rehabilitation approaches, working under the assumption that professionals are better equipped to assess and evaluate offenders' needs than the offenders themselves. The overriding assumption is that offenders are somewhat irrational and unaware of their own conditions. Consequently, the purpose of this study was to examine the perspectives of the inmates themselves in regard to their need of supervision and continuum of treatment. This is important because being able to identify a need is one of the most significant steps toward recovery and rehabilitation (Prochaska & DiClemente, 1986). In fact, identifying a need is the first stage toward achieving change, in what Prochaska and DiClemente (1986) call the precontemplation stage. In that regard,

this study can provide implications about the role of motivation in altering behavior. Because of conflicting evidence, this study aimed to add insight on released offenders' perceptions on the importance of after-release supervision to the rehabilitation and reintegration process. Consequently, this study aims to understand the importance given to community aftercare and supervision by offenders who received drug treatment while incarcerated.

Method

To gain insight about the importance given by released recovered drug addicts in the reintegration process—in particular, the nature and length of supervision needed—a qualitative method of analyzing narratives from semistructured questionnaires was used. This method allowed the author to focus on a broad reality experienced by the respondents while revealing hidden information about the participants and their ways of seeing and interpreting the world around them (Stake, 1995). Therefore, data analysis was done according to phenomenological guidelines, as used in studies of this nature that utilize in-depth interviews with participants (Bernard, 2000). In the current study, after respondent narratives were typed,[1] primary categories were drawn from the interviewees' comments, and each narrative was then examined according to the primary categories.[2]

The Interview

Narratives were gathered by semistructured interviews. This type of interview is common when an interviewer has only one opportunity to interview a participant (Bernard, 2000). A set of guidelines was used, which in this case were a standard set of general questions, concerning the information of interest (Bernard, 2000). Most of the questions were open-ended and asked the interviewee to talk freely about his experience during the rehabilitation process and later about his perception of his integration back into the community. In that regard, questions were asked about the availability of information on the "outside," as well as continuum of treatment and supervision. When appropriate, interviewees were urged to elaborate on their comments.

Each interview was tape-recorded with the consent of the interviewee. Interviews were held at numerous sites: prisons, offices of the Israeli Prisoners Rehabilitation Authority (IPRA), and homes of the interviewees. The lengths of the interviews varied substantially. The shortest were 30 min for participants who were unable or unwilling to communicate—these were participants who were still using drugs and had relapsed after their release from the program. The longest interviews ranged to 75 min for participants who were eager to describe their situations—these participants were in recovery for a short period (only a few months in their second recovery attempt after the prison program experience). The interview length for participants who were in continuous recovery was approximately 45-50 min. The author did not set the interview

length; rather, it was set by how long each offender was willing to discuss his recovery process. Interviews were conducted between February and June 2001.

Interviewees Sample

The population for this study was defined as male inmates who participated in the Sharon prison program[3] between 1994 and 1997 and were eligible for parole after completing two thirds of their sentence. Because this study is part of a much wider study that used a census of all inmates who were participating in the Sharon prison-based therapeutic community (see Shoham, Gideon, Weisburd, & Vilner, 2006), a list of 101 participants who were released from that prison between 1994 and 1997 was drawn using proportional random sampling technique. This list was used to identify potential and relevant participants without creating a bias. The Israeli Prison Authority located 22 participants who were rearrested and reincarcerated after their release from the Sharon prison-based TC; these participants were interviewed.

A separate attempt was made to locate participants who were living in the community. Using the IPRA,[4] 14 participants were added to the sample. Each was asked at the end of his interview to provide the names of other ex-prisoners relevant to the study, thereby resulting in 3 additional participants. Overall, 17 ex-Sharon inmates were interviewed in the community and 22 in prison for a total of 39.

Interviewees Characteristics

Of the 39 interviewees, nearly half were not using drugs at the time of interview (self-reported and backed up by official data from urine samples collected and available from IPRA). The majority of interviewees were Jewish, with about a third being single (never married). Data about marital status, as well as other demographics, were available from the intake forms filled out by the social worker in prison. The average level of education at intake was around eighth grade, and less than a quarter had no professional skills. The mean age at first drug use, as reported by interviewees, was 15.2 years, with a standard deviation of 3.0 years. Whereas almost 90% of the interviewees in the study used a variety of drugs, about 44% reported intravenous drug use as the most common method of abuse. Questions about alcohol consumption were not asked. Finally, more then half (53.8%) reported never having been in treatment before their incarceration in the Sharon prison. These characteristics were not found to be significantly different from the total population that was the focus of this study (see Shoham et al., 2006).

