The Vitanova Foundation's Addiction Recovery Management Program: A Quantitative and Qualitative Analysis

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EXECUTIVE SUMMARY

This report is a descriptive evaluation of the Vitanova Foundation treatment and recovery program for substance abuse, gambling addictions and anger management. Operating in the Greater Toronto Area of Ontario Canada, Vitanova Foundation has developed and refined their program over the past twenty-five years since the Foundation was established in 1987. The overall aim of the program is to "restore the individual's potential as a valued member of a fully functioning family and a contributor to the community at large."

"The Vitanova Foundation…helping put lives back together again" is the Foundation's mission, envisioning that a person in recovery should be allowed to define what recovery and "living well" signifies to him or her. Here, the vision goes beyond recovery from addictions to supporting people in achieving lives that are reflective of and fulfilling for the entire wellbeing of their body, mind, and spirit. Vitanova positions the Foundation and their clients to be positive influences and resources in the community in general.

A number of effective practices and approaches undertaken by the Foundation demonstrate that Vitanova connects with its clients: the Foundation recognizes and consciously promotes cultural understanding and diversity; staff understand specific addiction types and needs; a home-like environment with day-time and domiciliary treatment services are provided at no charge; individualized treatment plans are created for clients that encompass a variety of counseling services (e.g. individual, group, morning reflection group, family); practical, hands-on life skills are part of the programming; opportunities are provided for clients to enhance or discover what spirituality means to them, while a spirituality component is incorporated into the recovery process and treatment plan

The report has three components: The first documents Vitanova services using a multi-dimensional model to organize information. Known as the BRIO (Volpe, 2004), this model offers a simple means of managing complex information collected through a number of methods by categorizing information into four areas – Background, Resources, Implementation, and Outcome. With this model we are able to record and examine Vitanova's services.

The second is an analysis of data collected by Vitanova between 2002 and 2007 for 98 clients who have attended day treatment programs. The post discharge record of client recovery was used as a means of tracking client outcomes for up to eighteen months after program completion. These detailed records enabled the examination of

patterns in incidence of relapse and relationship to program success. On the basis of these patterns a profile of clients was generated.

The third component is a series of case histories based on the analysis of post discharge data described above. The patterns of client characteristics and their associated characteristics were used to create descriptive portraits representing three ideal types of clients. In this evaluation report, each portrait is a construction that illustrates patterns found in the discharge data. These portraits are co-constructions by Vitanova staff and the research team. The three individuals described in the portraits are fictional; each portrait is an aggregate of client experiences that is captured through this collaboration. The three patterns of client trajectory found in the post discharge data set was then given content in this process and resulted in the creation of the following portraits: 1) a *program-engaged* client; 2) a *program-mixed-complicated* client; and 3) a *program-detached-resistant* client.

The fictional individuals depicted in each of the portraits comprise typical characteristics of clients and illustrate common generalizable features. Each portrait is of a male client, approximately 30 years old, admitted to Vitanova's domiciliary program while unemployed. Based on the demographic information presented in the findings of this report, clients typically have either one parent or both parents of Italian descent. All portraits show strong family involvement or support in some way (e.g., father, sister, and/or brother involved and supportive). Variations in portraits include clients' primary and secondary addictions (i.e., clients in two of the portraits have alcohol as a primary addiction, with cocaine either as a secondary addiction or used socially but not an addiction; while one of the portraits provides a narrative of a client with an opiate addiction). Referral to Vitanova Foundation also differs in each portrait (e.g., family, friends, court-mandated referrals). Ultimately, the nuances to the process of recovery differ for each of the three portraits and reflect a construction of clients' journeys to recovery.

The Vitanova Foundation aims to maximize the autonomy of its clients by offering practical and innovative programming. Clients are offered the opportunity to successfully journey through recovery by participating in a multifaceted program that can help their personal identity, improve interpersonal life and coping skills, and strengthen social capital.

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CONTENTS

INTRODUCTION

Shifting Perspectives: Acute Stabilization to Sustained Recovery

The medicalized model of addiction treatment has expanded in clinical and non-clinical settings in North America (White & Kelly, 2011a), yet in response a movement to redefine the nature and direction of addiction treatment has also developed (Best & Laudet, 2010). This movement promotes a shift from acute stabilization to a sustained recovery approach – or addictions recovery management approach (Malloch & Yates, 2010) – which provides an individualized, more prolonged recovery process linking clients to a range of long-term resources and social networks in order to sustain recovery (el-Guebaly, 2012).

Considering treatment from an addictions recovery management perspective recognizes the growing population of individuals who "slip", "lapse", "relapse"[1] or continuously cycle through treatment programs (Malloch & Yates, 2010) and demand longer-term recovery options in order to sustain recovery. Treatment recovery processes are subsequently developed to be responsive to the needs of the individual by adapting and reconnecting therapy and addiction recovery management to the larger and more enduring process of personal and family recovery (White, 2006). It also means that services are organized to augment pre-recovery engagement, that peers[2] and professional associations initiate recovery, and that long-term recovery maintenance (i.e., longer term aftercare) is offered (White, 2008). Fundamentally, the support of others is used as part of a problem-solving collaboration (Volpe et al., 2008).

In addictions recovery management, the terms "success", "maintained" or "sustained recovery" and "support" cannot be universally defined as they have been in the medicalized model. In fact, White (2007) has identified the challenge of finding consensus over the concept of "recovery" and its associated definitions. Overall, however, these outcome measures are, and need to be, individually described and experienced (Cloud & Granfield, 2008; Malloch & Yates, 2010). In contrast to the acute care model, addiction recovery management also takes into account the individual

[1] A relapse of alcohol or drug use is usually over an extended timeframe with increasing frequency and intensity of use; while a "slip" or "lapse" occurs over a shorter timeframe, whereby the alcohol or drug user seeks recovery supports more immediately or over a shorter time frame.

[2] Peers means people who share the experience of addiction and recovery, either directly or as family members or friends (SAMHSA, 2008)

processes by which a person in recovery is allowed to define what recovery and "living well" signifies to them (Malloch & Yates, 2010).

One central belief within addiction recovery management is that there exists hope to restore a meaningful life, despite physiological and sociological factors (e.g., mental illness, poor family support, etc.; Deegan, 1996; Anthony, 1993). Key to this restoration is rebuilding self-esteem rather than focusing on symptom relief: it involves engaging in a process of self-acceptance, focusing on self-development, and taking control and responsibility of the addiction and the recovery process (Volpe, et al., 2008). To engage and rebuild self-esteem means mental health supports are inextricably linked with addiction recovery processes by including:

- Consistent, frequent and meaningful social participation;
- Exposure to deinstitutionalized processes and environment;
- Strengthened community and social supports;
- A focus on psychosocial rehabilitation; and

A view of the client as a user or consumer of strategies which are intended to build relationships and/or engage them or allow them to engage themselves (Anthony, 1993; Anthony, 2005).

This gamut of supports or resources can be referred to as "recovery capital," a concept that will be elaborated on in more detail later in this evaluation.

Project Focus

Sustained recovery or addiction recovery management means clients with an alcohol or drug problem require an individualized approach that a) enables clients to choose strategies that support their own recovery; b) allows clients to be exposed to and participate in strategies they would not normally choose; and c) provides a form of daily structure and social linkages as guided by the service or program provider (Malloch & Yates, 2010).

The present report provides an example of one treatment program being implemented in Ontario, Canada, which offers an adaptive model of care approach. Although not self-defined as addictions management recovery, the treatment program is still founded in a philosophy that works to improve the seven characteristics/challenges of acute-care. The Vitanova Foundation developed their program over twenty-five years of existence in the province. The Foundation recognizes that socio-cultural and familial histories and factors impact the alcohol and drug addiction recovery process. They do not assume "slips", "lapse" and "relapse" must be

part of recovery, but create a non-judgmental, open door environment for clients to seek help should relapses occur. Moreover, the Foundation recognizes that treatment programming and services need to be flexible in nature and in implementation to create an environment where clients can take responsibility for their choices and create their own path toward living well. To achieve this client focus, the Vitanova treatment program purports that culturally sensitive addiction service provision is not a function of those who work in the agencies, but rather *how the agency functions* and *how it can readily accommodate treatment approaches to the needs of diverse clients* (Vitanova Foundation, 2006).

METHODOLOGY

This evaluation provides Vitanova with a report on their intervention, discharge, and recovery processes in order to augment the effectiveness of their program policies, research and practices. The objectives are to:

- create a database that includes relevant demographic and post discharge survey information.
- utilize the computerized database to create an aggregate profile of the discharge process through time, with a view to determining case patterns
- work with Vitanova staff to co-create three representative client case study portraits.

These objectives were achieved in three steps:

1: Understanding Vitanova using the BRIO Model

The first step involved examining the Vitanova Foundation using two inter-related models of evaluation: 1) the BRIO model, in which we documented the program's Background, Resources, Implementation, and Outcomes; and 2) the Life Space Framework, in which information gleaned from the BRIO process was further used to describe cases representing three typical trajectories of clients in recovery (Volpe, 2002). While the BRIO model structures the story of a program, the Life Space framework provides the features for its analysis in terms of four interrelated components: interpersonal relations, internal states, the physical environment, and the sociocultural environment. This division into these features is arbitrary and serves primarily analytic purposes. In reality the life space is a complex fusion of elements. The four components capture changes in human development: 1) the sources of interpersonal support accessible to an individual; 2) internal states include the personal resources that an individual can command – investments of effort that the individual makes on his or her own behalf; 3) what the physical environment offers in terms of stimulation, support, and security; and 4) the sociocultural opportunities available or the obstacles encountered as influenced by social determinants such as socio-economic status, ethnicity, age, gender, social calamity, economic adjustment and technological change.

2: Data Analysis

The second step was to analyze the data collected by Vitanova between 2002 and 2007 of 98 clients who attended the Foundation's day treatment programs. This process provided insight into the nature of client demographics—specific characteristics such as ethnicity, marital status, socio-economic situations (homelessness, incarceration)—as well as clients' recovery, and recovery-aftercare. The data analysis is linked to the resources and effective practices offered by Vitanova Foundation, meant to augment a client's recovery capital – that is, the sum of the resources that facilitate the recovery process (Best & Laudet, 2011). A client's recovery capital during his or her treatment and over 18 months of post-discharge aftercare refers to a client's access to life skills training, vocational training, therapeutic treatment, family support, etc.

Although this analysis cannot provide conclusive results on the success rate in recovery and relapse of Vitanova Foundation clients, the quantitative analysis does achieve two major methodological and investigative goals: it provided the context used to develop three distinct portraits of Vitanova's addiction recovery clients; as well, it provided insight into how the Vitanova Foundation can improve data collection processes and enhance future quantitative analysis conducted at the Foundation for evaluations and for refining outcomes measurements.

3: Collaborative Portraits

The third component of this analysis presents portraits of client cases, which represent the journey of clients at the Vitanova Foundation. According to Volpe *et al.* (2008), recovery is often a metaphor of a journey: human beings may walk a common road, but each individual's journey is unique. The journey's path is undertaken in steps, not leaps, and it is rarely straight. It involves setbacks and sidetracks as life's challenges are encountered and faced. This metaphor analogy is useful to a multitude of consumers who have provided stories about their continuing process of recovery. The portrait portion of this analysis has been undertaken to capture the stories of clients through insights into the discharge and recovery process elicited from the statistical analysis of the discharge survey data. Patterns have been examined and identified, and representative cases were selected in consultation with Vitanova staff to create an understanding of different categories of client experiences throughout treatment, over the discharge process, and post-discharge aftercare. The three representative cases or portraits are:

1. Program-engaged clients;

2. Program-mixed-complicated clients; and
3. Program-detached-resistant clients.

The narrative accounts presented in this evaluation provide some of the most important evidence for interventions based on the recovery model. Portraiture is unique, collaborative, mixed-method effort to better understand the physical and emotional resource needs of people in recovery from addiction (Volpe *et al.*, 2008). Portraiture has been used to describe individual life histories (Lawrence-Lightfoot & Hoffman-Davis, 1997) and characterize best practices in primary prevention (Volpe, Lewko, & Batra, 2002; Volpe & Lewko, 2006). Portraiture is a qualitative research method that aims to "record and interpret the perspectives and experience of the people [by] documenting ...their authority, knowledge, and wisdom" (Lawrence-Lightfoot and Davis, 1997). For the present evaluation, the "authority, knowledge and wisdom" was derived from a number of interviews with Vitanova counselors, three Vitanova clients, and participation in the morning reflection group therapy. The subjects of the portraits are the variety of people and stories of past clients in recovery at Vitanova Foundation.

By recording and interpreting the perspectives and experiences of the people being studied, the portraits have been shaped by dialogue and draw on the experiences of addicted population in their life space. The nuances of the dialogue are important: the portraitist documents what people say, how they respond to questions, write out what was learned, and check back with workers in order to revise portraits until they reflect the life-space of a person in addiction recovery. This revisions process is continuous until the essence of a case has been captured. The portraits are "correct", credible and authenticated, when they resonate with the experiences of Vitanova staff (Volpe, et al., 2008). Ultimately, portraiture incorporates the voices of the stakeholders and of populations that are frequently studied rather than just analyzed through traditional qualitative and quantitative data methods. The strength of portraits is that life stories are generated collaboratively, in this case, incorporating addictions recovery as seen through the eyes of Vitanova staff working closely with a researcher/scribe.

Addictions in the Ontario Context

Statistics on substance use, misuse and abuse is well documented in Canada. The data presented in this section compares information collected in 2004 and in 2010. The Centre for Addiction and Mental Health provide a summary of addiction statistics in the country:

- 1 in 10 Canadians 15 years of age and over report symptoms consistent with alcohol or illicit drug dependence (Statistics Canada, 2003)
- Young people age 15-24 are more likely to report substance use disorders than other age groups (Statistics Canada, 2003)
- Overall, men are 2.6 times more likely than women to meet the criteria for substance dependence; 25% of male drinkers are high-risk drinkers compared with 9% of female drinkers (CCSA, 2004).

The Canadian Centre for Substance Abuse (CCSA) presents updated statistics on rates of usage by type of drug. Overall, cannabis and cocaine or crack use decreased in 2010, compared with 2004 statistics (i.e., Cannabis: age 15 years or older: 14.1% in 2004 to 10.7% in 2010; cocaine or crack: 1.9% in 2004 to 1.2% in 2010). Meanwhile, hallucinogens (0.9%), ecstasy (0.7%) and speed (0.5%) usage rates are comparable between 2010 and 2004. Between 2009 and 2010, rates of psychoactive pharmaceutical use (opioid pain reliever, a stimulant, or a sedative or tranquilizer) also are comparable, with 26.0% of respondents aged 15 years and older indicating use in the past year. Among Canadians 15 years and older, the prevalence of past-year alcohol use was 77.0%, not statistically different from previous years (Health Canada, 2010).

Rates of drug-use for Canadians 15-24 years old have also changed between 2004 and 2010. Among youth aged 15 to 24 years, past-year use of at least one of 5 illicit drugs (cocaine or crack, speed, hallucinogens, ecstasy, and heroin) decreased from 11.3% in 2004 to 7.0% in 2010. Yet, the rate of drug use by youth 15-24 years of age remains notably higher than that reported by adults 25 years and older. Usage rates are three times higher for cannabis use (25.1% versus 7.9%), and approximately nine times higher for past-year use of any drug excluding cannabis (7.9% versus 0.8%). Less than three quarters of youth (71.5%) reported consuming alcohol in the past year—a decrease from 2004 with 82.9% of youth reported past-year use of alcohol. The prevalence of heavy frequent drinking among youth 15 to 24 years of age was approximately three times higher than the rate for adults 25 years and older (9.4% versus 3.3%) (Health Canada, 2010).

Age-related statistics provided by Health Canada and Vitanova clients can potentially be relatable. Clients at Vitanova Foundation typically indicated that the onset of their addiction occurred at 15 years of age. Meanwhile, age of admission to the Foundation was approximately 30 years. The sample population for this study on Vitanova clients was taken from clients who utilized Vitanova services between 2002–2007. The exploratory statistics and anecdotal information provided by Vitanova staff indicated that clients from the population of the study demonstrated a higher prevalence of alcohol and cocaine addiction. Staff indicated anecdotally, however, that

in recent years there have been increased admissions into the Foundation for psychoactive pharmaceutical use.

BACKGROUND

History

The Vitanova Foundation is currently located in Woodbridge, an area located in the City of Vaughan, Ontario, approximately 25 kilometers outside the Toronto city centre. The Foundation has been providing drug and alcohol recovery treatment for people in Ontario for twenty-five years. The idea for the Vitanova Foundation emerged in the 1980s in response to concerns voiced by the Italian Canadian community in VitaSana Magazine, a bilingual (English and Italian) health magazine created in the early 1980s by Renzo Carbone, a medical doctor, and Dr. Franca Carella,[3] who went on to become the first president and executive direction of the Vitanova Foundation. While with VitaSana Magazine, and following the publication of a series of articles on the emerging issue of the rise of illicit drug use in the community, Dr. Carella received hundreds of telephone calls and letters from concerned parents wanting to know if the behaviours their teenaged sons or daughters were displaying might have something to do with drug use. She suspected they did.

In response, over the following few years Dr. Carella conducted comprehensive research into the drug and alcohol abuse problem in Canada generally and Ontario specifically. She also researched drug and alcohol addiction programs worldwide, beginning with the Alcoholics Anonymous (AA) 12-step program. Overall, these programs seemed to lack a comprehensive approach to recovery and relapse treatment/recovery. Dr. Carella also concluded that recognizing slips or relapses and providing relapse support was vitally important from the early stages of offering addiction management recovery. As she reviewed each program's strengths and challenges, she found that one facility stood out in its approach—the San Patrignano community in the Emilia-Romagna region of Italy demonstrated the strongest treatment and success rate for addiction management recovery and relapse support. It is an

[3] In June of 2012, Carella received the degree Doctor of Sacred Letters, *honoris causa*, from Huntington University, a founding and federated member of Laurentian University in Sudbury, Ontario. This honour was in recognition of her outstanding professional career, most especially for her twenty-five years as president and then executive director of The Vitanova Foundation.

abstinence-based program, with treatment services based on three primary principles: 1) it is non-punitive; 2) it provides caring and comprehensive support mechanism; 3) and staff are not judgmental during their interactions with clients.

