

# Does Anyone have a Case? The Balint Group Experience

Rochelle Frank, MD

Associate Professor of Neurology

California Northstate University

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# Objectives

- ▶ Describe History and purpose of Balint Groups
- ▶ Introduce the process and format of a Balint Session
- ▶ “Taste of Balint”: Discuss physician and patient perspectives in a challenging encounter
- ▶ Describe benefits of Balint groups for physician satisfaction and improved communication

# Balint Groups

- ▶ Michael Balint psychoanalyst born in 1896 in Budapest, son of a GP
- ▶ In 1950s he and his wife began seminars for GPs in London after WWII to address psychosocial issues in medicine
- ▶ Case discussions exploring the doctor-patient relationship
- ▶ 1990s Balint Groups brought to USA Family Practitioner (start of American Balint Society) - Family Medicine Residencies

Book The Doctor, his Patient and the Illness

“At the center of medicine there is always a human relationship between a patient and a doctor”

- Michael Balint

# What Balint Groups are:

- ▶ Case discussions regarding Doctor patient relationship
- ▶ Exploration of issues in case from the perspective of the doctor, patient and their relationship
- ▶ Not intended for answers but to explore issues and gain new insights
- ▶ “Using a different part of the brain”

# What Balint is not:

## NOT

- ▶ Psychotherapy Group
- ▶ Encounter group
- ▶ Traditional Case Consultant Group
- ▶ Topic Discussion Group
- ▶ Personal Professional Development Group

NOT prescriptive, didactic or advice giving

Time for...

## A taste of Balint!

### Exercise:

- ▶ Case presentation
- ▶ Writing notes
- ▶ Small group discussion
- ▶ Wrap up together

# A taste of Balint

Remember for this exercise:

We are used to advice/problem solving. **Time for a break from this.**

We are using a different part of the brain. This is a discussion with room for speculation. Use your imagination: What could be going on?



# Our Case

Tim is a 38-year-old man who has been in my care for many years and I have managed his hypertension. He has been compliant with medications and has lowered his needed dose by lifestyle changes including diet and exercise. We both enjoy hiking, and he often will share a new place to hike at our visits.

About 5 months ago, he was rear ended in a MVA and has had continuing neck pain. We have been working on solutions for his pain and he has been trying many modalities and typical treatments and all other workup was unremarkable. We have continued to work together on solutions for his symptoms, but he has become increasingly frustrated and hopeless. He works in the IT department of a local hospital and says that he is having trouble focusing at work and sleeping at night. He has missed days of work

## Our Case (contd)

and has been told if he misses any more that he will require a doctor's note. He also said that all that has been happening has been limiting his usually activities and putting stress on his marriage. He was given Vicodin initially by the emergency department after the MVA and asked if we could try this again or another similar pain medication.

He just came into the office this week and his wife was with him. They are both frustrated and ask why more can't be done for him. They appreciate my efforts but think that there must be some other way. They are upset that I have been so restrictive about narcotic medications as those were so useful previously. The wife is suspicious that I am withholding these treatments for some reason.

Bonus fact: Your assistant asked them about getting the COVID vaccine and they said that it was dangerous, and the government isn't telling us the full story

What is your first reaction  
to hearing this?

# Write notes on your ideas on following questions

- ▶ What do you think the physician in this case might be experiencing? What thoughts or emotions might they have?
- ▶ What do you think the patient or family in this case might be experiencing? What thoughts/or emotions might they have?
- ▶ What do you see about the situation and their interactions? What maybe happening in their communication with each other?

# A Taste of Balint! Discussion

Breakout rooms for 10 minutes

Tackle the questions asked in the asked in the writing exercise

## General Ground rules:

- ▶ Please be on video (if at all possible)
- ▶ Confidentiality - about what is said in group (what is said in Balint stays in Balint)
- ▶ Please listen and allow pauses and silence
- ▶ Be very respectful

## Remember:

- ▶ Take a break from problem solving
- ▶ Try using a different part of the brain (Brain Yoga)
- ▶ Discuss as an inquiry: What could be going on?

# Wrap up

## **Poll question:**

Were you able to get out of the mode or problem solving and approach in another way?

## Wrap up (cont'd)

### **Poll question:**

Did this remind you of any cases in your own practice?

# What are good cases?

- ▶ Challenging relationships (the one you see on your schedule and have a reaction)
- ▶ Those you take home with you
- ▶ Someone difficult between visits (TAV, email)
- ▶ Challenges with families
- ▶ Some you like with a challenging disease
- ▶ Someone trouble setting boundaries (feel close to/relate to)



# A colleague's experience

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and quadrilaterals, creating a dynamic, layered effect on the right side of the slide. The text is positioned on the left side of the slide, set against a plain white background.

# Outcomes found in Balint Groups

- ▶ Discussing challenges with patients helpful in improving job satisfaction (and decreasing symptoms of burnout)
- ▶ Opportunity to connect with Colleagues: collegiality
- ▶ Improve communication skills (compassion and empathy)

# Balint groups through SSVMS

Current groups:

## **SSVMS:**

- ▶ Current group started 1 year ago most members continuing to meet
- ▶ **New group starting in October!**(4 session commitment): 6:30pm Thursdays (10/14, 11/11, 12/9, 1/13)

## **Other similar groups in community:**

- ▶ Connect the Docs offered at some Kaiser sites in Northern California

# References

Balint Group info Salinsky ABS [Balint group info Salinsky ABS](#)

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Fwd: Balint references [Fwd: balint references](#)

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Do All Physicians Need to Recognize Countertransference [Do All Physicians Need to Recognize Countertransference](#)

Calibrating the Physician Personal Awareness and effective Patient Care [Calibrating the Physician Personal Awareness and effective Patient Care](#)

# More on Balint session group and format

- ▶ Group of 2 leaders and 8-10 participants (Virtual works!)
- ▶ Ask “who has a case?”
- ▶ Presenter gives case Psychosocial history not planned ahead of time “bubbles up”
- ▶ Brief clarifying questions
- ▶ Discussion about case (presenter “takes a break” from case)
- ▶ Presenter returns and conclude
- ▶ 1 hour discussion - end on time