Findings and Discussion

The need for supervision after release and the perception of supervision in the community as part of a support network were identified by participants more than 58

times, creating nine categories, which are about 33% of all extracted categories in this study. Extracted categories helped to focus on the need for further supervision and continuum of treatment, many times as part of the need for supervision. This article focuses on several salient quotes as expressed by the participants.

According to Kaufman (2000), continuum of treatment and outside supervision after release are critical factors that must be top priority of every rehabilitation and reintegration program. Accordingly, Kaufman suggests that released inmates who receive treatment upon release and who are characterized by high levels of motivation enjoy significantly lower tendencies of relapse in comparison to those who do not participate in such after-release treatment programs (Kaufman, 2000). Similar findings are found in an earlier study conducted by Kaufman (1999) on the effect of continuum of treatment on recovered drug addicts who participated in a 12-step program. Kaufman's study (2000) demonstrates that those who are engaged in 12-step self-help groups after detoxification are more successful than others in maintaining their abstinence.

Moreover, it was found that long-term effectiveness of prison-based treatment can be obtained when there is a continued condition of integrated supervision in the community (Simpson et al., 1999a, 1999b). According to Taxman (1998), such post-prison services in the community provide the recovered drug addict with steady guidance and less bewilderment (Taxman, 1998). Similarly, all participants in the present study agreed, with no exception and regardless of their success in rehabilitating their lives, that their release from prison should be on the condition that they participate in a continuum of treatment and supervision. Furthermore, many participants believed that it would be better if such conditions replaced early release, that is, parole (or as it is known in Israel, "one third on good behavior"), because the first few months are characterized by high levels of disorientation, as noted by these two participants:

> As an ex-drug addict with no program or routine, no nothing, you can not expect too much. (participant, age 33)
>
> The first few months are the most difficult ones. . . . If you manage to overcome the social stress then all the rest will follow. (participant, age 40)

The existence of community supervision—and parole in particular—was argued to be an incentive for good behavior and program participation, even if it was coerced (Seiter & Kadela, 2003). Similarly, participants in the present study indicated and emphasized the importance of such coerced supervision upon release, as stated by these four interviewees:

> I believe that 80%–90% do well when a sword [is hanging] above their heads. When I don't have a police officer looking for me, then I'm free, I'm big. . . . I did not sign a treatment contract and I am sorry for that. This is one of the things that can help a person succeed. . . . If someone tells me that for a year I have to go somewhere to sign in and give a urine test and if I don't then I'm going back to prison . . . fear of going back will do its thing. (participant, age 47)

> I wanted to have supervision, 'cause it's a leash that is tied around my neck automatically. A leash around the neck lets a person feel that he needs to be careful, you see, he knows that he has a red light, but if there is no supervision, I have no red light, no yellow light, and not even a green light [I do whatever I want]. . . . The moment I have a rope around my neck, it really helps, and it helped! It made lots of people more careful on the outside and to think more if it is worth it or not, cost and benefit. (participant, age 34)
>
> I, my thoughts, and the thoughts of every drug addict, love to run, love to rebel. If these thoughts are interfering inside my head, that's it, I lose control, but [when you] know there are urine samples, that you have something that is being held over your head, you try to control yourself. (participant, age 33)
>
> I think it really helped me that they conditioned my release with urine samples and that I had to be in touch with the IPRA. 'Cause first of all, it's some kind of routine, there isn't a person who doesn't need a routine after he is released from prison, it simply isn't possible. When you get out [of prison] your internal police officer is not that strong, in my opinion. It is good to know you have some kind of a routine, also for your self-confidence. . . . I advise to all of those who can, to go to a hostel [halfway house], and if not a hostel, than to go to someplace where they take urine tests, just so he will be attached [connected and supervised]. (participant, age 45)

Indeed, other studies support the fact that intensive supervision does help encourage individuals to search for employment and be more involved with constructive activity (Deschenes et al., 1995).