Her research well-begun, Dr. Carella felt equipped with information on the strengths of a many international treatment programs and inspired in particular by the San Patrignano facility. In 1987 she gathered together a dozen or so community activists determined to establish the Vitanova Foundation as an abstinence-based treatment centre and charitable Foundation. The first meeting to formally establish the Vitanova Foundation took place in April 1987. Dr. Carella convened this meeting with the explicit goal of finding and developing strategies to address the issue of drug and alcohol abuse in the Italian Canadian community (Vitanova Foundation, Undated). In 1988, the Province of Ontario chartered the Foundation as a non-profit corporation, and in 1989 it was officially granted charitable status by Revenue Canada. Dr. Carella was chosen to be president of Vitanova at this time. She was subsequently named executive director in 1990 (Vitanova Foundation, Undated), a position she continues to hold at the Foundation.

Vitanova Foundation's Principles and Vision

The Vitanova Foundation aims to promote the overall wellbeing of their clients. To achieve this, the Foundation supports the development of a range processes that facilitate the recovery. Specifically, in the language of the recovery capital model of substance abuse treatment, they create and encourage the development of the resources needed to move along the road to recovery. Recovery capital encompasses four broad components: social, physical, human, and cultural (Best & Laudet, 2010; Granfield & Cloud, 1999):

1. Social capital is defined as the sum of the resources that each client possesses from relationships they have in their lives. The support received from relationships and the responsibilities that clients feel they have to these relationships enhances their social capital (i.e., family linkages provide support but also require commitment from the family members and the family unit).
2. Physical capital is determined by a client's tangible assets, including property and access to finances. Access to financial resources provides choice of housing distant from networks that are negative influences or additional treatment services.
3. Human capital includes providing resources that nurture skills, positive health, aspirations, hopes, and personal choices. Increased training and the augmenting

of intellectual and social intelligence provides clients with the human capital to problem-solve along their journey to recovery.

4. Cultural capital supports nurturing individuality and social inclusiveness. Values, beliefs, and attitudes are nurtured so that the individual path to recovery is paved, but clients are presented with options to learn to be able to fit into dominant social behaviours.

This section and the next demonstrate aspects of Vitanova's approach to creating and sustaining recovery capital through their service delivery plan and treatment philosophy.

Vitanova clientele

The majority of clients who utilize the Vitanova Foundation for treatment and recovery services are non-recreational habitual users, abusers, and addicts of drugs and alcohol. The age of Vitanova clients ranges from 12-78 years, yet the typical client is male, in his mid-to-late twenties, with successive illicit drug and/or alcohol use over a period of eight to ten years. Vitanova serves a diverse clientele: people from all ethnicities from all continents, people of all sexual orientations, of all faiths, with differing education levels, variety of family structures, and varying socio-economic status. Services are free of charge at Vitanova, thereby accessible to people from all socio-economic groups (Vitanova Foundation, Undated).

Recovery Capital – Integrated Addiction Service Delivery Plan

The Vitanova Foundation provides a range of services based on the program logic model adopted by the Simcoe-York District Health Council. Table 1 provides the complete Vitanova Foundation Integrated Addiction Service Delivery Plan.

Table 1: Vitanova Foundation Integrated Addiction Service Delivery Plan

SERVICE	DELIVERY
ENTRY	• Inquiry contact • Crisis intervention • Intake • Screening • Referral
ASSESSMENT	• Initial • Comprehensive • Negotiation • Engagement • Treatment Plan
CASE MANAGEMENT	• Case management • Advocacy
COMMUNITY TREATMENT FOR INDIVIDUALS AND GROUPS	• Education – Infant care, parenting education, family education, mentoring/tutoring, public education, public relations • Intervention – Brief, early and family interventions • Treatment – Consultation • Counseling – Personal, nutrition, leisure, vocational, lifestyle, guided self-change • Training – social skills, family life skills, training referral, coping skills, esteem building, meal planning • Management – Anger, budget • Rehabilitation – Pet maintenance, physical recreation, property maintenance, individual projects • Significant Others – Significant others, co-dependents • Outreach – Home, school, agency • Pre-Discharge – Relapse prevention, family reconnection, employment readiness, reintegration, mutual aid • Aftercare – Support environment, booster sessions
COMMUNITY MEDICAL/PSYCHIATRIC TREATMENT SERVICES	Concurrent disorders
COMMUNITY DAY/EVENING	Day treatment, evening treatment

TREATMENT SERVICES	
RESIDENTIAL TREATMENT SERVICES	Not applicable
RESIDENTIAL MEDICAL/PSYCHIATRIC TREATMENT SERVICES	Not applicable
RESIDENTIAL SUPPORT SERVICES (I)	Housing support, daily life coaching
RESIDENTIAL SUPPORT SERVICES (II)	Domiciliary shelter
COMMUNITY WITHDRAWAL MANAGEMENT SERVICES	• Voluntary withdrawal • Crisis intervention • Crisis follow-up • Home detoxification • Discharge planning • Early recovery education • Medical intervention • Access facilitation
RESIDENTIAL WITHDRAWAL MANAGEMENT SERVICES	Not Applicable
SYSTEM INTEGRATION	Links development
MONITORING AND EVALUATION	Data collection, outcome measurement, program evaluation

Vitanova Foundation (2006)

Primary prevention includes client outreach and education in the community. Targeted services includes early intervention, crisis intervention, essential rehabilitation, and long-range assistance to clients and are grounded in the integrated addiction service delivery plan established by Vitanova and provided in Table 1. Extended services include continuing care in the form of follow-up counseling, relapse prevention, community re-entry (including post-carceral), academic placement, job links and placement, transitional shelter referral, and support counseling. For services they do not provide, Vitanova provides referrals and links to other related agencies including detoxification, short and long-term residential rehabilitation, and medical assessment (Vitanova Foundation, Undated.)

Notable services for clients which encourage and enhance human capital include counseling (personal, nutritional, leisure, vocational, lifestyle, guided self-

change), significant others and co-dependent counseling, and the day and evening treatment provided under the community day/evening treatment services. Physical capital comes in the form of residential support services through the option for domiciliary shelter services for otherwise homeless clients. Residents can stay a minimum of a few days to two years, with the client ultimately deciding the duration. Promoting individual physical capital outside of the Foundation is offered in the form of training in property management, housing support, and budget management. Human capital at Vitanova is augmented through training in social skills, family life skills, training referral, coping skills, esteem building, and meal planning. It is also enhanced through Vitanova's education services, which includes: infant care, parenting education, family education, mentoring/tutoring, public education and public relations. A more detailed analysis into the service delivery plan of Vitanova and how it contributes to recovery capital and a successful modeling of the Life Space can be found in the sections on Implementation and Outcomes.

The Vitanova Approach to Recovery

"**The Vitanova Foundation…helping put lives back together again.**"

To enable the reconstructing of lives, the Foundation's philosophy and mission (above) is to contribute to a healthy community with individuals and families of every background, empowering clients to live, work and enjoy life to the fullest, with esteem for themselves and respect for others (Vitanova Foundation, 2006). The vision of the Vitanova Foundation is the goal they envision and hope for their clients. A person in recovery should be allowed to define what recovery and "living well" signifies to him or her. For Vitanova, the vision goes beyond recovery from addictions to supporting people to achieve lives that are reflective of and fulfilling for the entire wellbeing of their body, mind and spirit. On a broader scale, Vitanova aims to be a significant force in the recovery community as they position their Foundation and their clients to be positive influences and resources both within their community and beyond.

Vitanova Foundation recognizes the relationship between the processes and services needed for addiction recovery management and the need to provide an opportunity for a life that is fulfilled, esteemed, and fueled by self-respect. The philosophical principles are goals and objectives set out for the Foundation; they are to be achieved in collaboration with clients, their personal social networks and in partnership with the community at large. The Vitanova Foundation promotes the well-being of a life with three main objectives, which have been devised to allow clients to become reconnected with personal and family recovery, encourage community

engagement in recovery and develop the skills a client needs for long-term recovery maintenance (e.g., life skills training, longer term aftercare). The Foundation's three main objectives include:

1. To operate a centre in and from which a continuum of prevention and recovery services is provided to all who suffer from addictions and the threat of them.
2. To enhance community development by increasing general knowledge about the phenomenon of addiction and related mental health issues.
3. To increase the life and job skills of clients in order for them to become and/or remain healthy and productive members of the community.

These objectives are supported by six features which inform the treatment approach of the organization: abstinence-based, client-centred, holistic, culturally sensitive, cost-effective, and charitable.

Abstinence-based means the treatment is predicated on the belief that freedom from any addiction requires total avoidance of all the so-called triggers to such behaviour. In the case of alcohol and drug addictions, all mood-altering drugs are prohibited with the exception noted in certain cases where medication is prescribed by a physician (e.g., for a concurrent disorder). ***Client-centred*** means the Foundation is focused on restoring the individual's potential as a valued member of a fully functional family and a contributor to the community-at-large. ***Holistic*** approach means that each treatment plan is tailored to meet the emerging needs of individual clients and client groups. In this regard the Vitanova program has evolved into comprehensive services which begin with in-depth assessment, move through treatment and rehabilitation (including life and job skills training), and end with on-going follow-up contact. The Foundation values diversity and is ***culturally sensitive***. A client's cultural background often requires the active participation and support of family and/or community members. The Foundation tries to ensure that programming is ***cost-effective***, with the core of the program being day-treatment, rather than residential treatment. Finally, the Vitanova Foundation is ***charitable*** with services free from all charges.

All of these features aim to increase the recovery capital of clients through increased access to the resources needed for recovery.

Basing Treatment Processes on Principles Rather than Goals or Steps

The six treatment principles of Vitanova demonstrate the treatment is approached and measured through augmenting recovery capital (Box 1). Human capital in particular is valued in enhancing personal autonomy, with staff taking an educative,

rather than punitive approach in light of slips or relapses; cultural capital is present in the second principal whereby being patient and educative is important, as is respecting individual values, beliefs and attitudes for autonomy and the ability to fit into dominant social environments. Social capital is present in the fourth and fifth principles. Strong relationships are built with clients with the understanding that relapse is a stage of recovery. Clients understand they can return to Vitanova to continue their recovery following a slip, lapse or relapse because relapse is an opportunity for enhanced recovery.

Box 1: Vitanova Foundation, Treatment Principles

First Principle:

We serve individuals, not addicts in general. The Vitanova Foundation describes itself as a client-centred agency, "…focused on restoring the individual's potential as a valued member of a fully functional family and a contributor to the community-at-large". In light of this commitment, we acknowledge that all of our clients are individuals with their own mix of strengths, weaknesses, needs, and circumstances---all of which are to be considered in developing and executing an individualized treatment plan.

Second Principle:

Individuals who come to Vitanova lack autonomy. Prior to their arrival, our clients do share certain behavioral characteristics: they are addicts who by definition have surrendered control over their own lives, to one degree or another. As drug users they also commonly engage in illegal and/or criminal behaviour. Given the nature of our clients, we cannot expect from them self-directed observance of the rules, as such individuals do not require the services we offer. In short, we are committed to serve the individual clients we have, not the ones we might like to have.

Third Principle:

Recovery means growth in autonomy. The recovery of personal autonomy (that is, the ability of individuals to exercise effective control over their own lives) initially requires the imposition of order in the form of external rules and regulations, until such time as the client can assume effective control over his or her own existence and "live by the rules" without external direction. This transition is what is meant by recovery.

Fourth Principle:

Relapse is a stage in recovery. Understandably, this process is marked by a tension between those who impose order and those upon whom such order is imposed. Clients' failures to observe rules and regulations (including relapses) are therefore to be expected from time to time, and indeed, their absence may be indicative of a client "biding his time" until discharge and intentional relapse.

Fifth Principle:

Relapse is an opportunity for enhanced recovery. If occasional failures to observe rules (up to and including relapse) are part of the recovery process, the response to these failures must be carefully measured, as "automatic consequences" may fail to take appropriate account of individual progress made to date in terms of personal growth and the potential for enhanced recovery once a "lesson is learned".

Sixth Principle:

Positive lessons promote recovery. Such lessons must be educative, rather than punitive. Guilt, shame, and fear of consequences may be useful from time to time in controlling sociopathic tendencies in certain clients, but they are not universally appropriate tools for building a sense of responsible autonomy in individuals.

Vitanova Foundation (2006)

RESOURCES

Augmenting recovery capital should occur at both the client level and the agency level. Clearly, clients increase their recovery capital when they enhance skills, build the capacity to develop stronger relationships and strengthen their values, beliefs, attitudes, and self-esteem. At the same time, when agencies ground their operations and features in strengthening their own capital, the client benefits—that is, the Foundation must nurture strong relationships with other resources and agencies, keep up to date with their skills and training, be diverse and innovative in human and fiscal resource generation and maintain a consistent, non-judgmental value and belief system with clients.

Human and Fiscal

The Vitanova Foundation was based on a team perspective from its inception. The Foundation was created to allow stakeholders and collaborators to work together, uniting their capacities around the needs of the client despite any resource constraints. The team perspective was grounded in fostering innovation and creativity to generate human and fiscal support.

During the 1980s when Vitanova was established, a limited number of beds for detoxification were available in addiction centres across the Greater Toronto Area. Vitanova attempted to address this situation during its early years, but lacked physical space and sufficient staff to adequately serve their clients' individual needs. Consequently, the number clients that could benefit from Vitanova services were limited. To respond to the clear need to generate more revenue for a stable home for Vitanova and provide consistent staffing to deliver comprehensive services for addiction recovery management, Dr. Carella began fundraising in the Italian Canadian population across Ontario. She recognized the positive force that the local community could have in enhancing physical capital and subsequently contributing to fostering social, human and cultural capital for clients. As this was her personal cultural community, she appealed to them to take ownership and pride in supporting addiction recovery management. She began to champion addictions recovery in a cultural diaspora context. Through relationship building with the provincial government, Dr. Carella was able to secure provincial funding for the Foundation's operations; as well financial support from the United Way of York Region was also established and which continues to the present day. Vitanova also generates a small amount of financial backing from clients who

qualify for Ontario Works (OW) funding— upwards of approximately $450 per client per month, paid as a small rental fee by domiciliary residents who qualify for OW.

Ultimately, however, Dr. Carella works tirelessly to fundraise for Vitanova and with the help of volunteers, raises upwards of one third of Vitanova's revenue. She is well respected in the Italian Canadian community not only for her efforts to combat addictions problems but also for her time at Villa Colombo and with VitaSana Magazine. Dr. Carella is a passionate leader within the addictions and recovery sector in Ontario: she is well connected to other agencies working in the addictions field and has a strong professional relationship with the judicial system. Ultimately, her tireless efforts have led to the longevity of the Vitanova Foundation in Ontario. Through her dedicated approach, Dr. Carella is the program champion for Vitanova Foundation and their clients.

The Vitanova Foundation was first housed in the offices of the VitaSana Magazine in Woodbridge. In 1995 it moved to its present location, a former private residents located on eight acres of land. In 1999, the Foundation also set up the first homeless shelter in Ontario for clients with substance abuse. The shelter was intended for people who either had issues with substance abuse that led to homelessness, or, homelessness that was the result of becoming a substance abuser/misuser. This shelter component received with a five year grant from the Ontario Trillium Foundation and support from the United Way of York Region (Vitanova Foundation, Undated).

Yet Vitanova continues to require additional financial resources and support in-kind. Currently, approximately 70% of the Foundation's revenue flows through the Central Local Health Integration Network (cLHINs), while supportive partners include the Labourers International Union of North America, Local 183 and the United Brotherhood of Carpenters and Joiners of America. Meanwhile, the balance of the funds are generated through private annual fundraising events, such as fashion shows, dinners, seasonal functions, and silent auctions. Vitanova uses innovative methods to fundraise—by fostering relationships with the local community it serves, community members are active in generating funding for the Foundation. The number of fundraising events is increasing as the Foundation seeks a greater proportion of revenue from this source.

In general, increasing physical capital means agencies must be innovative in their operations and budget expenditures. For Vitanova, operating a 15,000 sq. ft. building has shown to be costly. Research into funding options and collaboration with provincial and private environmental agencies could finance environmental retrofitting, with savings invested in program delivery.

Strong Support Locally, Regionally and Globally

Vitanova collaborates with organization locally, regionally and internationally. Close to home, Vitanova has a strong presence in the Woodbridge community and the City of Vaughan, as well as in the Italian Canadian community within Ontario. Locally and regionally, Vitanova partners with a multitude of agencies to provide complementary addiction recovery services and referrals. Key collaborators include:

- Detox centres
- Other addiction programs (Centre for Addictions and Mental Health, Alcoholics Anonymous)
- Central LHIN
- Hospitals, community health centres and clinics
- Universities and trade schools
- Employment centres
- Food banks
- Immigrant settlement agencies

The provincial government sees Vitanova as a positive influence, recognized by consistent funding that continues to support and expand the Foundation's services.

Internationally, Vitanova boasts an inspirational relationship with Italy's San Patrignano Community, Europe's largest drug rehabilitation centre. In fact, the Vitanova treatment program was based in many ways on the success of the San Patrignano model. The protocol of San Patrignano was not piloted in Ontario. Rather, development translated immediately into implementation, with their core principles inspiring Vitanova's treatment philosophy and actual treatment process. The aspects of San Patrignano that resonated with Dr. Carella and are still echoed today in Vitanova's operations include San Patrignano's open door policy to marginalized individuals, a culturally sensitive perspective, free of charge services, application of individualized pathway to recovery, the idea of promoting self-esteem and self-respect to enhance client well-being, incorporating families in the recovery process, and innovative public-private financing approaches (San Patrignano website, 2012).

