



Balint Bulletin No. 8

July, 2006

Balint groups are a well established and unique approach to training GPs in psychological aspects of general practice. This is an electronic newsletter circulated by the Balint Society of Australia. Its purpose is to disseminate information and news about Balint work to interested people in Australia. Contributions are welcome. If you do not wish to receive this newsletter, please let us know and we will remove you from the mailing list. To contact us, email Dr Marion Lustig<mlustig@optusnet.com.au>

Balint Society of Australia

Our website is now (sometimes) operating at
www.balintaustralia.net

Please be patient with our teething troubles, or better still, put up your hand to help - we are desperate for one of our members, who either has computer skills or is willing to learn them, to be involved!

AGM

The date of the AGM has been changed to 7.30 p.m. on July 12 in Melbourne. You will be sent a separate flyer about this.

Scientific meetings

There will be scientific meetings in Melbourne on Saturday morning, September 30, and in Sydney on Tuesday evening of October 3, both with visiting German Balint experts Heide Otten and Ernst Petzold. Details TBA.

National network

We now have contact people in each state, are listed below. Please contact them if you are interested in joining, starting, or leading a Balint group, if you wish to be involved in the work of the Society, and if you wish to be kept up to date with local developments.

VIC: Dr John Barton ph 03 94806335 email: jbarton@aapt.net.au

NSW: Ms Laurie Lovell-Simons ph 02 94276610 email: lauriels@tpg.com.au SA: Dr Jill Benson ph 8303 5050 email: jillb@bigpond.net.au

TAS: Dr Frank Meumann ph 03 6278 1551 email: frank.meumann@gppt.com.au

WA: Dr Wendy-Lynne Wolman ph 08 9271 6968 email: wolman@westnet.com.au

QLD Ms Penny Love ph 07 38324983 email: pl273743@bigpond.net.au

NT: Dr Sam Heard ph 04 17838808 email: sam.heard@oceaninformatics.biz

Balint groups for remote and rural GPs

Leonie Sullivan is starting a new Balint group via Skype (computer based voice/video conferencing) for rural and remote GPs.

Contact Leonie Sullivan ph. 02 9418 9351
lesull@optusnet.com.au

Balint group opportunities

There are currently vacancies for groups in Melbourne in Caulfield, Heidelberg, Kew, Western suburbs and a new group starting in Hawthorn in August. There are a number of people interested in starting groups in and around Sydney, and an existing group on the Central Coast of N.S.W. There are new groups in Hobart and Brisbane. We also have contacts in Perth, Darwin and Adelaide. Please refer to our state contact people listed above.

Balint Leader Training Workshop in Australia?

We are calling for expressions of interest in having a Balint leader training workshop in Australia some time next year. This would be a 3 day conference. It would be designed to develop and enhance Balint group leadership skills and an understanding of the Balint process and would be suitable for Balint group leaders at all levels of experience including those who are interested in leading groups but have not yet done so. The conference would consist mainly of small group Balint sessions, each one followed by a debrief with a focus on group process and leader interventions. The faculty would consist of both local and overseas people. The conference would also be of interest and value to GPs who wish to have an intensive experience of Balint work, and to understand Balint groups better, without necessarily intending to train as leaders. Organizing such a conference is a huge undertaking, and at this stage, we are seeking expressions of interest from anyone who would like to participate in such an event. Please contact Marion Lustig mlustig@optusnet.com.au or telephone 03 95715111 if you are interested. Preferably also let her know if there are any dates that are not possible, whether

you'd be prepared to travel to Sydney, or if you have any other preference for location.

Balint Groups - A Participant's Experience at the RACGP Conference in Darwin 2006, by Dr Jan Orman

In their purest form Balint Groups continue for years with the same closed group of participants meeting fortnightly to discuss the trials and tribulations and sometimes even the joys (!) of the doctor patient relationship. They are carried out in a very structured way. There is a great deal of evidence to suggest that, in the long term, participation in Balint Groups improves confidence and job satisfaction, as well as practitioner efficacy in the delivery of medical and psychological care.

I was somewhat sceptical, given what I already thought I knew about groups in general, about Balint groups in particular and about doctors and their tendency to be a bit competitive and stuck in the medical model. What was the likelihood that 4 x 1.5 - 2 hour meetings on 4 consecutive days of a GP conference in tropical Darwin would produce positive results? However, my preconceived ideas began to get a bit wobbly even before the first session was finished. By the end of the second session I had to admit that in a very short time an extraordinary sense of trust and warmth had developed in the group allowing a good deal of honest sharing of professional experience at many levels.

Balint Groups are not group therapy for GPs, although occasionally participants enter them hoping they will be. The strict frame is designed to provide professional support that extends to transference-countertransference issues (it has a psychoanalytic history) without transgressing the boundary into territory that may be better served by personal therapy. Whilst the participants may well derive personal benefit from the process they need to be prepared to leave their personal issues to the work they do with their own therapist. Adhering to this principle makes the group manageable and also may help

explain its success in the kind of time frame the Darwin experience allowed.

Balint groups need leaders. The leader's job is to ensure that the group adheres to the agreed structure, to ensure that everybody who has something to say has an opportunity to say it and to help ensure that the group process does not impact negatively on the individual. We were lucky in Darwin to have some very experienced leaders who gently and unobtrusively guided us, keeping us firmly within Balint boundaries.