Moreover, research conducted in previous years suggests that offenders should spend between 1 and 2 years after release under supervision or treatment (Lipton, 1995; Taxman, Young, Byrne, et al., 2003). Likewise, participants in the present study were asked about the length of time that they think is appropriate for them to be supervised after release. One of the participants articulated this need by saying, "You take a year or two, it's not a short period, even a year is not a short period . . . [but you must understand that] an addict is for life" (participant, age 39). Overall, all participants in the present study acknowledged the 1- to 2-year period as an essential readjustment frame, exemplified by these two participants' statements:

> After being in prison and leaving, we [inmates] must have some sort of program for at least a year or two, but minimum one year, because during this year you just begin to realize what is going on with you on the outside. (participant, age 26)
>
> More intensive setting/program, that will provide consistency and keep you, at least at the beginning, one year at minimum, this is critical, oh boy this is a very critical year. (participant, age 39)

However, it is important to acknowledge that a supervisory approach of "the more, the better" in terms of supervision does not always have a positive effect on rehabilitation and reintegration; it may exchange one dependency with another and thus block the opportunity to truly start a new life (see Shoham et al., 2006).

Nevertheless, similar to those of other studies, findings from the present study support the notion that supervision after release is essential. Consequently, more than 60% of the participants in the present study advocated for postrelease supervision. However, the merit of this study is that such necessity was supported by the released and recovered drug offenders themselves, which is different from many other studies that used a somewhat paternalistic approach in examining the benefits of supervision in terms of recidivism and employment. Moreover, the present study supplements existing literature by acknowledging that the clients of the system do think that supervision is an important and essential part of their reintegration process. In that regard, the present study joins other studies that indicated drug offenders to be supportive of community supervision (Nelson, Deess, & Allen, 1999; Taxman, Young, & Byrne, 2003).

Similar findings are supported by Hanrahan and colleagues (2005), who argued on the basis of the interviews that they conducted that parolees had little confidence in their ability to make it on their own once released. Participants in the present study agreed that being supervised in the community after release and participating in a continuum of treatment were essential for successful rehabilitation. This supervision and continuum of treatment become necessary after spending years behind bars, in addition to years of abusing drugs, which makes it difficult for released prisoners to face everyday challenges and hardships. Of the approximately 51% of the sample participants who returned to abuse drugs and were reincarcerated, nearly all were characterized by lack of treatment continuance and/or lack of supervision. Additionally, as implied in the interviews, most of the reincarcerated participants can be described as people with low levels of self-control, characterized by Reckless (1961) in his containment theory as having a low level of inner containment. Lack of inner containment comprises, among other things, poor judgment, a weak ego, and poorly developed conscience. This is particularly important because it is fully supported by the interviews and corroborates the author's position that released offenders who are recovering drug addicts cannot assume a normal functioning role without proper guidance and supervision. This lack of inner containment may in many ways be interpreted as a fundamental personality failure self-identified by the participants. Consequently, when discussing control theory, it is wrong to separate the discussion of personal control, as argued by Gottfredson and Hirschi (1990), from a wider discussion on social external control, as presented by Nagin and Paternoster (1994). One explains the other, and even more so, one cannot exist without the other. In the bond theory presented by Hirschi (1969), external control helps to shape personal mechanisms of control via a person's quality of attachment—that is, the extent to which a person is attached to others. In that regard, Reckless's containment theory is in a way a synthesis of personal and external control. Reckless discusses outer containment, or social control, as the first defense mechanism protecting the individual against external threats that may trigger criminal behavior, whereas he defines inner containment as the self-control that is in many ways a by-product of an already-developed solid identity shaped by attachment to others.

Conclusion

Most participants (more than 60%) testified that treatment continuum and supervision in the community upon release is highly essential. Moreover, mandating continuum of treatment and supervision in the community during the first year after release is highly valued by recovering addicts who experienced prison-based treatment. Such a continuum of care provides recovered drug offenders with what Taxman (1998) calls a seamless system, which provides a systematic process to address the needs of the criminal justice system and the offenders. The first year after release is the hardest and most crucial year in the reintegration process, especially for recovering drug addicts who are ex-prisoners. Accordingly, the various formal social support networks, as well as other supervision agencies, have a major central role in the reintegration process. A continuum of treatment and corresponding supervision have received support in other studies (Chanhatasilpa et al., 2000; Deschenes et al., 1995; Kaufman, 1999, 2000; Simpson et al., 1999b; Taxman, 1998; Young et al., 2004). As a result, the debate presented in the literature review of this article regarding the perceived need for after-release supervision is upheld by the findings of this study, adding support to the notion that after-release supervision is essential. Such a seamless approach is crucial to the process of reintegration, not only in terms of the treatment per se, but more important, because of the supervision it provides. Moreover, continuum of treatment along with supervision was found to have a positive effect on individuals' behavior (see Cullen, 1994; Hawkins, Arthur, & Catalano, 1995). Furthermore, it is important to note that such a continuum of treatment should be done seamlessly and immediately upon release, meaning from "door to door." In other words, released offenders must report to a preassigned agency on the day of release, because for most released prisoners—especially, recovered drug offenders—the first few hours are the critical ones (see Teichman, 1995).