Research into and guidance from San Patrignano ensured Vitanova offered comprehensive and effective programming that was established over time, with staff responsive to the need to make changes and improvements appropriate to the Canadian setting. The strength of the partnership developed by Dr. Carella with San Patrignano continues to the present day. Dr. Carella will refer patients with more severe or advanced stages of addiction to the facility in Italy, as it is equipped to deal with complex medical issues related to addictions (e.g., liver diseases) as well as those

unrelated to addictions (e.g., HIV, hepatitis C, etc.). The San Patrignano environment offers a fresh new place for clients to continue their journey toward recovery.

This collaboration with San Patrignano led Vitanova, in the fall of 1995, to co-found the Rainbow International Association Against Drugs, an alliance of abstinence-based treatment centres—originally including Vitanova, Basta Arbetskooperativ (Sweden), Comunita` San Patrignano (Italy), De Hoop (Netherlands), Klub 47 (Denmark), and Verein Zur Foerderung Der Psychologischen Menschenkenntnis (VPM, Switzerland) (Vitanova Foundation, Undated).

Based on the initial cry for help from the Italian Canadian community and the satisfaction of clients and their families, the initial reaction of stakeholders was overwhelmingly positive. To this day, clients will drop by and visit the Foundation long after having made a full recovery. Vitanova continues to impress official agencies as well. In the fall of 2004, Vitanova was the recipient of one of only four addiction-related project grants from the Ministry of Health and Long Term Care's Primary Health Care Transition Fund. One demonstration project was devised, entitled Promoting an Interdisciplinary Substance Use Focus in Primary Health Care. It entailed Vitanova training York Region medical doctors, nurses, nurse-practitioners, pharmacists, and other health-care professionals, in the non-medical dynamics of addiction. There were 58 participants in the program. Vitanova continues to be lauded; its persuasive leadership is the basis for training partnerships with health facilities and educational Institutions.

Vitanova staff, managers and administrators take the initiative to address challenges in service delivery and to devise innovative funding sources. These challenges have been met through augmenting physical and social capital – through fundraising and relationship building – and as a result, stakeholder collaborations have expanded and challenges transformed into opportunities. The team-approach philosophy drives Vitanova. Each Vitanova Foundation community member is valued for any contribution they can provide, with the common goal to enhance the individual treatment process for each client.

IMPLEMENTATION

This section of the report describes the practices, decision-making and stakeholder collaboration that operationalizes the Vitanova treatment program.

Client Focus at Vitanova Foundation

A number of practices and approaches undertaken by the Foundation demonstrate that Vitanova connects with its clients. The Foundation allows clients to understand that it sees them as people on a journey to recovery, having the ability to "live well", and that it considers them valuable to the community at large. This section provides three strengths of Vitanova's implementation practices as they relate to their client approach: a) the Foundation acknowledges the needs of client in their guiding principles; b) it recognizes and consciously promotes cultural understanding and diversity, and c) its staff understand client-specific addiction types and needs.

a) Acknowledging the needs of clients

Vitanova takes a non-stigmatized approach to client need, and this is explicitly clear in their treatment principles and practices as a Foundation. In fact, three of their six guiding principles support openness, accessibility and inclusiveness; that is, Vitanova services are: culturally sensitive, cost-effective and charitable. Regardless of social, cultural and economic background, all clients are invited to benefit from Vitanova services. Vitanova welcomes people who are homeless, with low-income, who have experience with incarceration, and with a diverse array of physical and mental health issues.

A non-stigmatized approach means services are available free of charge; this is particularly important because the addicted population is likely to experience homelessness at one or more times throughout their life of addiction. Each client requires a unique approach to recovery and varying durations of treatment. Therefore, providing access to affordable services which could last up to two years is particularly important for sustained recovery. Furthermore, Vitanova offers easy access to treatment for clients who have a history of incarceration. Vitanova has a close working relationship with the judicial system for a number of years, and the program has been

lauded by the courts.[4] The Foundation's treatment extends to those who present with more serious medical issues. Vitanova clients have included those suffering from hepatitis and HIV, for example. Clients are connected with specialized medical services and are still ensured access treatment, rather than being turned away.

b) Promoting cultural understanding and diversity

Vitanova Foundation was established to serve the Italian Canadian community in Ontario. Therefore, the founders recognized that in order to augment recovery capital of a client and achieve sustained recovery, a client's cultural capital would play an important role. To augment cultural capital, the multiple and complex needs of different cultural groups and how they experience addictions must be factored into recovery and treatment. To begin with, the roots of stigmatization of people with mental illnesses and addictions are multifaceted and entrenched into all individual cultures (Agic, 2003). Ethno-cultural diaspora groups or immigrant groups can find it particularly difficult to deal with addiction treatment and recovery in Canada due to the stigma around drug and alcohol problems. Families fear misperceptions within their own community and on the part of the Canadian population as a whole. Addressing addiction problems was particularly difficult for immigrant groups in the 1980s, who otherwise did not have services targeted toward them or would not even have chosen to access available treatment services (McLean Leow, Goldstein & McGlinchy, 2006).

However, as an Italian Canadian immigrant herself, Dr. Carella took pride in her community. Acknowledging that the stigma around addiction was partly cultivated within the Italian Canadian community itself, she built the Vitanova Foundation upon the community's strengths. The Foundation personifies the hard-working nature of Italian Canadians and the value they place on a close-knit family and cohesive community. This perspective ultimately established Vitanova as a well-respected culturally sensitive, client-centred organization.

The Italian Canadian community is vocal and demonstrative in their pride in the Vitanova Foundation. The community is a significant source of revenue via fundraising

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[4] ONTARIO COURT OF JUSTICE (CENTRAL EAST REGION) HER MAJESTY THE QUEEN v. MR. J----- S----- EXCERPT OF PROCEEDINGS ,BEFORE THE HONOURABLE JUSTICE H. CHISVIN On Jun 22, 2011, at NEWMARKET, ONTARIO

"…though I've never met Franca [Carella], I have never spoken to Franca, I know all kinds of people who have gone through that program and I know that she helps people out who are not participating appropriately in the program and I know that she's exceedingly successful in the program when people want to do something." See: http://www.vitanova.ca/index.php/testimonials/36-testimonial-june-22-2011

activities in the community. Prominent community members offer both financial contributions and their presence at a variety of these events. Stakeholders have confidence in Dr. Carella because she represents the pride and esteem of an Italian Canadian immigrant who founded a Foundation that reflects her keen vision of a caring society.

Although Vitanova consistently boasts strong attendance from the Italian Canadian community since it was established, clients in general are quite culturally diverse. Vitanova saw culture as a way to reach out to the needs of their own Italian Canadian cultural group initially; yet, from a broader perspective, the Foundation also views an effective addiction recovery treatment process as one that incorporates cultural sensitivity for existing and potential clients. Reducing the stigma of addiction recovery in other cultural groups can enable people from all backgrounds to seek and connect to treatment. Over the years more than sixty different ethnicities have been represented in Vitanova's clientele. Vitanova offers an open-door policy that takes a non-discriminatory approach: all clients are welcome.

Ultimately stigma for any ethno-cultural group is rooted in mistrust, and mistrust is a barrier for people in choosing to access mental health and addictions treatment (Johnson & Carroll, 1995). Vitanova demonstrates an inclusive environment for clients, especially those who come from communities where health promotion messages are not sensitive or understanding of cultural norms and beliefs, leading to suspicion and mistrust (Agic, 2003). Vitanova works toward building trust with clients by valuing their individual identity, regardless of which generation of Canadian they are. The Foundation values a client's individual struggle with discrimination and identity throughout the recovery process. Referrals to Vitanova from legal representatives, other agencies, and by families occur because stakeholders understand that Vitanova recognizes the stigma around addictions recovery and the need to factor in cultural concerns and struggles into the recovery process.

Clients themselves see Vitanova as a culturally inclusive Foundation that enables them to be prideful of their ethno-cultural identity. Both individual and group counseling sessions encourage people to make connections between their struggles with addictions and the cultural traditions or practices that they felt may have oppressed them at times. These sessions allow clients to understand and/or redefine traditions and practices and to find more positive cultural associations in their lives, rather than seeming them as barriers to living well.

c) Staff understand client-specific addiction types and needs

Vitanova staff believe that each client has a unique background and requires resources that will facilitate living well. Staff understand that each drug and alcohol addict deserves to be understood; the Foundation has invested time into understanding mental health issues and comprehending chronic drug and alcohol users. Staff use clinical knowledge, augmented by training in the field (Vitanova Foundation, 2006), to identify relationships among personality, the factors of child and human development, and even type of drug use. This is particularly valuable in understanding how clients rationalize substance use, abuse and addiction, and they approach recovery and experience relapse. It is also useful in understanding and addressing the impact that shame and guilt has on the client recovery process and journey. Vitanova understands the embedded shame of people who need addiction treatment, encouraging them not to be embarrassed or feel humiliated for seeking resources that are likely critical to long-term sustained recovery. Instead Vitanova demonstrates through action that people with a history of alcohol or drug problems, in recovery and those at risk for such problems, are valued and treated with respect and dignity (SAMHSA, 2002).

There's No Place Like Vitanova

An qualitative analysis of Vitanova conducted by Levy & Gold (2006) concluded that clients at Vitanova were "treated with respect in a non-institutional home-like environment that made it possible for them to feel they were people who needed assistance with personal and health issues that led them to their present state of addiction." Ultimately, non-clinical settings can enhance sustained recovery by providing an environment where clients can connect with their physical space. In providing a place that is affordable, clients are able to augment physical capital as they proceed through recovery and when they are discharged. Physical capital can be quantified in terms of the tangible assets (e.g., property, money) possessed by a person, which increase opportunity to access recovery. However, physical capital can also be quantified in terms of the tangible assets and expenses borne by the addiction treatment sector to provide clients with options to access recovery. The Vitanova Foundation offers alcohol- and drug-addicted clients the opportunity to enter their domiciliary services at no charge. If a domiciliary client can gain access to Ontario Works funding (i.e., up to $450/month), that money is turned over to Vitanova. Yet this no- or low-cost opportunity allows clients to physically move away from the existing negative influences of social networks, and rather to access affordable, comprehensive services.

Clients subsequently do not incur expenses that would hinder their personal physical recovery capital.

Location:

According to staff and clients, the physical environment enhances quality of practice. The Vitanova Foundation is located in a former private residence on a large rural property in Woodbridge. Staff believe that because their location is removed from the City of Toronto, clients are detached from the temptations of addictions, in turn enhancing the effectiveness of recovery. A client might have lived his or her life of addiction in the City of Toronto, know how to access drugs and alcohol in the city, or perhaps their trigger (e.g., their family) resides in Toronto, and this leads to the client's alcohol and drug use. Physical distance means clients are physically not subject to unnecessary emotional pressures.

The area in Woodbridge where Vitanova is located is quiet and removed from suburban residences. The peaceful, more rural environment is considered a mechanism to enhance recovery: using a quiet physical environment means clients can quiet their minds, which may be overwhelmed from a multitude of the changes happening in their lives (e.g., just completing detox, entering treatment, adapting to a new environment with new people).

Physical Structure:

The physical structure of Vitanova itself is impressive and impactful. This former residence was converted to institutional use in 1996 (Vitanova Foundation, Undated), but maintains a home-like environment. It is the specific architectural details that make clients feel they are in a home at Vitanova, rather than admitted to a facility or an institution. The entrance is a large, two-story foyer with generous windows where clients enjoy sitting on a sunny day. When the receptionist at Vitanova is attending to other tasks, clients sitting in the foyer will greet visitors and readily provide assistance to them. They are welcoming and friendly and will approach staff in their offices to let them know a visitor has arrived.

Facilities:

The residence also houses Vitanova offices, meeting rooms, indoor pool, weight room, dining room, and lounges. With arched doorway entrances, the living rooms and lounges serve as meeting areas and provide the settings for large and small group counseling sessions. They are decorated with pictures and motivational phrases, and house a number of bookshelves with literature on positive living and self-help. The office doors and meeting rooms are always open unless private counseling or meetings

are in session. Clients are able to approach the counselors and staff easily to make inquiries and have conversations. The dining area is connected to a kitchen, where more clients are tasked with the responsibility of cooking for their peers and staff. The dining area is a communal space where clients eat together and interact during three meals each day. The ability to socially interact is considered to augment cultural capital because it teaches life skills to clients, how to participate in groups, and relate to people in social settings, whilst sober.

There is an indoor pool, weight room, and small game room area where clients can have fun and engage in extracurricular activities indoors. The lounge provides clients with a space to watch television and read. The acreage around the Foundation is spacious, populated with trees and shrubbery (Vitanova Foundation, 2012). Clients are able to participate in recreational activity on the grounds, play soccer on the playing field in the summer and hockey year round in the driveway. Vitanova offers clients an orchard and vegetable garden; food grown on the property is cooked and consumed by the staff and clients. Outdoor physical activity, particularly an activity in which clients are able to nurture and grow things, can be especially rewarding.

Amenities:

Access to a diverse array of activities indoors and outdoors is important throughout recovery, and can be particularly important for clients in treatment during the winter months. Research into the importance of extra-curricular activity during recovery is emerging. Vitanova recognizes that recreational or leisure activities can ultimately allow clients (a) learn more about themselves, (b) learn how to accept and appreciate their skills and limitations in practical applied settings which can be translated to the real word, and (c) take risks to develop self-awareness.

Domiciliary:

The 25-bed dormitory is also considered a very personal and homey space, especially when compared with traditional clinical addiction settings. There are two bedrooms with eight beds and one bedroom with 12 beds. The entrance doors are wood trimmed, the floors are carpeted and each room boasts large-sized windows that let the natural light cascade in. A communal living environment aims to teach clients to live with others and resolve conflicts in order to augment their social and human capital.

According to Vitanova staff, the addition of the domiciliary shelter in 1996 was a primary, critical physical enhancement that improved Vitanova's effectiveness. They feel that through daily and nightly interactions with clients they are able to provide more effective and comprehensive treatment strategies. Staff feel the domiciliary unit is critical to reduce and change the nature of relapse behaviour because clients are

prepared to detach themselves from the outside world and commit to their recovery, 24-hours a day, seven days a week, for a minimum of three months. In response, Vitanova staff are physically available to offer support at any time, not just during regular "9:00–5:00" office hours. The staff and the Foundation are prepared to offer the client the stability, consistency and structure that most people feel is provided in a traditional home (Carella, Undated).

The present evaluation into the residential treatment services offered by Vitanova indicates that the domiciliary unit is an extremely effective asset and practice. Client benefits relating to residential treatment have included improved continuing care linkages, longer term abstinence post-discharge, improved short-term substance use outcomes, and potentially enhanced decision-making skills.

Animal Assisted Therapy (AAT):

Vitanova Foundation has also made animals part of their home and part of the client recovery process. The Foundation has three dogs and a bird. Clients volunteer to walk and feed the dogs; oftentimes in between sessions clients let the bird fly around in the foyer and allow it to perch on their finger. For the present research, staff and clients indicated everyone at Vitanova possesses a strong and nurturing connection with the animals. Research into animal-assisted therapy for addictions shows that the therapeutic alliance is enhanced with the addition of an animal (Wesley, 2009). Animals have been shown to help to gather information about client background and history, obtain insight into emotional, thought and behavioural patterns, determine unhealthy coping mechanisms, provide guidance, and educate clients toward new choices and behavior (Miller, Cross, & Underwood, Undated). More in-depth research and evaluation is suggested to provide insight into how to optimize the use of animals in the therapeutic processes.

Comprehensive & Innovative Services

Individualized Treatment Plans

The Vitanova Foundation actively endeavors to provide holistic, comprehensive, and adaptive services to client needs. The intake and assessment process can be completed in up to three sessions with a client. Vitanova recognizes that entering treatment is an overwhelming change for most, if not all, clients, and realize that clients may be less than forthcoming upon initial entry into the program. Staff exercise and demonstrate patience throughout the intake process, which can contribute to setting

the tone for client-staff interactions, enabling clients to make a personal connection with the Foundation.

Intake workers gather information over three sessions, and begin development of an individualized treatment plan that provides clients with a daily structure. The treatment plan designates specific programs and services the client will participate in and the sequence of participation, while providing clients with the freedom to indicate what additional services and programs they want incorporated into their treatment (Carella, Undated). Vitanova strongly believes that a one-sized fits all approach cannot be taken with clients in developing and executing treatment plans. Treatment plans must be flexible and are revised by staff in cooperation with clients whenever needed.

Vitanova continues to collect information about clients throughout their treatment and during 18 months of aftercare. Counselors will complete forms on client progress, and clients themselves complete forms on personal progress and satisfaction with programming. Vitanova uses this information to improve services for clients on an individual basis and for the Foundation as a whole. The aftercare data sheets track client recovery journeys and experiences with slips, lapses, and relapses. It allows Vitanova to understand client history over a longer term (18-months) when re-approaching clients or when they contact a client's family to get updates on client recovery status.

Although client record keeping at Vitanova has been beneficial in the design and execution of individual treatment plans and in maintaining contact with clients after discharge, the data collection process can be inconsistent and incomplete. These irregularities are problematic for program evaluation and analysis, and make it more difficult to determine Foundation and client outcomes. Data collected for the present study was oftentimes incomplete or unavailable. Vitanova Foundation has improved their data collection processes since its establishing in 1987, however, data collection methods can be improved.

Counseling Services

In general, counseling offered in a variety of ways and at multiple times can increase a client's overall recovery capital. Clients learn social skills to increase human capital, access free-of-charge services to increase physical capital, build relationships to augment social capital, and discover and solidify their beliefs and value systems to enhance cultural capital.