My group consisted of 9 GPs and a psychologist and a pair of group leaders, both of whom were very experienced as GPs and as Balint Group leaders. The participants were very diverse in terms of age, experience, background, interest and skill. They had knowledge of Balint groups ranging from having heard about them in a passing way as undergraduates (although one remembered actually having read "the book" in the long distant past) to 2 who had experience in both participating in and leading groups. Most were ordinary GPs without a particular interest in mental health. Structure apparently may vary a little from group to group but is consistent over time within the one group. It seems to me that, despite it all sounding very rigid and paternalistic in the beginning, it was the strict adherence to structure that played the biggest role in developing group cohesion. Let me tell you about the structure of our meetings:

- 0. The meeting took place in a room large enough to contain a circle of chairs and private enough to allow free discussion. Steps were taken to ensure that the meeting was not interrupted. Note taking was not necessary and was in fact discouraged. Eating and drinking and other activities which would distract from the content of the meeting were not permitted.*
- 0. Participants agreed at the outset that they would respect the confidentiality of the meeting.*
- 0. Each session was divided into equal halves of 45 or 60*

minutes depending on the duration of the meeting.

0. *There were 2 case presentations per meeting.*
0. *In the beginning the group decided whether it wanted to follow up anything from cases presented at the previous meeting and, if the group agreed (it's all very democratic), a small amount of time was dedicated to that.*
0. *Participants volunteered to present. There was an expectation that everyone would have a chance to present. Cases were expected to be those which generated some difficulties in the presenter, usually difficult emotions. Cases were preferably about current patients though former patients who had left behind unresolved emotional discomforts were appropriate as well. The focus was on the relationship between doctor and patient not on clinical details of the case.*
0. *The presenter spent 5-10 minutes briefly presenting an unprepared case from memory in an informal way. A minute or two followed in which the participants were encouraged to ask whatever questions were needed to clarify factual information.*
0. *At the end of that period the presenter was asked to move his/her chair back from the circle to remind everyone that the presenter did not participate in the next part of the process.*
0. *Participants then observed a minute's silence in which they were asked to reflect on the scene in the consultation room from both the doctor's point of view and the patient's point of view and imagine how each person concerned was feeling.*
0. *The discussion which followed involved everyone except the presenter and consisted of reflection on the situation, exploration and speculation. The leader's job, difficult in*

the beginning but easier as participants got used to the process, was largely to keep the discussion focussed on the doctor - patient relationship.

- 0. At an appropriate time the leader invited the presenter to return to the circle and make any comments they felt appropriate. This may have been to add any new information that had initially been forgotten in their presentation of the case or to describe and reflect on any new ideas or perspectives he/she had discovered while listening to the discussion. Further discussion involving all participants including the presenter followed.*
- 0. The leader then called the discussion to a halt. No solutions were attempted, no resolutions, no summing up - part of the point is to leave things somewhat up in the air for future private reflection by all concerned.*

The great joy in all this for me was the honesty and openness with which communication occurred and the way in which the opportunity to hear other's perspectives could gently shift attitudes and open minds. You could see it happening very subtly for everyone in the group even before the end of the second session.

I have come away from the experience with a strong desire to explore Balint Groups further to see what they can do and a conviction that even (or maybe even especially) the least psychologically aware medical practitioners could benefit from participation in such a group. Everyone from medical students to senior clinicians should have the opportunity to do this!

American Balint Society

The next two American Balint Society Leadership Intensive workshops, held twice yearly, will be from October 12 - 15, 2006 in Bethlehem, Pennsylvania and March 15-18, This conference is designed to develop and enhance Balint group leadership skills and an understanding of the Balint process and is suitable for

Balint group leaders at all levels of experience including those who are interested in leading groups but have not yet begun to do so.

0. There will be Balint weekends in Santa Rosa, California on November 10-11, 2006 and in Providence, Rhode Island on April 13-14, 2007.

<http://famed.musc.edu/balint>

International Balint Federation

There will be a Balint meeting in Israel from November 16-18, 2006. This will include an IBF Council meeting. Contact us for further details of the interesting program.

The next International Balint Federation Congress (held every two years) will be held in Lisbon, Portugal from September 1-5, 2007.

Medical students are invited to submit an essay for the 2007 International Balint Award, in which they describe and reflect on their personal experience of a student-patient relationship.

For details of any of the above, please refer to the IBF website www.balintinternational.com.

The Balint Society (U.K.)

This Society awards an annual prize of 500 pounds for the best essay on the Balint group and the doctor-patient relationship, based on the writer's personal experience and open to anyone. Details on the Balint Society website www.balint.co.uk

A reminder that the Journal of the Balint Society, published annually is available from the secretary of the Balint Society (U.K.), David Watt <David.Watt@gp-f84093.nhs.uk>

General Practitioner Exhibition and Conference

For the first time, we ran a successful Balint workshop at this conference in Sydney from May 26-28. Three concurrent groups met and discussed cases five times, with the involvement of 8 leaders who rotated their roles. Feedback from participants was very positive, and the workshop was also a valuable professional development opportunity for leaders.

Article

“Balint or Bust”, a useful overview of Balint work, was published in BMJ Careers and available online at:

<http://careerfocus.bmjournals.com/cgi/content/full/332/7544/gp123-a>

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