Once it was established that continuum of treatment and supervision are essential to the reintegration process, participants were asked to evaluate the length of time that they thought was appropriate for their continuum of treatment and supervision. Many of the participants believed that at least 1 year is critical to a successful reintegration. During the first year of their release, inmates learn to deal with everyday problems as drug-free individuals. Additionally, during the first year, it is possible that they will establish some orientation toward the future while acquiring new social and professional skills that might be of great benefit toward their future lives. Moreover, a period of 1 year is usually the basic requirement for many available therapeutic settings on the outside community. The first year is also known to be the critical year in terms of the individual's mental, social, and financial reorganization. Studies have shown that released inmates who managed to stay out of trouble during the first year after their release are characterized by lower rates of recidivism (Hassin, 1978; Shoham et al., 2006).

From these results, it can be seen that the availability of formal social support mechanisms are highly important in the reintegration process. Continuous rehabilitation that

fosters a continuum of treatment with community supervision is highly desirable and recommended. Consequently, the ultimate conclusion from this study is that inmates should be directed before release, while still imprisoned, to available treatment and supervision options. More important, inmates must be introduced to the importance of such a continuum while pinpointing the risks that are threatening the reintegration process within the first year after release.

Between 1995 and year-end 2005, the Israeli Prison System released about 25,000 inmates early. However, according to Israeli Prison System records (personal correspondence with Israeli Prison System spokesmen, October 11, 2006; data available upon request), the percentage of inmates being released early with conditions of community supervision has decreased by more then 50%, whereas about 30% of inmates in 1995 were conditionally released and in 2005 the number of inmates to be conditionally released dropped to 12.8%. Consequently, the Israeli prison population is on the rise (almost doubling from 1995 to year-end 2005), similar to the trend in the United States and in many other Western countries. This fact, in conjunction with findings from the interviews of this study, may raise an important question that needs to be acknowledged: Why is it that communities prefer inmates to "max out" rather than be released on parole, knowing that parole may benefit inmates' rehabilitation and reintegration process? This question should not and cannot be limited just to one country, but it is a question that correctional administrators, reentry advocates, and policy makers everywhere should consider.

As a final note, the qualitative nature of the present study along with the small sample of participants may provide a solid first step toward future studies that aim to examine the perception of released offenders in the community in regard to after-release supervision. It is important to notice that such perspectives are highly important to the understanding of the difficulties and barriers faced by released offenders and the formal support that they need.

Notes

1. Interviews were conducted and analyzed by the author in Hebrew. The author then translated the relevant citations—presented in this article—keeping in mind the context in which they were reported. The statements were proof-examined to make sure that their original meaning was not lost in translation. Participants were anonymously identified by stating their ages.

2. After all 39 interviews were done, 27 major categories were drawn up using the expert reliability approach (i.e., three scholars involved in the evaluation study from which this study is drawn were asked to view the interviews and decide on the main categories to be examined) to verify that all categories were mutually exclusive. *Mutually exclusive* suggests that the categories were different and that there were no two categories dealing with the same phenomenon. From the 27 categories, 2 salient supervision categories (major theme) were chosen to be presented and discussed in this article. Other categories, but not all, are for example: employment difficulties, monetary debts, information on the outside, lack of routine, mentoring, personality and self-esteem problems, idleness, family and spouse problems, and so on.

3. The Sharon prison operated a therapeutic community for drug-abusing prisoners. This prison is located in the center of Israel and is considered to be the flagship of all drug treatment programs in Israeli prisons. As such, prisoners from all over the country who asked to participate in a drug treatment program

were transferred, after intake, to this facility for a detoxification and rehabilitation process that took at least 12 months. For more details, see Shoham, Gideon, Weisburd, and Vilner (2006) and Gideon (2002).

4. The Israeli Prisoners Rehabilitation Authority (IPRA) is an authority operating under state law, and it is obligated to meet with each prisoner about 3 months before the end of two thirds of his or her sentence. Hence, data on prisoners are documented either by prison or by region for future contact and consultation after release. I contacted chief consultants at the various IPRA offices around the country, asking them to assist in locating the 58 ex–Sharon prisoners. IPRA provided me with the addresses of the individuals, and letters were sent using impartial (i.e., non-IPRA) envelope and letterhead, explaining the aims of the study, assuring confidentiality, and requesting permission to further contact the individual.

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