Vitanova staff and clients identified the variety of counseling sessions offered as a particularly effective practice. Clients participate in weekly, individual counseling

sessions, and depending on their needs, may take part in twice weekly individual counseling sessions. Clients also participate in small group counseling sessions (with six to eight other clients) and large group counseling sessions (e.g., the Morning Reflection group session is held on Tuesdays, and during this session a passage is read from the AA inspirational handbook to which clients reflect on its meaning to them). Research has shown that group-based acceptance and therapy can reduce self-stigma (Livingstone et al., 2012). Vitanova staff cited that part of the purpose of group therapy is to increase the social as well as the cultural capital of clients. Clients also have access to art therapy on a weekly basis, weekend group therapy, and family counseling on Tuesday evenings. Although client attendance is required for individual, small group and large group sessions during the week, clients are still provided an opportunity to choose which session they feel most comfortable with when it comes to opening up about their addiction. Counselors at Vitanova noted that during the first month of treatment, clients tended to be non-participatory in therapy, but participation increases over time. So, Vitanova staff expect less participation and exercise patience with new clients, while still attempting to get new clients to engage.

Vitanova staff understand the importance of family support in enabling recovery. Thus, Vitanova is active in incorporating the family into the recovery process at various points in time. Family counseling sessions occur every Tuesday with the client present. Families of clients are encouraged to contact Vitanova for follow up in person and over-the-phone conversations while the client is attending weekly aftercare sessions post-discharge. Vitanova understands the role that families have played in the development of a client. Staff also encourage family to be present so that clients can take responsibility for the impact that their addictions have had on their families. Staff understand that it is important the family be provided the opportunity to undergo their own healing process. As a result, counseling services are also offered individually to members of the families of clients, who can range in age from a client's pre-teen children to their elderly parents. Family support and elements of family engagement have played a central role in addiction recovery at Vitanova.

Teaching Life Skills

Another effective practice at Vitanova is the life skills component promoted and incorporated into the treatment plan of every client. To stay with the program, clients must be constant, reliable, punctual and willing to adhere to their daily responsibilities, as well as to Vitanova's policies (Carella, Undated). Clients learn practical hands-on life skills such as personal hygiene; they are tasked with chores and learn better

communication and conflict resolution skills. As clients becomes more accomplished at Vitanova and progress toward more sustained recovery, they have increased responsibilities. Eventually, when clients demonstrate they are able to consistently complete their chores successfully and take direction easily, they can be promoted to the most senior chore in the Foundation (e.g., kitchen manager). The goal of teaching clients hands-on life skills is that they learn transferable skills for their future life without addiction. Clients are informed that this is the purpose of the chores and life skills training and are continually taught the value and practicality of these skills.

Spirituality as Part of Sustained Recovery

Research into the literature on spirituality and addictions shows that "spirituality" can be conceptualized in many ways and broken down into a number of components, including: 'relatedness', 'transcendence', 'meaning/purpose', 'wholeness (non-) religiousness' and 'consciousness' (Cook, 2004). According to Van Wormer and Rae Davis (2007), "the heavy load of guilt feelings that recovering people often carry explains the desire that many persons in recovery have for reconciliation and renewal, even forgiveness" (p. 372). Sometimes when people experience spiritual awakenings during their recovery journey they undergo life-altering transformations because they have embraced a power higher than themselves (i.e., a Higher Power; Green, Fullilove & Fullilove, 1998). The present evaluation does not seek to prove that spirituality is a required component of addiction treatment for all clients. Rather, it demonstrates the value that a spirituality component has played for some Vitanova clients, which is based on the belief that clients individually define their recovery journey and independently define spirituality.

Although founded on Italian Catholic traditions, Vitanova Foundation strongly supports the component of spirituality in general as a crucial element for sustained recovery. Vitanova allows clients to personally define what spirituality is to them and to identify with their spirituality individually. To provide opportunities to enhance or discover what spirituality means to clients, the Foundation includes elements of spirituality in its programming. Spirituality is injected into some group counseling sessions, at mealtime, and in the décor of the Foundation.

On Tuesday mornings, clients participate in a large group counseling session entitled "Morning Reflection." This session is two hours and has clients read a passage from the AA inspirational handbook in order to reflect on the personal meaning the passage has for them. "God" is referenced in the passages from this handbook, however, the main goal of the reflection is to provide clients an opportunity to explore

their personal belief system and associate their recovery with hope, meaning and love. Clients are offered support if they wish to explore spirituality in their individual sessions.

Spirituality plays a role at mealtime at Vitanova. Clients recite the "Vitanova Grace" before each meal. Once again references are made to "God" but clients are allowed to choose to participate in reciting the grace and choose to define what "God" means to them (Box 2).

Box 2: The Vitanova Grace

> Bless us, O Lord, and the food we are about to receive, and never permit us to forget those who go hungry in the midst of plenty. Bless as well those who have helped us come this far---the founders of Vitanova, its board of directors, staff, volunteers, and benefactors, especially those here present amongst us. Lastly, bless those who still suffer the affliction of alcohol and drugs. By thy grace, lead them to this table, so that they too can eat and be filled. Amen.

The Foundation also houses Catholic statues and images, which speak to Vitanova's Italian Canadian Catholic origins. However, staff state that these images and statues are meant as sources of strength for clients who can interpret them individually and freely.

Vitanova counselors have indicated that most clients who become actively engaged in their recovery process, and thereafter sustain recovery, place a strong emphasis on the spirituality component. In contrast, clients who are more treatment-program resistant, rather than program engaged, tend to reject or ignore the value of the spirituality component; they also oftentimes devalue its importance.

The present research did not do primary data collection to gather information on the individual experiences that clients have with spirituality and "God." Rather, the information presented in this evaluation is anecdotal from conversations with staff at Vitanova and dialogue with clients. More investigation is required into the individual experience that clients have at Vitanova with the spirituality component and how it relates to engagement in recovery. Further, more research is required into the interpretation of spirituality by non-Christian groups admitted into Vitanova Foundation. Since Vitanova displays statues and provides references to God through more Christian representations of God, it would be beneficial to understand how religious or spiritual non-Christian clients relate to or feel comfortable with the Christian references made at the Foundation. This research may enhance the principles of cultural

sensitivity promoted by the Foundation. It would also provide insight into how clients from non-Christian religions and spirituality who suffer from addiction can integrate their faith and belief system into treatment and achieve sustained recovery.

The Role of Family

Vitanova encourages families to participate in the recovery journey of a client before entering Vitanova, throughout a client's treatment, during aftercare, and when aftercare has been completed. Indeed, Vitanova understands the roles families play in both triggering addictive behaviours as well as in the healing they can offer a client in order to achieve sustained recovery. Vitanova provides opportunities for family members to be continuously engaged in the intervention, treatment and aftercare recovery process.

First, the Foundation provides family members the opportunity to have an intervention for a client with an alcohol and drug problem. For example, one client who provided insights into the present research indicated that his brother and father organized an intervention for him with Vitanova executive director, Dr. Franca Carella. Second, Vitanova provides counseling services for families: families can partake in counseling with clients or receive counseling services separately. Third, clients participate in the group counseling sessions throughout the aftercare process – with their own family members or with other clients in aftercare in sessions offered on Tuesday evenings. Fourth, Vitanova requires clients to list personal contact information that clients supply for verification throughout the aftercare period. The verification process confirms clients are staying on their path to recovery. This point of contact is typically a family member or someone who was part of the client's recovery process at Vitanova, (e.g., a close friend with no history of drug use). This provides the family with the opportunity to continue their connection to Vitanova, as likely they were active throughout the client's recovery process. Finally, when clients complete aftercare, Vitanova staff will contact families to follow up with the status of clients. They will also call just to see how a family member is doing. Vitanova staff indicate that they try to maintain connections with the families of clients, especially those who were particularly engaged in a client's recovery process. Vitanova believes that the recovery journey is a journey of healing for all of those involved in the client's life.

Vitanova Gives People Chances

Rather than labeling clients, Vitanova staff use their expertise on addictions and client-specific information to nurture the belief that clients can recover. To see clients as people with the hope for recovery means staff do not penalize clients. But it is recognized that by nature, people struggling with addictions tend to be rule breakers. They require an environment that allows them to reflect and learn how to re-approach daily life. Vitanova is patient to instill the structure needed by clients to (re)learn life skills over time.

What is important is to understand that losing a battle (seeing an addict relapse) is not the same thing as losing a war (seeing an addict give up on recovery and return to the drug life).

Vitanova also ensures clients are safe and secure during treatment. In light of a client who breaks the rules, Vitanova makes an individual assessment on what actions to take. Depending on the infraction, a client who breaks the rules once can be given a second chance, while a client who breaks the rules repeatedly may be advised for discharged and informed they can be readmitted when they are ready to take some measure of direction. If a rule-breaking client is in the domiciliary program, they may be alternatively offered day treatment programming. Yet, if there is a seriously perceived or real threat of violence, then the client is referred to other agencies with specialized services equipped to address that client's particular needs (Carella, Undated).

Vitanova's patient approach means that relapse is not expected, but client recovery is not pre-determined based on first admission. Staff at Vitanova understand that many clients have a chronic history of experience with addiction and possibly extensive experience with treatment programs. The resources the Foundation allocates to clients are comprehensive and individualized with the goal of increasing rates of long-term recovery and reducing the cycling process in treatment programs. Ultimately, Vitanova aims to augment cultural and human capital through patience, non-judgment and understanding.

Even for clients attending Vitanova for court-mandated admission, clients can decide on how long they want to stay at the Foundation. However, Vitanova believes that "the secret of success in treating an addict is to have the strength to endure him, until he begins to understand that strength and wants to make it his own." To endure a client signifies being his/her mirror, by reflecting his/her words and actions to them, until he/she starts to understand his/her situation. From here, the client can begin and continue to understand that he/she no longer need be imprisoned by his/her situation (Carella, Undated). Vitanova believes in clients by letting them know that the Foundation has an open door policy and by allowing clients to return to the Foundation

when they are ready. Being ready means client's come to realize that they need help, they ask for help and then they choose to be engaged in a treatment to achieve sustained recovery.

Addiction's Recovery as a Continuous Journey

Research suggests that relapse is a part of the natural history of alcohol and drug addiction and a part of the recovery process. It plays a significant role in the progression of a person through the change in the stages of recovery (Renner & Levounis, 2011), particularly considering that addiction is a chronic condition. At various points in time throughout this evaluation, the concepts of slips, lapses and relapse have been introduced. The Vitanova Foundation recognizes that slips, lapses and relapse are part of the recovery journey, and should be accurately defined and diagnosed. In fact, two of the treatment process principles acknowledge relapse in the recovery journey toward sustained recovery: :

- Principle 5: Relapse is a stage in recovery
- Principle 6: Relapse is an opportunity for enhanced recovery

Vitanova staff never view slips (lapses) as relapses. A slip is defined not only by the fact that someone is using again, but rather how long they are using, how long it takes them to seek help again, and the time it takes for them to return on their path to recovery. Vitanova staff believe that language is important, and that clients cannot be considered or referred to as failures. A non-punitive approach to slips and relapse demonstrates Vitanova's commitment toward educating clients so that they do not experience guilt, shame and fear of consequences. Relapses and slips are expected from time to time and, they create an opportunity for enhanced recovery. That is, responses to and treatment of a client after a slip or relapse must be carefully measured, and the individual clients' progress to date must be factored into account (Vitanova Foundation, 2006). Grounded in an individualized approach to client care, recovery is enhanced as a result of personal growth and the "lessons learned" from a slip or relapse.

To prevent slips or relapse, Vitanova uses various strategies such as ensuring there is constant communication with the client and providing overwhelming and frequent support during treatment and throughout aftercare. Vitanova offers a multitude of counseling sessions for clients who feel they have concerns over their sobriety. During aftercare, they also encourage clients to call their staff with no hesitation if they need support. Vitanova staff believe in taking steps toward preventing relapse; this means that staff may have to take a more non-clinical approach, and apply what Vitanova Executive Director Dr. Franca Carella refers to as a "missionary

component." The missionary component means that staff require a specific dedication and patient attitude toward client needs. They must be willing to meet client needs over and above what their academic training or traditional treatment institutions may expect of staff. This approach means applying a caring, yet firm hand, and being flexible in respect of the needs of clients (e.g., during unconventional times, outside of office hours, etc.)

Post-discharge aftercare at Vitanova is 18-months in duration. During this time, clients visit Vitanova on weekly basis for group counseling. Clients continue to engage in counseling with family support as well. Vitanova has found that frequent communication, ensuring clients know that staff are available to tend to their needs, is an extremely effective practice of aftercare recovery.

Life After Vitanova

The Vitanova Foundation provides opportunities for clients to improve their education and gain meaningful and long-term employment once discharged from treatment. Vitanova links clients to educational opportunities and training (e.g., college and university programs), certificate programs (e.g., government programs and post-secondary institutions) and employment centres. Ultimately, by providing clients with long-term employment, clients are able to enhance life skills and augment human and physical capital. Vitanova values clients' independent, net contribution to society, and provides them with the resources and opportunities to achieve independence through intellectual, skill building, and financial stability.

Championing Addictions Recovery Management

According to Best and Laudet (2010), "the development of "recovery champions" as charismatic and connected community figures who are visible examples of success provides not only the opportunity for 'social planning' for those who claim that recovery is not possible, but also increases the waves of impact within local communities for recovery spread" (p. 5). Vitanova provides clients with the opportunity to enhance social capital during treatment. This means clients who are engaged in their recovery process can interact and build relationships with other engaged clients. The positive influences and role models of other clients during treatment can act as motivators for clients and also enhance their cultural capital (i.e., help them learn to fit into dominant social behavior patterns, whilst maintaining their individuality and respect for their own values, beliefs and attitudes). Recovery champions also flourish in

the community at large. A part of Vitanova's core activities for primary prevention is having clients do educational and outreach activities in the community. Clients who are engaged in their recovery and are sustaining recovery at Vitanova and throughout aftercare frequently visit schools to speak about their experience with addiction. Some recovery champions enhance their role in the greater community at large by formal study in the addictions field and becoming counselors.

Research in the United States has shown that the performance quality of counselors with personal experience of addictions is equal to counselors without personal experience (White, 2009). However, human capital is still augmented for clients who train as addiction counselors. Clients are able to get an education, gain employment, and make a steady income. This enables a client to augment his or her physical capital as well. According to White (2009), studies over the past 40 years of relapse rates of recovering addictions counselors range between 5% and 38%; rates are said to have been progressively declining over the years. Thus, although the effectiveness of recovering addiction counselors is equal to counselors never in recovery, these former addicts show long-term enhancement of recovery capital and demonstrate they are living better on an individual personal level.

Although the performance of counselors with personal experience of addictions is equal to counselors without, the broader discussion on the importance of role models in the addiction recovery process is important. According to Davidson et al., (2010) recovery support services provided as internal resources can provide positive role models of recovery; these role models can provide continuous "coaching" or "mentoring," which can enhance hope, motivation and problem-solving skills. As an organization, Vitanova believes that having counselors in their Foundation with the lived experience has benefited their clients. Counselors noted that clients who have been actively engaged in the recovery process have specifically cited counselors with lived experiences as role models for them. The present evaluation does not seek to provide statistically relevant evidence that counselors with the lived experience of addictions are more effective than those who are not recovering from addictions. Instead, this evaluation presents one factor that effectively may influence the recovery process based on an individual clients' experience. Ultimately the process is individually inspired and success cannot always be uniformly measured.

The connecting force for Vitanova is program champion Dr. Franca Carella, who. spearheaded Vitanova Foundation to its current success. She creates and maintains personal connections with clients and their families. She has also taken it upon herself to provide counseling to the most challenging group of Vitanova clients – those who are detached or resistant to treatment programming. These clients tend to be court

mandated to attend Vitanova and usually demonstrate difficulty in taking direction from others. She approaches these clients with a hopeful, loving and supportive structure, but she is clear on taking a firm hand to encourage clients to adopt structure and follow rules.

Monitoring and Evaluating Implementation

The Vitanova Foundation provides a variety of services that are comprehensive and well-planned. The Foundation ensures that decision-making and planning for services and the organization as a whole are forward thinking. Staff are up-to-date on new services and agencies being provided in the Greater Toronto Area and beyond, as well as emerging research on sustained recovery approaches. Key actors are also involved in finding new sources of funding, ensuring program provision is executed effectively, and encouraging new modes of treatment recovery programming for implementation at Vitanova. These players include the management staff at Vitanova Foundation (e.g., counselors), the board of directors, funding partners, and even politicians. Clients are also considered stakeholders particularly in evaluating the most effective way to execute implementation practice. Vitanova staff are always open to suggestions and monitoring to improve their programs. Face-to-face communication has been particularly effective in enabling change and making decisions.

Feedback is structured and delivered both through written reports and verbal communication (e.g., staff meetings, client suggestions). There are various data collection methods in the form of questionnaires and assessments which allow decisions about client treatment plans to be accurately defined. Vitanova staff also solicit feedback from clients from their personal experiences at Vitanova formally through the use of questionnaires and informally through conversations with staff. The staff at Vitanova meet regularly to discuss operations, program implementation, and client cases. Program evaluations are undertaken internally and externally every five years. The information that is gathered for evaluations is used to apply for further funding, promote Vitanova as a successful addiction recovery management program, and contribute to the research on sustained recovery approaches. These evaluations are also used to make changes to implementation and inform decision-making about Foundation operations and service provision.

However, data collection methods can be more robust to ensure that external and internal evaluations are consistent and reliable. Resources are lacking to ensure that more consistent data collection methods can be adopted. More staff and funding is

required to provide quality control and more frequent checks for longer term implementation evaluation.

OUTCOMES

VITANOVA—a Latin word meaning "NEW LIFE"

In the final part of the report the client discharge data is presented along with related collaborative portraits of representative clients and their recovery trajectories.

The Client Discharge Data Base

This section describes the process of client admission and discharge from the Vitanova. Longitudinal data used to present demographic information was based on client interviews at intake prior to admission into treatment. Data was also derived from completed outcome data sheets collected by Vitanova staff. Outcome data sheets are data collected about clients following discharge. Counselors complete discharge data sheets at regular intervals after discharge from treatment. Counselor check-ins over the 18-month period are divided into eight points in time *after discharge from treatment*:

- 1-month
- 2-months
- 3-months
- 5-months
- 7-months
- 10-months
- 13-months
- 18-months

Clients were discharged between 2001 and 2007. The goal of the present data analysis is to uncover trends and patterns in client recovery; it builds on the efficacy and methods of quantitative data collection at the Vitanova Foundation. Three main objectives were accomplished in the data collection phase of this project which provide insight into Vitanova's intervention discharge and recovery process:

Achieved Objective 1:

Created a database that includes relevant demographic and post discharge survey information.

