

Evaluation of an on-line Balint-style psychotherapy group for Forensic Higher Trainees on the East Midlands Rotation

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Background

The Royal College of Psychiatrists (RCPsych) requires all trainees to undertake basic training in psychotherapy. Historically, there has been no specific formal provision within the East Midlands to support Specialist Trainees (STs) in forensic psychiatry satisfy the psychotherapy competency requirements for the Annual Review of Competency Progression (ARCP). In the past, STs have made individual arrangements with clinical psychologists, delivered small pieces of psychotherapy work under supervision or attended the Balint reading group for General Adult Psychiatry trainees.

To address this deficit, an online, Balint-style psychotherapy group was set up in February 2021, to support forensic psychiatry STs (ST4, 5 and 6) on the East Midlands rotation. The group was facilitated by Dr P Banerjee (Consultant Forensic Psychiatrist & Psychotherapist) assisted by Dr J White (Higher Specialist Trainee in Forensic Psychiatry). Satisfactory attendance at the group would enable the STs to achieve sign off on the Structured Assessment of Psychotherapy Expertise (SAPE) required by the RCPsych.

Aims of the study

An independent service evaluation (SE) (undertaken by LM) aimed to assess the impact of the new Balint group using methods adapted from Parker and Leggett (2014), specifically:

- Undertake a baseline evaluation of trainees' expectations of the Balint course and their self-reported level of experience/competency in psychotherapy
- Assess change in the group processes experienced by trainees during the first six months of the group
- Undertake a re-evaluation of trainee expectations and self-reported level of experience/competency at six months

Methods

Participants were informed of the service evaluation prior to participation in the group. Data was collected anonymously and with implied consent, via the Forms function on MS Teams; it was analysed using MS Excel.

Baseline Questions (Likert scale* / Free text response):

- The Balint Group (BG) is relevant to my current educational needs
- The BG will give something that will help me practise with greater confidence
- Participation in the BG will change the way that I think and practise
- How experienced are you in psychotherapy techniques / understanding?
- Please tell us about your expectations of participating in the BG

Group Process Questions (Likert scale*):

- The leader helped focus on the practitioner-client relationship
- The presenter was protected and supported by the leaders
- I would feel comfortable presenting a case in the BG
- The group helped my capacity to work with my own clients
- The BG is relevant to my current educational needs
- The BG was pitched at a level that stimulated the development of my knowledge and skills in the doctor/patient relationship
- The group leader engaged with the group in a manner that inspired us to improve our knowledge and skills
- The BG gave me something that will help me practise with greater confidence
- What I've learned in the BG will help me be more useful to my patients
- Participation in the BG has changed the way that I think and practise

Six-month follow-up :(Likert scale / Free text response):

Items 1, 2,3, 4 and 5 from Baseline

- How do you feel a Balint group delivered remotely via MS Teams compares with a face-to-face Balint group?

Intervention: Online Balint Group

Commenced: February 2021 (13 sessions)

Delivered: via MS Teams

Frequency: 1 hour, every 2 weeks, for 6 months

Format: 60% case presentation, 40% group discussion with supplementary reading and educational material shared outside of the meeting if required

Structured Assessment of Psychotherapy Expertise (SAPE) sign off: ≥70% attendance

Aim of the group: The Balint group will allow trainees to bring cases where there is a complex dynamic between physician and patient – the group will allow for formulation of the patient's presentation and allow reflection and exploration around transference and countertransference

Group size: minimum of 3, ideally 5 to 7

Ground rules:

- Everything said in the group will be treated as confidential, whether it is about patients, colleagues or group members themselves
- Everyone will be listened to, and everyone's contribution will be respected
- People may talk about their personal history, if relevant, but there will be no intrusive questioning of people's experiences and losses
- The group is not a diagnostic forum; we are more about exploring and understanding what is going on than finding solutions to clinical problems
- Members will be expected to attend punctually and will not be permitted to join once the group has started

Figure 1a. Scores on group process items (#1-5)

