Mixed Model of Care Treatment programme

Gender Differences in Delivery

Adele Duncan - Chief Executive
What do Gordon Moody Association do?
Mixed Model of Care Programme (MMOC)

Our Innovative Retreat-Based Programme is Born

- GMA Previously provided residential treatment programme for women in 2002 - Closed service as model was not easy for women to commit to

- We identified that we needed to revolutionise our treatment in order to better engage with women

- Needed to fill the gap in treatment provision by being both inclusive of those unable to take a long period of time away from home, and those who weren’t in need of a full residential programme

- The first cohort was launched in January 2015 for women and Pilot for men in November 2017
# Referral to the Programme

<table>
<thead>
<tr>
<th>On-line Application via the Gordon Moody Website</th>
<th>Phone interview with assessment officer</th>
<th>Referral Panel review &amp; consider</th>
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<tbody>
<tr>
<td>Further information sought if required</td>
<td>Referral decision made</td>
<td>Place offered: 3 for women per year 1 for men</td>
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The Programme (14 weeks total)

1\textsuperscript{st} Retreat - 4 days/3 nights

8 weeks 1 to 1 support provided

2\textsuperscript{nd} Retreat - 3 days/2 nights followed by 4 weeks of 1 to 1 support
Programme Content

1st Retreat
- GMA residential treatment programme (selected pieces)
- Practical, more solution focussed
- Understanding emotion/behaviour connection & coping skills

Weekly support between retreats
- Emotional support & discuss underlying issues
- Work Book to be completed
- Group support bi-weekly

2nd Retreat
- Relapse Prevention strategies
- Outreach support once completed for a period of time
What have we identified to date?

**More Solution focussed**
- Facts
- “Let’s fix the problem”
- On ‘receive’ more than ‘express’
- Less able to express how they feel
- Majority had been to GA
- Calmer/quieter
- Clear professional boundaries
- Disciplined on time keeping

**More Mutual support**
- Engage in therapy
- Share/Broadcast their experience
- Less attended GA due to the male dominance of local groups
- Never met another female problem gambler
- Feeling of acceptance
- Emotional
- Overstep boundaries
- Women connect with women differently to how men connect with men
- Time keeping issues
What does this mean for the programme?

- Needs more Dynamic delivery
- Needs to address ‘opening up’ for the men
- Focus on feelings rather than how they think
- Faster pace
- More content
- Group exercises
- Less discussion across the whole group

- Slower paced
- More exploratory
- Plenty of discussion
- Experiential learning
- Peer support
- Finding a way to ‘close the women’ down to refocus
In Summary

In the last 3 years we have learnt a lot!

• We have supported 109 people in their recovery

• We have introduced group contracts for every retreat to lay down clear boundaries and agreed rules

• 75% completion rate for women and 44% completion for men

• We have significant anecdotal evidence that what we’re doing is working and that the model suits the women particularly

• We have reviewed what works and what needs to change
Next Steps

- Data and evidence review to be carried out to demonstrate the effectiveness of our MMOC programme

- Consider the impact of added benefits to the programme (e.g. yoga, mindfulness)

- Enhancing pre & post treatment and outreach support

- Consider support for affected others
“Just a short note to say I won’t be able to make the online group on the 30th as I’ll be in America on my holidays having a fantastic time. All is great with me and going really well, no gambling, no urges or cravings, I feel like a new woman! And it feels amazing. I’m loving life for probably the first time in my life and learning so much about myself and what I’m capable of doing and achieving and it’s all thanks to Gordon Moody and me of course for sticking with the process and believing in it 😊”
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Annual impact data can be found on our website