Achieved Objective 2:

Utilized the computerized database to create an aggregate profile of discharge process as through time, and determine case patterns.

Achieved Objective 3:

Worked with Vitanova staff to co-create a select number of representative client case-study portraits.

These objectives help to more adequately assess data collection processes currently in place at Vitanova as well as identifying where data collection processes can be improved and providing the Foundation with alternate methods of evaluation (e.g., portraiture). A mixed-methods evaluation can give insight into the Foundations operations, but also more adequately represent the individual and collective experiences of sustained or unsustainable recovery, and recovery as a journey. In this report, mixed method evaluation refers to the integrating a quantitative analysis of client discharge data with qualitative case analysis to create three representative portraits to represent client recovery experiences. The method used to create an understanding of client experiences is referred to as portraiture, used to describe individual life histories (Lawrence-Lightfoot & Hoffman-Davis, 1997) and characterize best practices in primary prevention (Volpe, Lewko, & Batra, 2002; Volpe & Lewko, 2006). Portraiture is a qualitative research method that aims to "record and interpret the perspectives and experience of the people [by] documenting ...their authority, knowledge, and wisdom" (Lawrence-Lightfoot & Davis, 1997). Portraiture can be particularly effective for research into addiction recovery because an understanding of individual-level factors, which influence a client's willingness to participate and engage in the treatment and aftercare process, remains limited in the research into addiction recovery management (Houser, Salvatore, & Welsh, 2012). Therefore, there is room to explore this context through alternative research methodologies.

The present research presents the following three portraits:

1. Program-engaged clients;
2. Program mixed-complicated clients; and

3. Program detached-resistant clients.

It is important to note that the three portraits do not exist in isolation or are exclusive to one another. Rather, they are meant to inform the "journey" of recovery of a client. Clients can enter Vitanova Foundation and be program detached-resistant, yet following one or more treatment admissions to the Foundation or another treatment program they can become program engaged. The portraits are meant to provide insight into the notion that many dependent users cycle through several treatments before possibly achieving more stable and sustained recovery.

For the present evaluation, information for the portraits was gathered using the BRIO interview model, and final portraits were devised based on the authority, knowledge of interviews with Vitanova counselors, three Vitanova clients, and participation in the morning reflection group therapy. Demographic data collected from the present quantitative analysis is reflected in the three representative cases.

The narrative portraits complement the analysis presented in this report because the portraits provide an individual's potential experience with Vitanova's effective practices. In this section, patterns have been examined and identified in the data analysis, and representative cases were selected in consultation with Vitanova staff to create an understanding of different situations. Counselors were asked about the different experiences of clients from the three representative cases regarding treatment over the discharge process, during the after-care process, and post-aftercare completion or drop-out.

Ultimately, the qualitative and quantitative data collected and analyzed in this evaluation and the recommendations provided in this report are intended to augment the effectiveness of the Vitanova Foundation program policies, decision making, research, and implementation practices.

Study Sample Size

The total number of clients analyzed for this study is 98. All were discharged from Vitanova between 2002 and 2007 and enrolled into the Vitanova Foundation aftercare program. There were 17 clients for which data was assembled but not included in the present analysis due to incomplete data records.

Although the categories were not derived from a random sample of Vitanova Foundation clients, the 98 cases selected from the 2001-2007 discharge years carefully document the recovery process at the Foundation and suggest impressive levels of

outcome effectiveness. Moreover, they provided a more than sufficient basis to derive characteristics to define ideal types on which to ultimately formulate portraits.

Findings – Client Background and History

The demographic findings presented in this section are reflected in the portraits. The purpose of presenting this data is to provide insight into client demographic profiles, inform client portraits and provide an analysis into the life-space of a client's experience during the treatment and discharge process.

Gender

The majority of clients at Vitanova are males. This study population for this analysis is majority male: Male N = 96; Female N = 2). From the study population, 74 clients were admitted into the domiciliary program, while 24 clients were enrolled into the day treatment program. It is important to note that all 74 clients admitted into domiciliary were male clients because the domiciliary treatment program is exclusively for males at the Vitanova Foundation. Women receive day treatment at Vitanova and more research is required into the women's experience in day treatment.

Primary and Secondary Addiction

Clients presented with primary and secondary addictions. Primary addictions are defined as the alcohol or drug that the client is primarily addicted to. Secondary addictions are defined as the alcohol or drug that a client may use or misuse less frequently or intensely than their primary addiction. Clients do not always present with a primary and secondary addiction. Table 2 provides an overview on client addictions in order of most frequently presented. Only 7 clients presented with a gambling addiction at intake, although counselors cited that some gambling addictions became apparent later in treatment. Six clients presented with having concurrent disorders upon intake.

Table 2: Primary and Secondary Addiction

	Primary Addiction		Secondary Addiction	
	Frequency	Percent	Frequency	Percent
Alcohol	49	50.0%	18	18.4%
Cocaine	28	28.6%	35	35.7%
Crack cocaine	9	9.2%	8	8.2%
Opiates	8	8.2%	5	5.1%
Cannabis	2	2.0%	9	9.2%

Methamphetamine	1	1.0%	0	-
Prescription	1	1.0%	2	2.0%
Amphetamines	0	-	3	3.0%
None	0	-	18	18.4%
Total	98	100%	98	100%

The top two cited primary addictions were alcohol addiction (50%) and cocaine (28.6%); The most frequently cited secondary was cocaine (35.7%), while the second most common was either alcohol or no secondary addiction was present (18.4%, respectively).

Age

All clients analyzed for this study are male between 16 and 47 years old. The average age for the onset of addiction for Vitanova clients was 15.4 years old, with a minimum of 10 years old and a maximum of 30 years old. The average age at admission to Vitanova Foundation was 30.4 years old, with a minimum of 16 years old and a maximum of 47 years old. Therefore, clients presented with an average of approximately 15 years of alcohol and drug use in their lifetime before entering Vitanova.

Ethnicity and Country of Origin

Vitanova serves people of many ethnicities and people who originate from countries all over the world. The top five ethnicities and countries of origin of clients are provided in Table 3.

Table 3: Top Five Ethnicity and Country of Origin, Discharged Clients, Vitanova Foundation, 2001-2007

Ethnicity	Valid Percent	Country of Origin	Valid Percent
Italian	50.0%	Canada	86.7%
Canadian	27.6%	United States	6.1%
Portuguese	8.2%	Italy	5.1%
Polish	3.1%	Portugal	1.0%
American	2.0%	East India	1.0%
Other*	9.1%		
Total	100%	Total	100%

*Other includes French Canadian, East Indian, Central American, South American, English, Inuit, Caribbean, Chinese and Southeast Asian. On average each group had 1 client representative from each ethnicity.

The majority of clients are of Italian origin (50%) and were born in Canada (86.7%). Canadians (27.6%) were the second most significant ethnic group. These two ethnicities (Italians and Canadians) total 77.6% of all clients, while originating from Canada totals the majority (86.7%) for the country of origin for all clients. The majority of clients (33.7%) resided in York Region, followed by the Toronto area (18.4%), and then Peel Region (16.3%).

Client Background and History

The majority of clients graduated from secondary school (34.7%) or had some secondary school education (33.7%); 12.2% of clients were community college graduates or 8.2% had some community college; meanwhile 4.1% were university graduates. Most clients (75.5%) were unemployed at the time they were admitted, only 22.4% were either employed or self-employed at intake, and the remaining 2.1% of clients were disabled or a student.

Of all clients, 72.4% of clients reported they were single, 14.3% reported they were married, and 11.2% reported they were separated or divorced. It is important to note that although clients indicated they were single at the time of admission at Vitanova Foundation, more research should be conducted into the impact that broken romantic relationships have had in the addiction population at Vitanova Foundation. Clients may define themselves as single if they were unmarried but recently broke off a relationship with someone. Of all clients, 28.6% (N=28) had one or more children.

Of 98 clients, only 15 indicated on assessment that they experienced past abuse (14.3%). Therefore, 85.7% of clients cited no history of experiencing abuse. From highest to lowest, the most frequently cited abuse by the 15 clients were: sexual (31.3%), a combination of emotional and physical (25.0%), solely physical (18.8%) solely emotional (12.5%), and or a combination of (6.5%). Counselors indicated that clients underreport abuse. More research is required into the applying methods that could increase client willingness to report the rate of or experience with abuse. They added that throughout their time at Vitanova, clients who experienced abused are unlikely to reveal they were abused in their past.

Admission and Treatment for Addiction

Every client experienced some form of treatment after being discharged from Vitanova either (in the case of formerly domiciled clients) through the Foundation's day

treatment program, through treatment elsewhere in the community or a combination of Vitanova day treatment and community treatment. Of the 98 clients analyzed for this study, 75.5% (N=74) were admitted into the *domiciliary program* at Vitanova, while the remaining 24.5% (N=24) were in *day treatment* at Vitanova. The average number of days that clients stayed at the domiciliary program was 193 days (approximately 5 months in treatment), with a minimum stay of 27 days and a maximum stay of 1,014. The average number of treatment days in total, including readmission to Vitanova for concern, slip or relapse was 184 days, with a minimum of 29 days and a maximum of 1,040 days.

Of all clients, 40.8% were referred to Vitanova by family and/or friends, 30.6% were self-referred, and 13.1% were referred by some component of the legal system (including the police). An external agency, physician or hospital, withdrawal management centre, school or priest referred the remaining 15.5% of clients.

Of all clients, 57.1% of clients had no criminal record, while 42.8% were on probation or bail release; meanwhile, for 31.6% of the sample population attendance into treatment was required by law. Of clients attending the evening counseling group during aftercare, 32.7% were in attendance because of the conditions of their parole; 66.3% voluntarily attended aftercare counseling.

During treatment, 96.9% of clients' families (N= 95) were recorded as being supportive, while 69.4% of these client family members (N=68) were actively attending support groups. Clients who attended the evening group counseling session at Vitanova over the 18-month period were deemed to have family either always attending (82.7%), never attending (13.31%) or not applicable (4.1%). More qualitative research is required with families and Vitanova to adequately define "being supportive" toward clients. It would be interesting to determine why families are "being supportive" of a client but are not attending groups. This is beyond the scope of the present research.

Summary of Client Background and History

The general profile of clients presented in the portraits was based on the information derived from the findings. Each of the three portraits have individual characteristics, but also common generalizable features: all are male clients, approximately 30 years old and admitted to Vitanova domiciliary program. All clients also admit to Vitanova while unemployed. Based on the demographic information presented in the findings of this report, clients have either both parents or one parent that is of Italian descent. All portraits show strong family involvement or support in some way (e.g., father, sister, and/or brother involved and supportive).

The portraits for each client differ depending on the category they are in (i.e., engaged, mixed-complicated, detached-resistant). Variations in portraits include their primary and secondary addictions (i.e., clients in two of the portraits have alcohol as a primary addiction, with cocaine either as a secondary addiction or used socially but not an addiction; while one of the portraits provides a narrative of a client with an opiate addiction). Referral to Vitanova Foundation also differs (e.g., family, friends, court-mandated). Ultimately, the nuances to the process of recovery differ for each of the three portraits to reflect the journey to recovery.

Post-Discharge Aftercare

This section explores discharge status at each point in time (1 month to 18 months), which will provide insight into a) the relationship between aftercare and abstinence or using in the community; b) identifying future points of research based on interesting observations in the data; and c) relating the experience of aftercare at Vitanova and the findings in the data to create more discussion and evidence to support longer-term aftercare and "recovery management checkups".

Findings – Post-Discharge Aftercare

As indicated there are 98 clients analyzed over 18-months post-discharge. Data sheets were collected over the 18 months post-discharge and client outcomes were tracked and recorded. The information from these sheets was then supplemented with a coding process based on interpreting the overall analysis of the information collected on relapse status at each point in time (1-18 months) for each of the 98 clients. The sheets provided a column on relapse status (Yes or No), as well as a space to enter information on the description of the relapse, which concludes their status at each point in time. Ultimately, the coding process was broken down into the following nine "conclusions" or categories:

- No relapse – no concerns
- No relapse – with concerns, not attending aftercare or attending sporadically
- Relapsed – but continues to work, seek employment, keeps on recovery path
- Relapsed – attends aftercare sporadically, phone calls
- Relapsed – unable to stop, referred to withdrawal management centre

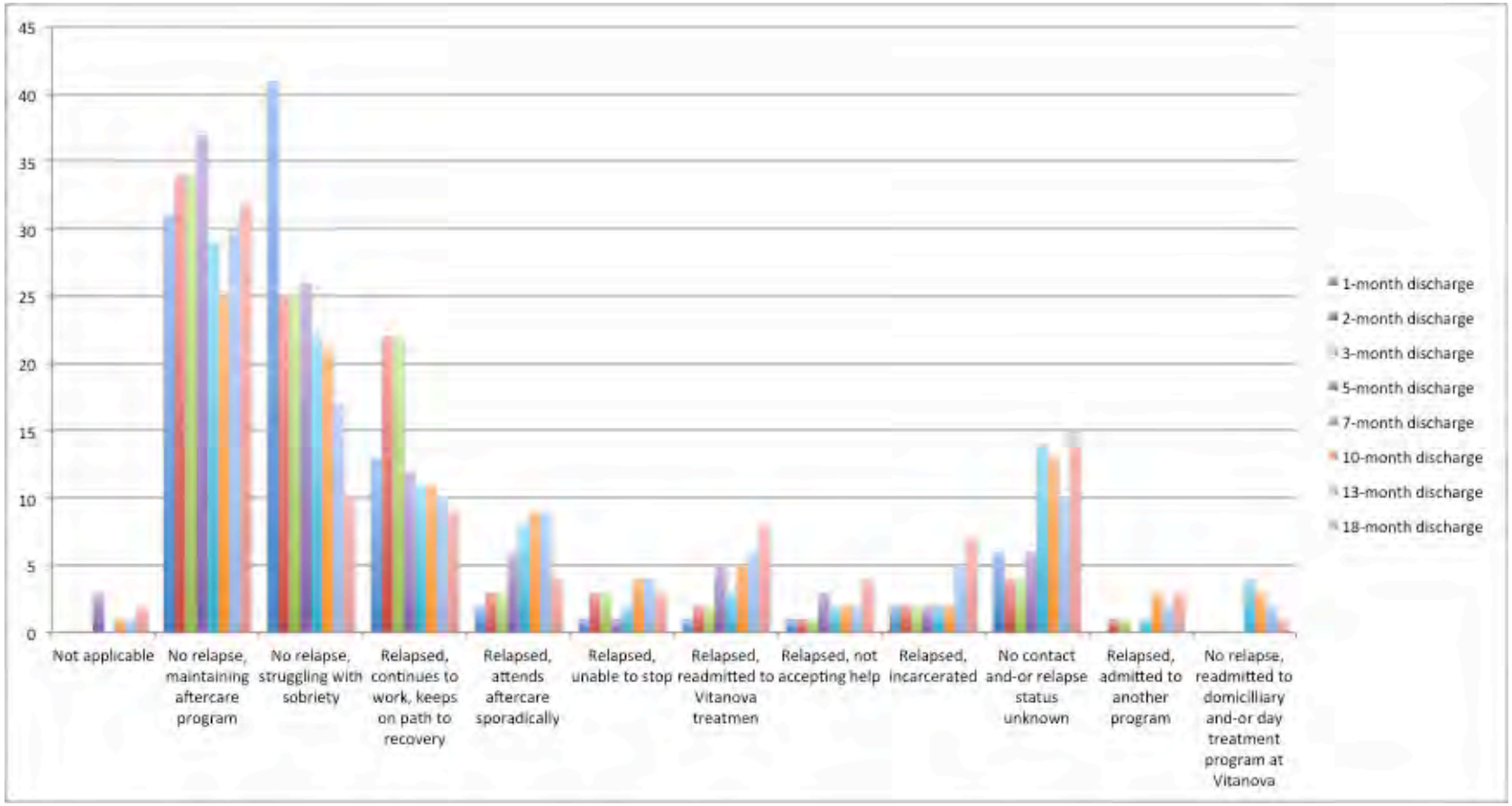
- Relapsed – readmitted into domiciliary and/or day treatment program at Vitanova
- Relapsed – not accepting help
- Relapsed – incarcerated
- Relapsed – admitted into another program

These categories are not intended to be divided or grouped to represent the three separate portraits. Rather the aim of creating this coding was to track clients over eight points in time and provides insight into sustained recovery and responses to relapse. For this exploratory analysis, interesting findings based on a review of the Figures 1-9 include:

- On average 32% of all clients were cited as "no relapse, maintaining aftercare". General observation demonstrates that results are consistent or stable over time.
- "No relapse, struggling with sobriety" decreases significantly over the 18 months of post-discharge aftercare.
- Statistical analysis shows that for each representative case group there were always less than four clients who reported they had relapsed and were unable to stop using.
- "No contact and/or relapse status unknown" more than doubled between 1-month discharge to 18-month aftercare.

A data summary will also be provided in brief for each of the representative cases in the next section of this report. This case or cluster analysis will provide insight into the characteristics of clients based on their engagement or disengagement in recovery at Vitanova.

Figure 1: Relapse Status, 1-18-month post-discharge aftercare, Vitanova Foundation, 2001-2007



Examining relapse data at Vitanova is important both for investigating the broader discussion on the effectiveness of acute-care versus addiction recovery management and for exploring the notion that longer durations of aftercare recovery and communication after recovery are mechanisms for sustained care.

Earlier in this report characteristics of the acute-care model's approach were presented, characteristics that challenge positive outcomes in addiction recovery and relapse recovery (White & McLellan, 2008):.