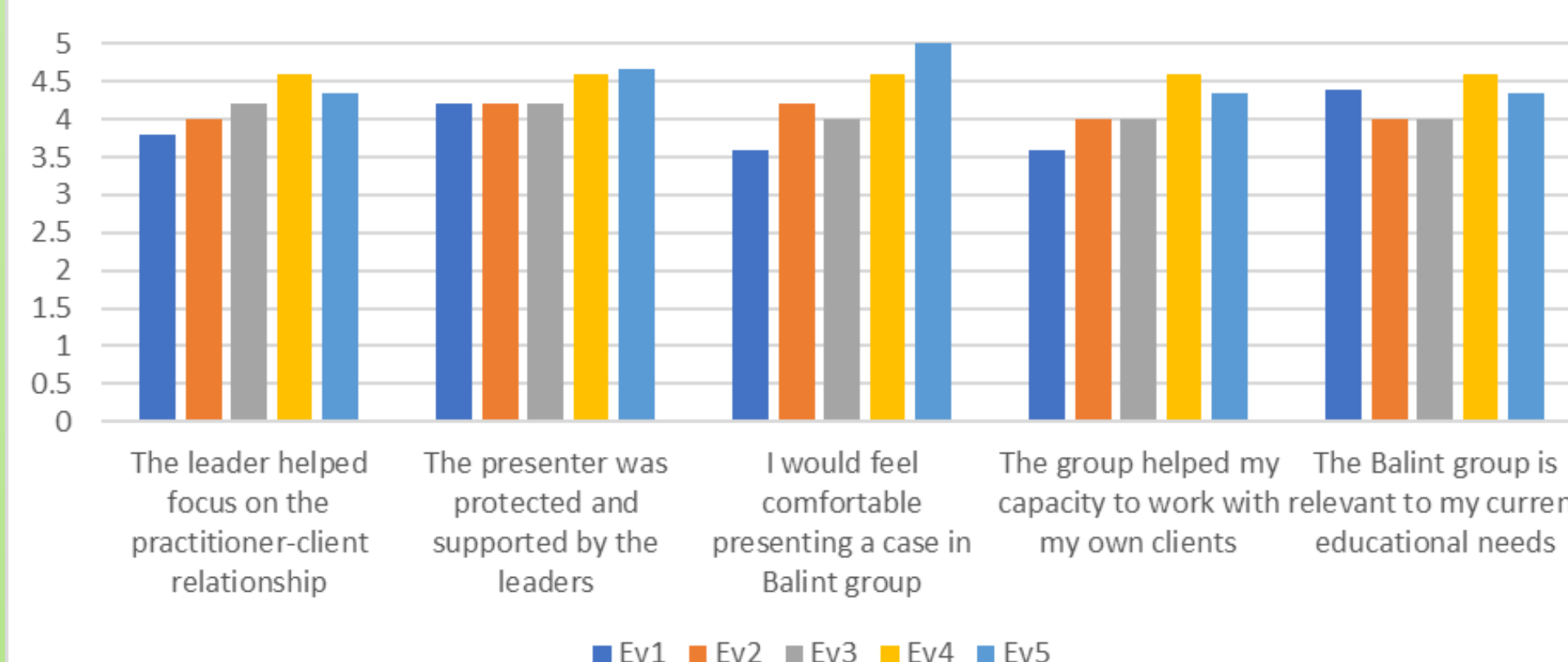


Figure 1b. Scores on group process items (#6-10)

