Introduction to Balint

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- Aims
 - Introduction to the concept of Balint Groups
 - To generate a portfolio reflection:
 - Dealing with medical uncertainty
 - GP resilience
 - Communicating with difficult patients
- Objectives
 - Experience a Balint group
 - Transference and countertransference



How do you create GP resilience?

What makes a heart-sink patient?



- 'the feelings felt in the pit of your stomach when their names are seen on the morning's appointment list'.
- 11% GP workload

O'Dowd TC. Five years of heartsink patients in general practice. BMJ 1988;297:528–30

Clinician factors

- Younger
- Work longer hours
- Anxiety and depression
- Those who sub-specialise
- Higher perceived workloads
- Lower job satisfaction
- Less training

- Experiencing personal anxiety
- 'Pressured' type of personality
- Overly critical or judgmental character
- Needing to be constantly liked by patients
- Excessively defensive personality
- Being overly nice

Lee David 'The 10-minute CBT handbook for primary care' – Scion Publications (2006)

How can Balint help?

- Michael and Enid Balint
- The Doctor, his Patient and the Illness (1957)





- Focuses only on doctor/patient relationship
- What are they doing to each other?
- What do they mean to each other?
- Awareness of feelings created in the doctor by the patient
- Mirrors emotions in the consultation room

What happens

- Presentation
- Phase of inquiry
- The "Push-Back" phase
- Conclusion

Group leader – keep focus on the doctor/patient relationship

Ground rules

- 1. Confidentiality
- 2. Listen and respect everyone's contribution.
- 3. No unwelcome and intrusive questioning of group members about their own personal qualities or their childhood experiences.

Group 1



Transference and countertransference

- Transference
 - (The patient) unconsciously transfer feelings and attitudes from a person or situation in the past on to a person or situation in the present (the therapist)
- Countertransference
 - the response that is elicited in the recipient (therapist) by the other's (patient's) unconscious transference communications

Factors that increase transference

- Vulnerable personality
 - Borderline features
- The patient's anxiety about safety
- Frequent contact with a service or with a keyworker

Dealing with transference

- Recognising the importance of the relationship to the patient
- Reliability
- Maintaining professional boundaries and clear limits in treatment
- Interpretation, but only when the patient can understand and use it

Group 2

Debrief



Further resources

• The Balint Society

- Facebook
 - Tiko's GP Group
 - Tea and Empathy
 - Resilient GP





- Five years of heartsink patients in general practice. Tim O Dowd. *BMJ 1988; 297*
- Balint groups and the Balint Method. John Salinsky 2003 <u>http://balint.co.uk/about/the-balint-method/</u>
- Transference and countertransference in communication between doctor and patient. Patricia Hughes, Ian Kerr. Advances in Psychiatric Treatment Jan 2000, 6 (1) 57-64

Doctor's support

- BMA telephone counselling service (24h service)
 08459 200169
- National counselling service for sick doctors www.ncssd.org.uk 0870 321 0642
- Doctor support line anonymous help service www.doctorssupport.org 0870 765 0001
- Doctors support network for mental illness www.dsn.org.uk 0870 3210642
- Sick doctor's trust for drug and alcohol problems
 01252 345163