1. Discharge is misinterpreted as "graduation" and tends to be presented as if a "cure" has been provided or achieved. Long-term recovery relies on personal initiative and responsibility and lacks ongoing professional assistance.
    - Vitanova, however, is flexible in their program duration and encourages clients to stay longer in the program. They also ensure that every client is provided the opportunity to attend the 18-months of post-discharge aftercare. Therefore, although Vitanova honours clients with a certificate of achievement at three and six months of program completion and honours clients who have completed one or more years of not using at fundraising events, they practice long-term relationship building with the client, rather than just simply graduating the client.
2. Evaluation of the treatment is also short term, with a single point in time follow up, which compares pretreatment status with discharge status and post-treatment status over a period of weeks, months or maybe a few years. Follow-up remains over a shorter duration and tends to be inconsistently undertaken and recorded.
    - Part of Vitanova protocol is to undertake check-ups over 18-months of aftercare. Check-up is undertaken during aftercare whether the client is attending weekly sessions or not. Staff at Vitanova try to make sure they make contact with clients. Check-ups on clients continues following completion of aftercare, although check-up times are not organized and recorded into assessment forms consistently.
3. Relapses and readmissions post treatment tend to be viewed as "failures" rather than potential shortcomings in the design and execution of the treatment protocol.
    - The principles of Vitanova show that relapse can be part of enhanced recovery. The data shows that Vitanova does not define "using again" simply as relapse. Rather, the data shows the individual characteristics or descriptive status of clients using in the community. More detail is important because it provides individual context to the client and potential mechanisms that can be applied to return the client on the path to recovery.

According to White (2009), those working in the addictions field have become well-versed in the nature and science of the addictions themselves and the processes developed for brief intervention; yet overall, there is limited knowledge surrounding the pathways and processes of long-term recovery. Research into addiction recovery management aftercare programs supports longer-term aftercare (Kaminer, Burlson & Burke, 2008; Grella & Rodriguez, 2011; Kurlychek, et al., 2011; Burleson, Kaminer & Burke, 2012), as well as recovery management check-ups following the completion of aftercare (Scott & Dennis 2003a; Scott & Dennis, 2003b; Dennis, Scott & Funk, 2003, Scott, Dennis & Foss, 2005 Scott & Dennis 2010). That is because ultimately the role of community aftercare as part of the continuum of the treatment process is broadly acknowledged to be vital in enhancing sustained recovery (Houser, Salvatore, & Welsh, 2012).

Vitanova is able to provide a direct access point to continuing care over the longer term. Vitanova defines aftercare that is longer in duration to include counseling, being accessible by phone when clients feel vulnerable to a slip or relapse, and creating an environment that is non-judgmental and open. Aftercare at the Foundation is 18-months in duration, with clients independently deciding to maintain aftercare or not. During this time, clients visit Vitanova on weekly basis for group counseling. Clients continue to engage in counseling with family support as well. Clients are encouraged to contact Vitanova should they feel vulnerable to a slip or relapse. Vitanova has found that frequent communication and clients knowing that staff is available to tend to their needs is an extremely effective practice for clients in aftercare recovery. To prevent slips or relapse, Vitanova tries to ensure constant communication and provide wraparound and frequent support during treatment. During aftercare, clients are encouraged to call staff with no hesitation if they need support.

The data shows that at two points in time (1- and 5-months), clients more frequently cited attending aftercare (49% and 42.8%, respectively), while at two latter points in time (13- and 18-months) 15.3% of clients respectively attended aftercare or the evening group at Vitanova. Ultimately, over longer durations, this data shows relatively strong attendance in aftercare within the first five months, and consistent attendance at both 13- and 18-months post discharge.

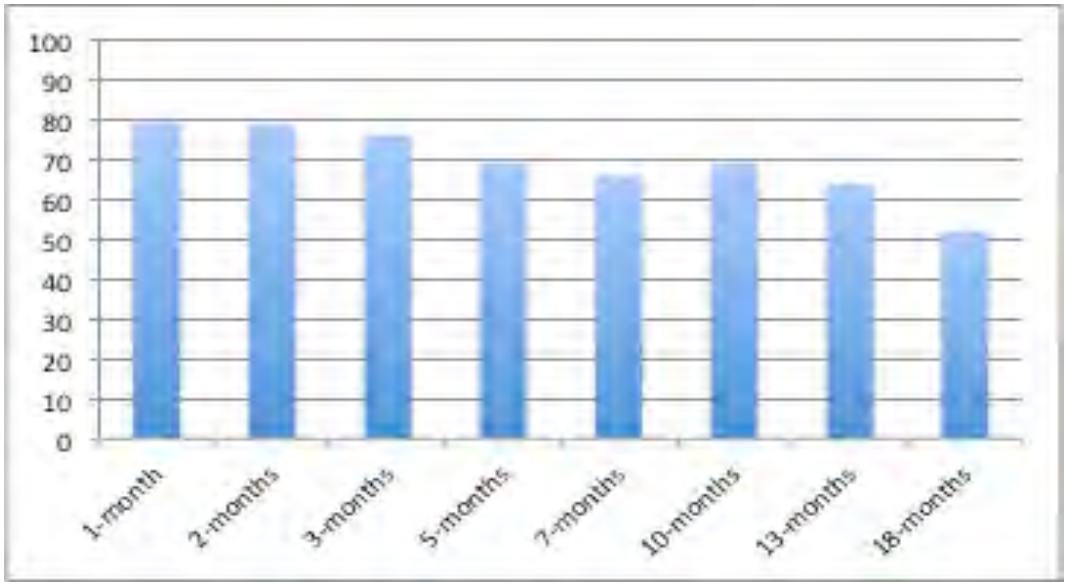
Vitanova also uses measures such as residential, employment and education status as complementary measures of adherence to aftercare.

Homelessness prior to treatment was not measured for the present evaluation, however admission to the domiciliary was measured (78.7% of the sample population). Admission to the domiciliary can be considered an indicator of homelessness. Clients

may only be able to return home to their families on the condition they seek domiciliary treatment. For the sample population, and during post-discharge aftercare, Vitanova had 82% of clients, on average, in permanent residence between 1-month and 13-months of discharge (discharge data for the 18th-month was not robust enough for analysis).

For employment, an average of only 18.5% of the population cited their status as "not working" over the eight check-up points in time during aftercare. Figure 2 shows that the percentage working is consistently over 65% for all clients for all points in time.

Figure 2 :Percentage Working, 1-18-month post-discharge aftercare, Vitanova Foundation, 2001-2007



For the most part, between 4.1% and 9.7% of clients were enrolled in part or full time education. Numbers may have varied based on graduation or new enrolments, but statistics show consistency in enrolment and do not show a consistent decrease over time; rather data shows fluctuations within the percentages presented above, (It is important to note that at various points in time education status was "not applicable" to clients more than 39.8% of the time; this may mean that clients already possessed an education, or to a lesser extent may have been incarcerated or died. Therefore, the education rate in the population can still be considered relatively high).

Overall, this analysis shows that over the long term Vitanova is able to maintain contact with clients, regardless of whether they are using or not in the community. Data

gathered on residential, employment, and education status showed high rates of data content (i.e., client status) within the sample population (N=98; 85.7%, 84.4% and 98%, respectively). The ability to make contact and understand the status of clients demonstrates that Vitanova creates an effective, strong, and long-term line of communication with clients. It also shows the persistence of the Foundation in maintaining contact with clients. This is a particular accomplishment based on the relationship between addiction and homelessness.

The qualitative analysis in this research provided details into how aftercare at Vitanova is organized, while exploratory quantitative analysis demonstrated that although data is not generalizable to success in recovery, Vitanova is able to demonstrate how clients successfully respond to aftercare components. This understanding is particularly important because there are individual-level factors that influence a client's willingness to participate and engage in aftercare. More investigation is required into a client's perception of Vitanova aftercare components. Although the Foundation collects feedback surveys from clients, these surveys were not analyzed for the present evaluation.

Life After Post-Discharge Aftercare

Vitanova continues to bridge relationships with clients after they have been discharged and aftercare is completed. Vitanova uses formal mechanisms to communicate with clients, yet clients are not called on a consistent or regular basis. Vitanova's effort to maintain contact with clients beyond one and half years of aftercare, and at minimum of one and a half years post-treatment, demonstrates their dedication and determination toward client recovery and sustained recovery. More strategic analysis and planning may be required into how the Foundation communicates with clients currently, how they can communicate with clients more consistently, and what resource limitations exist that hinder recovery management check-ups post discharge. The Vitanova Foundation demonstrates adherence to some elements or methods of recovery management check-up; this analysis is provided below.

Recovery management check-ups (RMCs) are defined as: tracking and assessing client status post-discharge; linking clients with resources and engaging them in the treatment process; and retaining or motivating clients to complete treatment (once again). Scott, Dennis and Foss (2005) found that frequent check-ups following aftercare are important for recovery management. They determined that because addiction is a chronic condition, an important component in recovery is to demonstrate the need and effectiveness of post-discharge monitoring and checkups. RMCs are defined by and

require the application of the TALER model (Scott & Dennis, 2003b; Scott & Dennis 2010). Once again, Vitanova demonstrates some aspects of applying the TALER model.

- **Tracking** clients – by initiating and maintaining contact with them following discharge. As described earlier, Vitanova boasts an 18-month aftercare and follows up informally with check-ups with clients and their family thereafter. Some relationships with clients have been maintained for five or more years following the end of aftercare.
- **Assessment** to identify if clients have re-engaged in substance abuse and to determine if the client has any further treatment needs. Vitanova not only provides 18-months of aftercare and communicates with clients following discharge from aftercare, but Vitanova also uses a close family or friend as a point of verification of the client. This ensures that clients are connected with in some capacity and relapse has not occurred.
- **Linking** clients who relapse to resources for continued addiction treatment. Vitanova recognizes that relapse can be part of enhanced recovery and boasts an open door policy for clients to return. They are also equipped to provide clients with referrals to other programs and services.
- **Engagement** means that mechanisms are in place to ensure that clients show up to treatment. Since Vitanova values reciprocal relationships, Vitanova provides clients with a structure to follow and ensures that their staff and policies demonstrate that they are reciprocally committed to the client. Staff are expected to be on-time to sessions, follow up with clients promptly, and be open to listening to the needs of clients.
- **Retention** to ensure clients are motivated to complete treatment. Vitanova employs staff who demonstrate a missionary component. Having this component means that staff are responsible for motivating and supporting clients to choose a path of sustained recovery. The Foundation offers a multitude of heterogeneous and complimentary services to ensure that clients do not face barriers to undertaking recovery. They also provide rules and direction that would enhance the growth of a client's personal autonomy.

Ultimately, communication means that people may seek help sooner. In their evaluation on RMCs and relapse, treatment reentry, and recovery cycle, Scott and Dennis (2011) found that clients who were assigned RMCs that were managed by a case

worker were considerably more likely to reenter treatment sooner and access more treatment (median time was reduced for readmission by 37%, return to treatment rate was 64% for clients with RMCs vs 51% for clients without, and average total time for treatment reduced from 62 to 40 days; Scott, Dennis & Foss, 2005; Scott & Dennis 2011). Vitanova does not demonstrate results that echo the results of the evaluation by Scott, Dennis and Foss (2005), however, the Foundation's ability to maintain contact with clients in a more structured way through the aftercare period and less structured post-discharge demonstrates that an open door policy creates the opportunity for readmission, enhanced recovery, and ultimately sustained recovery.

REPRESENTATIVE CASE ANALYSIS – PORTRAITS AND QUANTITATIVE FINDINGS

A large population of individuals and families who follow the path of interrupted or incomplete recovery, as well as those who achieve sustained recovery for severe alcohol and drug problems, both learn important lessons about how to navigate the long-term recovery process. However, the voices of clients and those around them tend to be absent from addiction research and popular discourse (White, 2009). These voices play a fundamental role considering the individual-level factors that influence a client's willingness to participate and engage in treatment and aftercare (Houser, Salvatore, & Welsh, 2012). This section of the report presents the previously described representative cases derived from the post discharge data portraits of a typical engaged client, a mixed-complicated client and a detached-resistant client.

Client Portraits

Program-Engaged Client Summary Description

A ***program-engaged client*** generally is able to follow direction and rules outlined by Vitanova. Perhaps upon intake they are resistant, but over time the client is increasingly open, communicative and reflective. They complete chores as asked, show respect for other clients and staff, and do not minimize the success of those around them. A program-engaged client tends to have strong family support and strong family involvement. Spirituality also plays a major role in the client's recovery. It is a source of strength and affords structure in the client's life. Vitanova counselors indicate that a

client tends to become program-engaged when they *recognize* that they have "hit rock bottom." This brief description can only provide general insight into the nature of a program-engaged client, but all clients can become program engaged because addiction recovery is a journey.

Program-Engaged Client Portrait

Background

Mario is of Italian and Portuguese ancestry and grew up in an upper-middle class neighbourhood in Mississauga. He does not identify with his European roots. His mother worked part time as a seamstress, which allowed her to stay at home most of the time while he was growing up. His father worked long hours in his landscaping company. Mario has one sister, six years younger with whom he has always had a close relationship. Mario was a keen student in elementary school and his father always expected Mario to become an engineer. Mario felt a lot of pressure to fulfill his father's dream. Mario's mother was very proud of her son, but she was very overprotective; she cooked for him, cleaned for him, and did his laundry until his early 20s. This made Mario quite dependent on his mother.

Mario had his first drink at the age of 12. But he began drinking beer on weekends and more regularly at school with his friends when he was 15 years old. At 15 he also started his first romantic and sexual relationship, but the relationship ended because his girlfriend at the time felt he was drinking too much and when he drank he became irritable. It was at this time that Mario began binge drinking on weekends.

Due to poor attendance in high school, Mario's marks suffered and he was unable to attend college or university. He spent a year working to upgrade his schooling, while still living at home. During this time, he regularly partied and binge drank on the weekends. Once during that year, Mario was stopped by the police on his way home from a party and was charged with Driving Under the Influence (DUI). He was mandated to detox. Mario's father threatened to kick him out if he did not complete detox, but even though he completed that program, he. remained sober for only a few months. Mario relapsed and reentered detox two additional times upon the conditions of his father; however he never completed either of those two programs.

At 24 years old and following three attempts at detox, Mario's mother suffered a stroke. She was in the hospital for 6 months. While his mother was in hospital Mario began drinking more heavily and experimenting with cocaine.

Despite his drinking, Mario completed school and entered into a well-paying job. He made new friends and started a new relationship, but his friends also drank heavily and he was emotionally abusive to his girlfriend. Following the breakup of his relationship, Mario was depressed and angry; he began using cocaine more regularly. His concurrent alcohol and cocaine abuse continued for 4.5 years. This led him to lose his job because he injured a colleague at work while under the influence of alcohol and cocaine.

Mario is a 29-year old carpenter who found the Vitanova Foundation online. He entered himself into the domiciliary program for the first time because his father gave him an ultimatum: get clean or get out of his house. His father takes care of Mario's mother, who is still sick and needs home care. Mario is depressed and is allowed to stay at the house short term, but only if he completes detox and enters himself into domiciliary treatment.

Resources

Only once in the last 11 years of his addiction has Mario been on the streets. Although he is familiar with buying cocaine on the streets, he is not familiar with the resources available for those lacking housing and food supports. He has no connections currently to food and clothing banks, and never maintained any connections with any local shelters.

Mario completed one month of detox prior to checking into the Vitanova's three-month domiciliary program. He entered Vitanova and told the intake counselor that he did see he had a problem but did not think it was too severe. He said he was there for his family, and maybe treatment might help him. Mario feels he has hurt his family and is willing to stay at Vitanova for 6 months.

Mario's family is supportive, and his father and sister told him they are willing to take part in anything the Foundation needs from them. Before her stroke, Mario's mother was unaware of his problems, but now is completely informed of what has been going on with her son, and although she is somewhat disabled and physically restricted from making visits to Vitanova, she is willing to help her son through phone calls. Not all of Mario's friends from high school are connected to the bad influences of alcohol and cocaine. Two of his childhood friends have also stated their support and willingness to

participate in group sessions. Mario still feels some sort of connection to his faith and the Catholic church. Although he is not sure about what this connection is – and feels he has not been loyal enough — he is still interested in connecting to his priest on his path to recovery.

Implementation

Mario preferred the abstinence component of the Vitanova Foundation treatment program. He had already experienced some form of detox programming before Vitanova, but having completed one month at the Foundation, it was the first time in seven years he was sober for longer than a week. Mario was initially late to sessions and did not complete his chores, but after the first month in treatment he developed a routine at Vitanova and followed direction easily. He was agreeable and open for the most part.

Vitanova's domiciliary facility has provided Mario with a location to live independently from his family and to engage in different types of counseling. Mario was particularly engaged in the small group counseling sessions, as well as one-on-one counseling. Individual counseling was an important resource for Mario because he learned that living at home was negative for his sobriety. Mario felt his father made him feel guilty for not achieving his father's dreams for him. Mario also felt he benefited from family counseling. His father and sister attended and he developed a deep relationship with his sister as a result. Mario learned his family's support was important for his recovery, but living independently from them would ensure his abstinence.

Another important resource for Mario was his bond with two other clients at Vitanova. He developed friendships with two clients who were responsible with their chores, attended sessions on time and enjoyed walking the dogs with him. He saw these clients as role models because they were ten or more years older than him and had been successfully completing treatment at Vitanova for a longer period. Mario also valued the life skills training at Vitanova. He was promoted to kitchen duty from his regular chores and sought out opportunities learning better communication and conflict management skills.

Having his priest attend some family therapy sessions was a source of strength for Mario. Since his fourth month he began praying more. He does not feel he identifies fully as a Catholic or Christian but has become more spiritual. He reads the bible more often and enjoys reciting the "Vitanova Grace" during meals. Mario decided

independently to lengthen his stay at Vitanova by two months. During that time, he was actively involved in community outreach and spoke at schools in the Woodbridge community.

Outcomes

Mario completed eight months of treatment at Vitanova. He committed to the 18 months of aftercare provided by the Foundation. Mario was able to find a carpentry job through the extensive professional network that Vitanova maintains in the Greater Toronto Area. He lives alone close by his work and visits his family weekly. Mario is able to balance the aftercare, and it is working well for him.

