

August 25, 2006

Franca Damiani Carella
Founder & Executive Director
The Vitanova Foundation
6299 Rutherford Road
Woodbridge, Ontario, Canada
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Dear Mrs. Carella:

**Re: Qualitative Analysis of The Vitanova Foundation's Day Treatment Program
Part I: Focus Group Results**

Prepared by Dr. Joseph Levy and Dr. Naomi Gold

We have concluded a final review of the data generated from the Focus Groups convened as part of the larger longitudinal study on the Vitanova Foundation's Treatment Program and are pleased to offer the following summary of results in regard to Focus Groups clients' perceptions of the program. Please note that the complete report and results will be published in an upcoming 2008 Addictions International special issue devoted exclusively to qualitative research methods in evaluating addiction treatment programs.

1. NON-INSTITUTIONAL ENVIRONMENT

Clients were treated with respect in a non-institutional home-like environment that made it possible for them to feel that they were people who needed assistance with personal and health issues that led them to their present state of addiction.

2. PERSONAL EMPOWERMENT, RESPONSIBILITY AND ACCOUNTABILITY

Treatment models used at Vitanova created an opportunity for personal empowerment, responsibility and accountability. Clients' personal growth opportunities were the result of a treatment environment at Vitanova that always provided unconditional support, including 24/7 emergency support.

3. CLIENT-CENTRED AS OPPOSED TO PROGRAM-CENTRED

Clinical and non-clinical life skills-based programming was client-centred, flexible and adapted to meet their unique needs. There did not exist a predominant "program" or treatment model that all clients had to accept and follow. Many addiction programs use what is often referred to as the "shoe horn" approach, where all clients must "comply" with the existing treatment regime. These same "compliance" programs too often measure the compliance of the clients to the various programs. Most of these compliance programs too often show short-term success but never report the long-term efficacy of their programs.

4. WELLNESS TO COMPLIMENT DEFICIT MODEL OF TREATMENT

Repeatedly the clients voiced their sense of improved self-esteem mainly as a result of the caring, dedicated and approachable staff who never made the clients feel like they had “problem” or “deficit” in personality, behaviour, or lifestyle that needed “fixing”. Vitanova works on the “wellness” model of health where each client is recognized by the program and staff as having a very unique set of needs and attributes that were as important in the treatment plan as the issues (“deficits”) which led to the client’s addiction. This positive, wellness model allows for the program to not only identify those deficit parts of the client’s personality and lifestyle that need to be addressed and changed, but at the same time the client’s strengths and assets are used to give the client the energy and motivation to work on those deficit parts of their lives that have caused them to become addicts. Fragile human beings cannot be expected to undergo treatment programs that reveal their most vulnerable deficits, those that caused them to become addicts, if they do not have the strength to counteract these difficult realities. Clients repeatedly reported that at Vitanova, the programs allowed and encouraged them not only to deal with the deficits in their social histories, but at the same time to nurture those parts of their social histories which had potential to generate positive strength and positive energy.

FUTURE RESEARCH

We congratulate you on the client-centred and progressive programs offered by Vitanova that are captured by these qualitative results, the broader details of which we intend to publish in a scholarly journal in the near future. We also reiterate our interest in reviewing the quantitative data you are currently collecting on client outcomes over eighteen months following discharge from the day treatment program. Once that data is obtained on all clients discharged over the first twelve months of data collection, we will be happy to begin that review, should you be agreeable.

Yours truly,

Joseph Levy, MSW, PhD
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