

Introducing Balint Groups to the Intellectual Disability Academic Programme (South Wales)

Dr Huw Dunstall¹ & Dr David Medhurst²

¹Swansea Bay University Healthboard ²Aneurin Bevan University Healthboard
Huw.Dunstall@wales.nhs.uk David.Medhurst@wales.nhs.uk

Background

The Intellectual Disability (ID) Academic Programme in South Wales is a postgraduate programme that runs on a weekly basis, during term time. Invites are open to all members of NHS staff working in ID services in South Wales; however, attendees are largely medical and range from core trainees to consultants.

Balint Groups consist of a group of clinicians who meet regularly to discuss challenging cases to reach a deeper understanding of their patients' and the clinician's own feelings, by exploring difficulties within the therapeutic relationship.

Balint Groups had never previously been available for ID clinicians in South Wales. This was identified as an unmet need.



Hypothesis

Introducing Balint groups to the ID Academic programme would provide ID clinicians with a safe place to discuss psychologically challenging cases, thereby:

- Improving self-awareness of their own emotional responses and that of others within the therapeutic relationship.
- Improving wellbeing

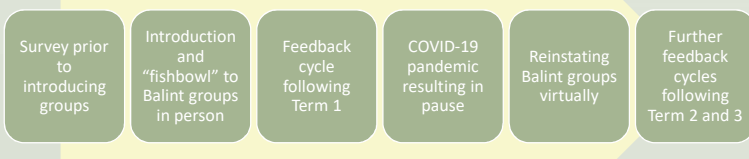
In addition to this, Balint groups would help ID clinicians to develop psychotherapeutically informed practice. This is of particular relevance to psychiatry trainees for who psychotherapy experience is a core component of the curriculum.

Methods

As ST4 trainees, the authors introduced Balint Groups to the ID Academic Programme in October 2019, as co-facilitators. This was following an introductory talk and "fishbowl" exercise where those with no previous Balint experience had the opportunity to observe a group with experienced members.

Feedback was collected using questionnaires for clinicians to self-rate their levels of psychological awareness and wellbeing. Data was collected at four Time Points (TP) between October 2019 and December 2021: Baseline (TP1) and at the end of the 3 terms to date (TP2-4).

Balint groups were temporarily suspended following the first term in March 2020, due to the COVID pandemic, and returned virtually in January 2021.



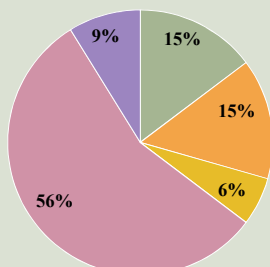
Results

At baseline, 80% of participants expressed interest in participating in Balint groups and 42% had never attended >5 Balint Groups.

Across the 3 terms, 91% of attendees were medical, ranging from core trainees (15%) to consultants (56%).

Demographics of participants

- Core Trainee
- Higher trainee
- Specialty Dr
- Consultant
- Psychologist

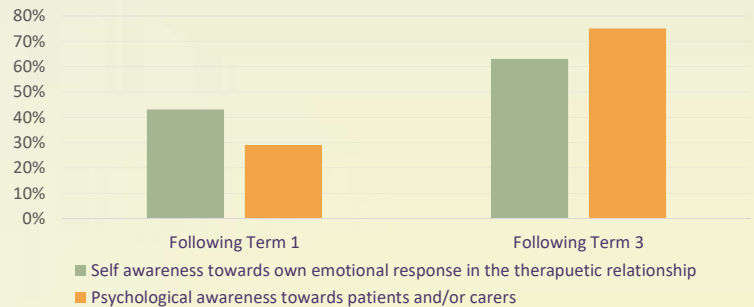


Results continued

Attendance at face-to-face Balint groups was 9 and virtual Balint groups was 8, despite frequency of the groups increasing from 2 to 5 per term.

Self-rated results following term 1 (TP2) compared to following term 3 (TP4) suggest that Balint groups improved clinician self-awareness of their own emotional responses in the therapeutic relationship (43% v 63%) and improved psychological awareness toward patients and/or carers (29% v 75%).

Improvement in Clinician self rating scores



In addition, 100% of clinicians agreed/strongly agreed that the Balint Groups improved their wellbeing following term 3 compared to 71% following term 1.

"The Balint groups provide an excellent reflective space"

Reflections/"Top Tips" from Balint Leaders

- Introductory talk and Fishbowl exercise**
 - This allows time to set the scene of Balint groups and the underlying theory
 - A fishbowl exercise allows clinicians with no previous experience to observe a group
- Regularly revisiting ground rules with the group**
 - This is important to ensure the safety of the group space
 - These may gradually change shape and adapt over time as the group becomes more established
- Having access to supervision and working towards Balint accreditation. Planning and reflecting as facilitators**
 - This helps ensure the roles of each facilitator during the session is clear
 - It also allows the facilitators time to discuss afterwards and learn about the group and what things help the group to discover more
- Modelling to the group**
 - As facilitators, demonstrating approaches to the group during the groups will help model the style aimed for
 - Sometimes this may take time to effect change in the group so needs patience
 - For example the use of images that group members may experience during the discussion
- A great opportunity**
 - For all who attend but also to help Psychiatry trainees develop their psychotherapy competencies both as group members and facilitators

Conclusions

Introducing Balint groups (face-to-face or virtual) to ID clinicians can be trainee-led and is a valuable training experience. It is a cost-effective and easy method of improving clinician wellbeing and promoting healthy therapeutic relationships with patients and/or carers. It also supports psychiatry trainees meet core curriculum competencies in psychotherapy experience and develop psychotherapeutically informed clinical practice. The authors are working towards Balint accreditation and aim to support the development of Balint leaders locally within ID services to promote longevity of the groups.

References and acknowledgements

- The Royal College of Psychiatrists has published a document for Core Psychiatry trainees competencies in psychotherapy. This is available here: https://www.rcpsych.ac.uk/docs/default-source/members/faculties/medical-psychotherapy/ct1-3_pschotherapy_trainee_guide_sep-17_tr_edit.docx?sfvrsn=99548a53_2
- To find out more about Balint groups you may wish to visit the Balint society's website: <https://balint.co.uk/>
- We would also like to thank our Balint supervisor, **Dr Mary Self**, Consultant Psychiatrist and Clinical Director, Cwm Taf University Healthboard, as well as the South Wales Balint Leaders peer group in supporting us with setting up these groups.