Mario also continues to attend family support counseling during aftercare. His family are independently in contact with Vitanova about Mario's recovery. His strong relationship with his sister has provided him with a Foundation of support from his family. He is also active in taking care of his disabled mother, which he finds fulfilling.

Even when he is not in counseling sessions for aftercare, Mario willingly contacts Vitanova when he feels vulnerable or at risk of using again. He will speak to a counselor about any feelings of pressure or loneliness. When he cannot get hold of a Vitanova counselor, Mario contacts his parish priest for support.

Mario completed 18 months of aftercare with perfect attendance. Following aftercare, Mario received a job promotion within the same company in which he began working when aftercare commenced. The Vitanova Foundation linked him with this company. Mario is also in a stable relationship – he started dating one of his sister's friends. He continues to visit schools and do the outreach work that he undertook when he was at Vitanova Foundation. He stays in touch with Vitanova every few months through phone calls and when Franca Carella, executive director of the Foundation, calls him.

Of the 98 clients included into this exploratory analysis, 31 were deemed program engaged (i.e., 32.7% of the sample population). The primary addictions for clients in this group were alcohol (41.9%) and cocaine (29.0%). Program-engaged clients listed cocaine (32.3%) and no secondary addiction (29%) for statistics on secondary addiction. Based on an analysis of the findings for program-engaged clients, the on-set age for alcohol or drug use is approximately 17 years old, with a minimum age of 12 and a maximum age of 20. The average age of intake to Vitanova is 32, with a minimum and maximum age of 18 and 47, respectively. Of all clients sampled, 11 were enrolled into

the day treatment program, while 20 were admitted to the domiciliary program and attended the day program.

The majority of clients (71%) were at Vitanova based on self-referral or referral from a family member or friend. The majority of program-engaged clients do not possess a criminal record (71%) and were not on probation or parole while receiving treatment at the Foundation (81%). The majority were also not required by law to attend treatment (77.4%).

Program-Mixed-Complicated Client Summary Description

A ***program-mixed-complicated client*** can be characterized as having qualities of a program-engaged client and a program-detached-resistant client. These types of clients also possess their own unique characteristics. Mixed-complicated clients are unlikely to be in treatment because of a legal requirement, yet they are more likely to be on probation or bail release than program-engaged clients. In treatment they tend to follow rules only some of the time, and they are inconsistent in taking direction from staff. They tend to blame others for their circumstances and make excuses for their current situation. These clients are resistant to accepting help, and generally they are not in treatment for themselves. This brief description can only provide general insight into the nature of a program-complicated client, but all clients can at times become program complicated as they journey toward sustained recovery. According to Vitanova counselors, based on a variety of circumstances and with access to heterogeneous and complimentary resources, clients who are detached-resistant clients can transition into mixed-complicated clients. Conversely, program-engaged clients can become mixed-complicated clients depending on the catalyst or trauma that may incite a slip, lapse or relapse. Program-mixed-complicated clients may be able to become program-engaged within the same admission, but more likely a second admission will facilitate their engagement. The background, resources, implementation and outcomes of a program-mixed-complicated client is provided below.

Program-Mixed-Complicated Client Portrait

Background

Jon was born in Venezuela to an Italian father and a Venezuelan mother. His mother was a part time college professor and his father owned an import and export company. Jon and his family moved to Scarborough when he was six years old. His mother had twin girls when they moved to Toronto. Both of Jon's parents had strained relationships with their siblings and parents. As a result, Jon was not close to his cousins. In particular, his mother had not spoken to her family in years and constantly complained about her family. Jon's mother was a frequent churchgoer; Jon's father was a very stubborn and conceited man who had a problem with alcohol for years while Jon was growing up.

Jon was always successful in school. In high school, he played soccer and ran track and field, earning him a scholarship to university. When Jon was 15 he started drinking socially with his peers. It never interfered with his schooling and he was never in trouble because of alcohol.

Jon's relationship with his parents was distant. He could not relate to his mother – she was constantly finding fault in others, particularly her family, yet at the same time she was an avid churchgoer who spoke of the need for people to have good values and morals. Nor was Jon close to his father, whom Jon felt was never warm with him. His father didn't hug or play with much with Jon as a child; his father was solely focused on the business. Jon did not have strained relationships with his sisters, but the six-year age difference made it difficult to connect with them. Although Jon felt provided for financially, for the most part he felt that he raised himself since he was in his late teens.

Jon attended university in Toronto and lived at home. He was a good student and was on the varsity soccer team. He was in a long-term relationship with his high school sweetheart. In his third year of university, he was out with his parents to celebrate their anniversary. Jon's father was intoxicated, and should not have been driving. On the drive back home, the family was in a car crash. Jon suffered a serious back injury and cuts to his head. His father and mother were unhurt in the accident. The doctors told Jon that he would be able to recover but he would need time for rehabilitation. As a result Jon lost his sports scholarship to university. Jon was in the hospital for three months. Upon discharge from hospital, doctors prescribed OxyCoton for the pain. He was prescribed up to six pills per day.

Jon was discharged from hospital, lived at home and attended rehabilitation. During eight months of rehabilitation, Jon progressed well but endured a lot of pain. Jon's father was not active in his physical recovery at all. However, his mother drove Jon to many doctor's appointments , however, he found it difficult to relate to her as he found her arrogant.

Jon continued to complete school via distance learning and at a slower pace, but overall he became depressed and bored living at home. He found that when he took OxyCoton, not only did he feel no pain, but he also had increased amounts of energy. He had increased the dosage to ten OxyCoton a day, and when he tried to get off of the prescription, the withdrawal effects were severely unpleasant. So Jon continued to use throughout his rehabilitation and after his injury had healed.

Jon never hid using drugs from his girlfriend, but she was worried about him and suspected he was an addict. Jon's girlfriend approached Vitanova seeking a treatment intervention for Jon. His sisters and mother were in attendance at his intervention, but his father refused to attend. At the intervention, Jon agreed to enter treatment at the Vitanova Foundation.

Resources

Throughout high school Jon did not abuse drugs or alcohol, and he possessed no experience with food banks, shelters, addiction treatment programs or mental health programs. Jon was never depressed until he was in his accident, so he never accessed mental health services until his addiction began. Jon also did not access any of these types of services while he was receiving rehabilitative treatment for his injury.

Jon agreed to check into Vitanova domiciliary program at the request of his girlfriend and family. Jon felt he had disappointed his girlfriend, but he did not feel he had a problem with OxyCoton. He knew he needed to use because of the pain from his accident. For treatment, his mother, sisters, and girlfriend all agreed to be part of his recovery. Jon's father refused to participate. Most of Jon's friends are not connected to the bad influences of drugs. His best friend from high school and two good friends from elementary school agreed to support Jon in any family therapy sessions.

Implementation

Jon was 26 years old when he entered Vitanova for the first time. When he entered, he told intake counselors that he was there for his girlfriend and didn't feel that his use of

prescription and non-prescription drugs was severe. He did, however, state that he no longer wanted to stay at home because he felt depressed in that environment.

In his first month at Vitanova, Jon was reluctant to work with counselors on a treatment plan. Although Jon was on time to therapy sessions and completed most of his chores, he was moody and found it difficult to engage. He did not feel he could relate to other clients. Yet, during recovery he enjoyed using both the indoor and outdoor facilities for recreation. He also was more responsive in small group therapy sessions some of the time. Jon did not incorporate spirituality into his recovery, however, he and his family attended groups. Although Jon completed just over two and half months of recovery, he decided to leave Vitanova and focus on completing his university degree. Jon maintained sobriety for two and a half months but subsequently relapsed and became re-addicted to OxyCoton.

Outcomes

The following year, Jon re-entered Vitanova to complete three months in the domiciliary program. Jon had suffered a fall and minor injury to his back once again. Despite recovery from the injury, Jon continued to take the prescription. Jon self-referred himself to Vitanova after discussions with his girlfriend to re-attempt treatment. His second intake into Vitanova showed that Jon was more responsive but still slightly resistant and combative to treatment. He improved in his ability to take direction and follow rules, but routinely associated with clients who could also show some resistance to treatment. He was more comfortable in individual and small group counseling than compared with his first admission. His family attended family counseling sessions consistently during his second admission. He still enjoyed the recreational activities offered by Vitanova.

Jon completed three months at Vitanova Foundation: two months of domiciliary and one month in day treatment. His family continued to be actively involved in aftercare and Jon maintains full-time employment. His attendance at aftercare was consistent in the first two months, but counselors notice that in his third month he is not balancing aftercare and employment well and misses sessions. Jon is currently in his fourth month of Vitanova post-discharge aftercare.

Of the 98 clients included into this exploratory analysis, 40 were deemed program-mixed-complicated (i.e., 40.8% of the sample population). The primary

addictions for clients in this group were alcohol (55.0%) and cocaine (25.0%). Program-mixed-complicated clients listed cocaine (45.0%) and crack-cocaine (12.5%) as secondary addictions; 12.5% of these clients also cited no secondary addiction. Based on an analysis of the findings for program-mixed-complicated clients, the on-set age for alcohol or drug use at approximately 15 years old, with a minimum age of 10 and a maximum age of 20. The average age of intake to Vitanova is 30, with a minimum and maximum age of 16 and 45, respectively. Of all clients sampled, the majority (80%) were admitted to the domiciliary program, and the remainder into the day treatment program (20%). The average length of time in the domiciliary was 112 days, while the average total treatment days for all clients (i.e., in day and domiciliary treatment) was 153 days.

The majority of clients in the sample population for program-mixed-complicated clients had fewer years formal education than the program-engaged clients; clients completed secondary school, or some secondary school (67.5%). Interestingly, program-detached-resistant clients cited secondary school as completed more often than mixed-complicated clients (48.1% v. 10.0%, respectively). Meanwhile, more mixed-complicated clients cited "some university" or planning to be "university graduates" versus program-engaged clients (12.5%. v. 6.5%, respectively). More research is required into education levels of clients. Similar to the other cases, the majority of program-mixed-complicated clients were also unemployed when they entered Vitanova (81.5%).

Like program-engaged and detached-resistant clients, the majority of program-mixed-complicated clients (77.5%) were at Vitanova based on self-referral or referral from a family member or friend; few were referred by the legal system or police (5%).

Program Detached-Resistant Client Summary Description

A ***program-detached-resistant*** client generally presents at Vitanova like the other two representative cases, that is, with a long history of chronic addiction (at least 10 years). Detached-resistant clients, however, present with greater incidence of abuse in their childhood (37.0% of clients, versus 9.7% and 2.5% for program engaged and program mixed-complicated clients). Detached-resistant clients are also more likely than other cases to be court-mandated to treatment, but self-referral and referral by family and friends is extremely common. When engaged in treatment they tend to be argumentative, unwilling to ask for or accept help, greatly minimize the severity of their addictions, have a strong sense of hopelessness, and blame others for their circumstances in life. This brief description can only provide general insight into the nature of a program-detached-resistant client, but all clients possess the possibility of

becoming program-engaged or program-detached-resistant over the journey toward sustained recovery. The background, resources, implementation and outcomes of a program-detached-resistant client is provided below.

Program Detached-Resistant Client Portrait

Background

Frank was raised by both of his parents before the age of 11, and then only by his father. His parents were born in Canada and grew up in the Woodbridge area; his father is of Italian ancestry. Frank's extended family was only sporadically involved in his life until he was 11 because of his mother's strained relationships with them.

Franks parents fought frequently when he was growing up. At times, his mother would become physically abusive to his father, and on a few occasions police were called to the home. When Frank was nine his mother began having extra-marital affairs. Frank became aware of this before his father did when he walked in on his mother with another man in their Woodbridge home. Frank's mother never knew he had seen her and Frank never told his father about this. Soon after, Frank's mother left his father and the family for a man whom she met on the Internet who lived in the United States. She also left the family with credit card debts totaling $40,000. Frank only heard from his mother once after she left.

The family's socio-economic status was upper-middle class; Frank's father worked very long hours as an executive at an insurance company and as a result, spent little time with his children. Frank's grandparents help raise him, but it was his paternal grandmother who was most active in helping to raise him. Frank adored his grandmother and knew it was very hard for her; helping to raise four boys proved particularly challenging as Frank entered his teen years.

In grade 8, Frank began missing classes at school. In high school he ditched classes and started smoking cigarettes and marijuana. Frank was reprimanded for poor attendance and for being involved repeatedly in physical fights. The physical fights tended to occur more frequently around the same time of year his mother left the family. The school had several meetings with his family, most of which his father did not attend. Instead of seeking counseling or other supports for his son, Frank's father gave his son financial

incentives to improve his attendance and grades at school. Yet, this was ineffective; Frank continued to receive money from his father and continued to skip classes.

Frank began hanging out in downtown Toronto where he made friends with people older than himself. He began drinking regularly throughout the day with these friends, and binge drinking on weekends. Frank's father remarried around the same time. Due to the constant conflict between his step-mother and Frank, Frank was kicked out of the house just before his 17th birthday. Frank maintained contact with his older brother, to whom he always felt close. However, he did not speak with his two younger brothers.

One day at the park, around the time of his birthday, the same time around when his mother left the family, he got into a fist-fight with another youth. He beat the young boy unconscious and ran away. It was at this point that Frank began using cocaine daily. Frank was eventually arrested and charged with assault. He was incarcerated for two years.

Resources

Following incarceration, Frank continued to use alcohol and cocaine daily. He also had trouble maintaining stable housing and bounced around between friends' apartments, shelters and living on the streets. Frank worked odd jobs, doing temporary manual labor for a number of years, but was unable to maintain stable employment. He then discovered that he could support his alcohol and cocaine habit by dealing crack-cocaine. At times, Frank used crack-cocaine as well, particularly around his birthday.

Frank was arrested four times between the age of 21 and 26 as a result of dealing crack-cocaine and once because of an assault. He completed short stints in jail where he was able to detox briefly, but quickly began using again upon release. Upon his fourth arrest he was provided the opportunity to enter a facility for a month-long treatment which he did not complete. He returned to the streets, dealing and again bouncing between shelters and short-term apartment rentals.

At times, Frank would stay at his older brother's house, but his older brother told Frank that after starting his own family his brother didn't want Frank around his young child. Frank was hurt and maintained sporadic contact with this brother over the next three years. Frank was arrested two more times before entering Vitanova Foundation. His second arrest lead to a requirement of his parole that he complete three months in the Vitanova domiciliary program. At the time Frank was 29 years old and addicted to alcohol and cocaine; he was also a recreational crack cocaine user.

Frank maintains strong contact with his older brother and paternal grandmother. His three brothers have all agreed to be involved in his recovery, as have his grandparents from his mother's side. Frank maintains no relationships with friends who are not using alcohol or drugs. He has no friends from his childhood who are still in his social network.

Frank has a severely strained relationship with his father. He blames his father for his time in jail because his father kicked him out of the house. He also blames his father for choosing his stepmother over him, and he resents his stepmother. Neither his father nor his stepmother have ever been involved in any past treatment that Frank has attended. Frank's father feels he provided for his son financially and that his son is ungrateful and disrespectful to him.

Frank has frequently visited one shelter in Toronto and utilized some of the food, shelter, and mental health services they provided. However, he has never attended any mental health programming consistently. He has also utilized food banks and walk in health clinics in the west Toronto community he normally resided in.

Implementation

Frank has been court-mandated to treatment at Vitanova Foundation at 29 years old. His treatment was a condition of his release on drug possession and drug dealing charges. He detoxed one week prior at a treatment facility in Toronto.

He fails to recognize that he has an addiction to alcohol and cocaine. Although he prefers to go into treatment than to remain in jail, he feels that the courts were unfair to him and have mistreated him. At Vitanova, he was not forthcoming with information upon intake, and despite three attempts by the intake counselor to gather information critical to Frank's condition and recovery, he refused to answer most questions. At times when the intake counselor probed some of the same questions, Frank lied to her.

For the most part, Frank woke up late and did not complete his assigned chores in the first 6 weeks of treatment. However, he consistently walked the dogs and enjoyed this task. He tended to be argumentative with other clients and with staff, was disrespectful toward them, and his moods changed frequently. While at Vitanova Foundation he was diagnosed with bipolar disorder through a psychiatric assessment. In one-on-one counseling sessions to which Frank was responsive, he described characteristics of his mother and the counselor suspected his mother was also bipolar. Frank was prescribed medication to treat this disorder.

Frank was provided a one-on-one counselor with whom he was scheduled to visit 1-2 times per week; yet he was unresponsive. He was also required to attend small group therapy sessions and the large group sessions for morning reflection. At larger group sessions he did not engage throughout his stay at Vitanova. Frank was scheduled to attend art therapy, but once again, he was constantly late and inconsistently engaged.

Frank's brothers and grandparents agreed to attend family counseling sessions and take part regularly. At first, Frank's father agreed to attend family sessions, but then did not show up for the first or subsequent sessions. He failed to respond to follow up requests from the Foundation to attend. Frank's mother was unaware of his addiction and treatment and was inaccessible throughout his stay at Vitanova. Frank seems most responsive in the sessions when his older brother and grandmother were present.

Frank made friends with one other client at Vitanova who enjoys pulling pranks on other clients at Vitanova. Frank minimizes the successes of other clients who are progressing with their journey toward recovery, and diminishes the accomplishments of the Vitanova Foundation counselors who refer to their lived experience of treatment and long-term successful recovery.

According to his one-on-one counselor, Frank's engagement at Vitanova improved slightly over the four months he stayed at the domiciliary program. Frank woke up on time more often, but his attendance was still unpredictable and his engagement was very sporadic. His counselor also noticed that although Frank was not consistent in taking his medication for bipolar disorder, he was taking it more frequently over time. Frank completed 3.5 months at Vitanova and fulfilled the requirements of his bail. He was discharged to Vitanova's aftercare program.

Outcome

Frank committed to completing the 18-month aftercare program. Upon discharge from Vitanova he remained abstinent for 72 hours. Yet, he attended aftercare for the most part in the first month of discharge. He was not engaged in the aftercare sessions when he did attend. Into the second month of aftercare, Frank's attendance was sporadic and when Vitanova called him, they were unable to reach him. Frank stopped attending aftercare by the beginning of his third month of aftercare.

Throughout this time his family continued to be willing to engage in counseling or family sessions. They were not able to attend any sessions with Frank because he failed to show up when they went to the Foundation. Vitanova was unable to reach Frank at all

following the third month of aftercare. The family informed Vitanova that they knew that although Frank had found housing, he moved back to the same west Toronto neighbourhood and was using once again. They were unsure whether he was again dealing drugs.

Frank continued to live in his west Toronto neighbourhood and Vitanova is unsure if he is taking his medication for bipolar disorder. Vitanova has tried to provide him with other adult service linkages in his neighbourhood, but are unaware if he has utilized the services. Vitanova continues to try to reach Frank personally and through his family.

Of the 98 clients included into this exploratory analysis, 27 were deemed program detached-resistant (i.e., 27.6% of the sample population). The primary addictions for clients in this group were alcohol (51.9%) and cocaine (33.3%). Program-engaged clients listed alcohol (37.0%) and cocaine (25.9%) as secondary addiction. Based on an analysis of the findings for a program-detached-resistant client, the on-set age for alcohol or drug use is approximately 15 years old, with a minimum age of 10 and a maximum age of 25. The average age of intake to Vitanova is 29, with a minimum and maximum age of 16 and 47, respectively. Of all detached-resistant clients sampled, the majority (N=22) were admitted to the domiciliary program, and the remainder into the day treatment program (N=5). The average length of time in the domiciliary was 145 days, while the average total treatment days for all clients (i.e., in day and domiciliary treatment) was 169 days.

The majority of clients in the sample population for program-detached resistant clients had fewer years of formal education than the program-engaged; they completed secondary school, or some secondary school (80.8%). The results from education may not be generalizable or statistically significant. More research is required into education levels of clients. Similar to the other cases, the majority of detached-resistant clients were also unemployed when they entered Vitanova (81.5%).

Like program-engaged and program-mixed-complicated clients, the majority of detached-resistant clients (63%) were at Vitanova based on self-referral or referral from a family member or friend, yet 25.9% were referred by either the legal system or police. They were more likely to be referred by the legal system or police than the other two cases (program-engaged, 9.7%; program-mixed-complicated, 5.0%). The majority of program-detached-resistant clients were on probation or parole-release (70.4%) and were on probation or parole while receiving treatment at the Foundation (66.7%). The majority were also required by law to attend treatment (55.6%).

Post-Discharge Aftercare Attendance - Representative Case Analysis

This section provides a brief comparative analysis of aftercare characteristics and behaviour of all three representative cases. Table 4 provides summary statistics of the relapse rates of each case at all points in time. The percentages reflect that "no relapse" has occurred.

Table 4: Incidence of No Relapse, 1-18-month discharge, Vitanova Clients

	PROGRAM ENGAGED (%)	PROGRAM MIXED-COMPLICATED (%)	PROGRAM DETACHED-RESISTANT (%)
1-month	93.5	80.0	44.4
2-months	93.5	52.5	33.3
3-months	100.0	60.0	22.2
5-months	93.5	47.5	33.3
7-months	90.3	37.5	40.7
10-months	93.5	35.0	14.8
13-months	87.1	37.5	22.2
18-months	80.6	32.5	19.2

The table demonstrates that relapse rates for program-engaged clients does not decline sharply and is consistent over periods of time (e.g., 1-month to 10-months post-discharge, more than 90% of clients did not relapse). Program-mixed-complicated clients show drastic levels of decline at specific, but not equidistant points in time (e.g., 1-month to 2-months, 77.5% decline; 3-months to 5-months, 12.5% decline; 5-months to 18-months, 15% decline). At the 5-month point in time post-discharge more than 50% of clients relapsed. Meanwhile, program-detached-resistant clients always registered less than a 45% no-relapse rate. At the 7-month point in time, there was an increase in the no-relapse rate; however, this percentage more than halved by the 18-month interval.

Additional interesting findings from the present analysis are that clients, regardless of relapse status (yes, have relapsed; no, have not relapsed), tend to cite having a permanent residence at 18-months after discharge (Yes, relapsed; Yes, permanent residence, 72.7%; and No, relapse; Yes, permanent residence, 96.1%). All clients in all cases (100%) cited permanent residence and working full or part-time at 18-

months after discharge; this statistic applies regardless of relapse status. Of clients not working, 40% stated they also did not have permanent residence.

Based on an observational review of the statistics, Vitanova was able to make contact with at least 80.0% or more program-engaged and mixed-complicated clients at various points in time during aftercare (from month-1 to month 13). Vitanova staff were able to regularly contact program-engaged clients at all points in time during aftercare (>83.8%). For program detached-resistant clients, Vitanova staff were able to maintain contact with 75.0% or higher number of clients up until month 7 of aftercare. Contact still remained high for detached-resistant clients at the 10-, 13- and 18-month intervals (on average 53.7%). When program-detached-resistant clients were not contacted, the reason more frequently cited was relapsed, readmitted to the program (minimum 0, maximum 4) or incarcerated (minimum 1, maximum 3). The detached-resistant case more commonly cited these reasons compared with the other two cases.

For program engaged clients, 100% reported having permanent residence at 1-, 2-, 3- and 10-months after discharge; at 5-, 7- and 13- months, 90% or greater program engaged clients reported permanent residence. Mixed-complicated clients demonstrated the ability to maintain permanent residence in the longer term as well (between 72.5% and 94.9% between 1- and 13-months of aftercare). Although the program detached-resistant case demonstrated higher rates of permanent residence 1-month and 2-months (84.6%), permanent residence rates declined sharply after each interval. The case showed a drastic decline at 3-months (64%) and then again at 10 months (42.3%). Permanent residence for all cases was extremely low for all clients at the 18-month interval; all cases reported having permanent residence an average of 44.2%.

The majority of program-engaged clients (more than 90%) cited working full-time or part-time at all intervals after discharge. Mixed-complicated clients cited full-time or part-time employment between 55%-75% at any one point in time. Interestingly, program-detached-resistant clients showed similar ranges of employment as mixed-complicated clients for the first three months post-discharge (ranging between 60% and 70.8%); at the 5-month interval, this case experienced a sharp decline in working full-time and part-time (46.1%). This decline continued steadily until the 18-month interval (28.0%). In terms of education per representative case, program mixed-complicated clients demonstrated higher attendance at most points in time (between 5% and 13.5% of clients were in school or training); program-detached-resistant clients did not show enrollment in full or part time education at all points in time, except at the 18-month interval (3.8% were in full-time education).

One effective practice of Vitanova aftercare is the ability for clients to attend aftercare and evening group sessions for families for 18-months, while simultaneously seeking self-help options (e.g., individual counseling outside of Vitanova, AA/NA, other group counseling outside Vitanova Foundation). Table 5 provides a summary of statistics by cluster on the use of Vitanova aftercare components over all eight points in time. On average, program-engaged clients attend aftercare more consistently and frequently than program-mixed-complicated clients or program-detached-resistant. Mixed-complicated clients and program-detached-resistant clients were more likely not to attend versus program-engaged clients. Interestingly, program-mixed-complicated clients combined aftercare with individual counseling more commonly than program-engaged clients and program-detached-resistant clients.

Table 5: Attendance for Therapeutic Component, Vitanova Foundation, Post-Discharge, 2001-2007

	Therapeutic Component	Program Engaged (%)	Program Mixed-Complicated (%)	Program Detached-Resistant (%)
1-month	Aftercare	44.8	25.6	15.4
	Evening group	13.8	30.8	19.2
	Aftercare & individual counseling	10.3	15.4	3.8
	Not attended	6.9	5.1	11.5
2-months	Aftercare	45.2	21.1	15.4
	Evening group	12.9	15.8	11.5
	Aftercare & individual counseling	9.7	10.5	7.7
	Not attended	6.5	21.1	7.7
3-months	Aftercare	41.9	15.8	12.0
	Evening group	9.7	21.1	8.0
	Aftercare & individual counseling	6.5	10.5	4.0
	Not attended	6.5	18.4	20.0
	Sporadic attendance	0.0	2.6	4.0
5-months	Aftercare	41.9	20.5	11.5
	Evening group	9.7	7.7	0.0

	Aftercare & individual counseling	3.2	10.3	0
	Not attended	3.2	17.9	15.4
	Sporadic attendance	0.0	2.6	3.8
7-months	Aftercare	38.7	7.9	3.8
	Evening group	6.5	0.0	0.0
	Aftercare & individual counseling	6.5	5.3	0.0
	Not attended	9.7	18.4	15.4
	Sporadic attendance	0.0	5.3	3.8
10-months	Aftercare	32.3	7.7	8.0
	Evening group	6.5	2.6	4.0
	Aftercare & individual counseling	3.2	2.6	0.0
	Not attended	6.5	1.54	8.0
	Sporadic attendance	0.0	2.6	4.0
13-months	Aftercare	26.7	10.5	0.0
	Evening group	6.7	2.6	0.0
	Aftercare & individual counseling	0.0	0.0	0.0
	Not attended	13.3	5.3	12.5
	Sporadic attendance	3.3	2.6	0.0
18-months	Aftercare	32.3	7.9	4.0
	Evening group	0.0	2.6	0.0
	Aftercare & individual counseling	0.0	2.6	0.0
	Not attended	9.7	5.3	8.0

Family support to seek and be in treatment and family attendance at aftercare is considered important for sustained recovery. In terms of family support, all three representative cases had supportive families (i.e., program-engaged, 96.8%; program-mixed-complicated, 97.5; program-detached-resistant, 96.3%.) In terms of family attendance at support groups, program-detached-resistant clients demonstrated the strongest level of family involvement with 85.2% of client families attending groups and

3.7% participating from a distance. Program-engaged and program-mixed-complicated clients had relatively similar levels of family involvement with 64.5% and 62.5% of families involved, respectively. Program-engaged and program-mixed-complicated representative cases had a significant percentage of clients that did not have families attend groups (32.3% and 37.5%, respectively), and possessed few instances where families participated from a distance (e.g., were out of town or off site and communication was established through other means). More research is required into the nature of family involvement in program-engaged and program-mixed-complicated clients, rather than simply the frequency of involvement. Consistently, interviews with counselors at Vitanova for the present research concluded that strong family involvement, particularly for program-engaged clients, is a distinct key to sustained recovery. However, since program-detached-resistant clients demonstrate higher family attendance, more research in the nature of family involvement may provide insight into the quality of relationships and the qualitative outcomes of family counseling sessions may differ. In contrast, the high level of family involvement by program-detached-resistant clients may provide evidence of Vitanova's effectiveness in augmenting social capital and bridging relationships within families.

Research indicates that individuals move along various pathways and transition between various points in the addiction treatment career cycle. These transitions are defined as: using in the community, treatment, incarceration, abstinence in the community, and death (Anglin et al., 1997; Hser, et al., 2001; Hser et al., 1997). To increase an understanding about the differing pathways in this cycle, more research is required into the frequency with which individuals transition from one point in the cycle to another. The present evaluation provides an exploratory analysis and offers some insight into transitions over eight points in time over an 18-month post-discharge period. The relapse status results in the findings section of this report offered these insights.

According to Scott, Foss and Dennis (2005), a better understanding about the frequency of transitions for individuals can influence how interventions and treatment are designed in order truncate the cycle between relapse, treatment, and recovery. Subsequently, the frequency and design of monitoring and aftercare can also be adapted to individual needs. The present findings demonstrate that Vitanova Foundation's treatment and aftercare components are comprehensive. However, the findings also clearly demonstrate the variations in the success rates delineate the different representative cases. As such, a review of the results by Vitanova Foundation may offer insights into how programs can be adapted, modified and re-designed to better meet the needs of mixed-complicated and detached-resistant clients.

NEXT STEPS

Vitanova Foundation boasts several effective practices in service provision that augment recovery capital, including heterogeneous and complimentary counseling sessions for clients and their families, providing strong linkages to education and training and employment opportunities, and the opportunity to enhance sustained recovery by incorporating spiritualty into their daily recovery journey. However, the Foundation has several opportunities to enhance service delivery and operations. First, comprehensive resources for treatment and recovery require increased financial resources. As such, Vitanova Foundation should explore opportunities in reducing the cost of operations (e.g., decreasing expenditures on electricity) and increasing funds available to improve services and possibly staffing.

Second, more strategic analysis and planning may be required into how the Foundation communicates with clients currently, how they can communicate with clients more consistently, and what resource limitations exist that hinder recovery management check-ups post discharge aftercare.

Third, animal-assisted therapy could be expanded at Vitanova. Already the Foundation provides a home to three dogs and a bird, and staff and clients note the connection they feel with the animals at Vitanova. Animals could be included in intake and counseling sessions to increase the comfort of clients and encourage more open dialogue.

Fourth, data collection methods can be improved. Vitanova should undertake reviews of questionnaires and assessments regularly to ensure that information is complete. However, due to the time limitations of staff, this level of quality control may prove difficult. To address resource limitations, research collaborations with universities can be explored to create long-term research collaborations with psychology and social work departments. These collaborations could bring in practicum students studying epidemiology and/or research psychology whose responsibilities could include data quality control, however, care must be taken to ensure long-term, reliable, effective data collection methods are in place.

DISCUSSION AND CONCLUSION

The Vitanova Foundation influences change in the lives of their clients. The Foundation provides recovery capital in both quality and quantity during treatment and post-discharge aftercare and offers clients a "turning point" to transform in their lives. On a broader level, Vitanova accomplishes this by challenging the limitations of the acute-care model to addiction recovery in seven ways.

> *Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup, and start again. . .The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution. (Deegan, 1988)*

First, services are delivered hetero-geneously and complimentarily, from devising individualized treatment plans to offering longer term aftercare (18-months in duration). The service relationship then continues through checkups by Vitanova staff from time to time. Clients are encouraged to drop-in and visit or be readmitted if they are still on the path to recovery.

Second, Vitanova staff "problem-solve" for clients, rather than simply approaching recovery through symptom elimination. Once again, individualized treatment planning enhances the effectiveness of the treatment process, and increases opportunities for turning points.

Third, clients are allowed to stay at Vitanova for up to two years, which allows clients to determine their treatment recovery journey. Fourth, clients can provide insights into their treatment plans because Vitanova is open to discuss client needs with clients themselves. Fifth, although clients are provided with certificates of completion after three and six months at Vitanova, long-term recovery means clients are provided with longer-term aftercare and resources so they can experience enhanced recovery. Clients are encouraged to be independent, but they are not left to navigate the long-term recovery process on their own.

Sixth, evaluations of the intervention are long term, with a follow up at eight points in time. This evaluation compares pretreatment status with discharge status and post-treatment status over a minimal period of treatment time plus 18-months of aftercare.

Seventh, relapse and readmission post-treatment are viewed as opportunities for enhanced recovery. Potential shortcomings in the design and execution of the treatment protocol are examined and modifications are made in a timely and comprehensive manner.

In understanding the limitations or challenges of the acute care or medicalized model of addiction recovery, Vitanova Foundation tries to account for several factors that can enhance recovery management, namely that: not everyone with an alcohol and/or drug problem requires long-term or sustained recovery management; clients with more severe substance problems may require years or even decades for successful, sustained recovery (White & Kelly, 2011a); alcohol and drug problems must be treated as chronic, progressed diseases, rather than acute conditions (Dennis & Scott 2007; McLellan et al. 2000); recovery from severe substance use disorders requires strong linkages to a multitude of formal addiction treatment services and other recovery supports (Caskets & Subbaraman, 2011); a variety of social processes (including family members, friends, and support groups) influence and/or promote relapse, remission, and recovery (White & Kelly, 2010a); most people who discharge from addiction treatment cycle through recovery and use again over different short and/or long periods of time (Scott, Foss & Dennis, 2005); and complimentary treatment strategies for chronic health conditions along with addiction recovery can translate into long-term recovery outcomes (White & Kelly, 2011b).

Vitanova successfully accounts for these factors because it operates with self-determination. The Foundation aims to maximize their own self-determination and the self-determination and autonomy of its clients by offering practical and innovative programming. In effect, they personify elements of the Whatever It Takes (WIT) model devised by Barry Willer and John Corrrigan (1993). As outlined in the WIT model, Vitanova recognizes that

- clients are individuals;
- life skills training is important and taught in the environments that have relevance (e.g., living with others in domiciliary treatment, completing kitchen chores in the kitchen and dining area, tending the garden);
- the environment plays a role in recovery and adaptation (i.e., Vitanova is operated out of a retrofitted home, rather an out of an institution);
- clients have the ability to sustain recovery, achieve “living well” and are valuable to the greater community at large (e.g., Vitanova encourages clients to undertake outreach activities in the community such as sorting stock at the local food bank);
- clients can achieve autonomy;

- augmenting social capital is paramount because family support and building relationships encourages clients to commit to sustained recovery;
- a gentle, yet firm approach is necessary to create an environment where clients feel cared for, but develop an understanding of boundary setting and learning to take direction;
- understanding addiction and addiction recovery is a continuous journey – Vitanova treats clients with addiction problems, not addicts;
- linking clients to resources and agencies is an inherent part of facilitating sustained recovery. Augmenting recovery capital means understanding what clients need, what services Vitanova can offer, what services are available in other agencies, and where there are deficiencies in the system that can create barriers to sustained recovery;
- teaching clients self-respect – Vitanova must respect their clients;
- the Foundation must be available and provide current resources to clients over their addiction career, throughout sustained recovery, and based on the idea that clients can "live well" in the long term (e.g., by providing longer term aftercare; calling clients to check-up on their wellbeing once post-discharge aftercare is complete).

Clients at the Vitanova Foundation are offered the opportunity to successfully journey through recovery using practices and services that have the potential to transform their personal identity, improve interpersonal life and coping skills, and strengthen social capital (Laub & Sampson, 2003). The efforts of the staff at the Vitanova Foundation working with their clients make this journey to sustained recovery possible.

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