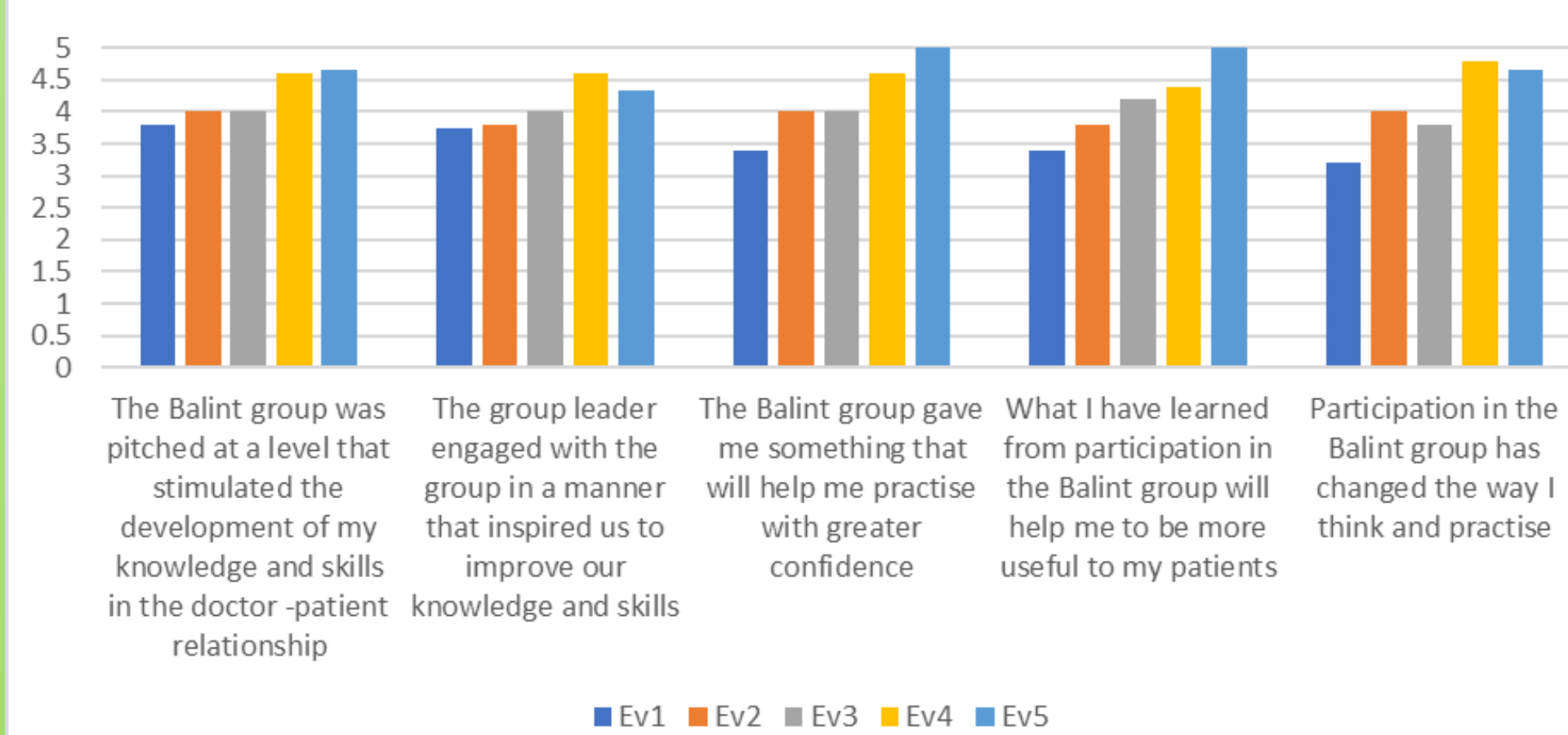
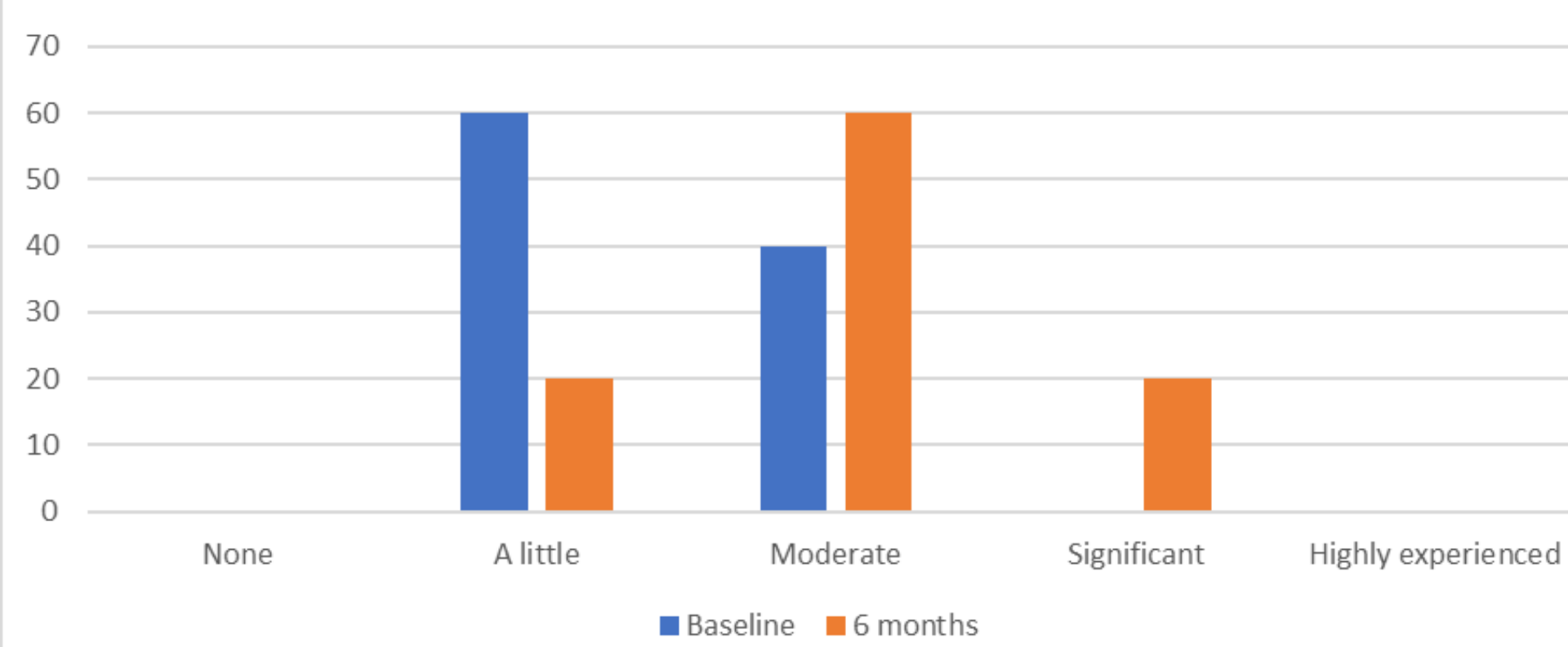


Figure 2. How experienced do you consider yourself to be in psychotherapy techniques/understanding (% trainees)



Results

Six trainees attended the Balint group; five (83%) provided evaluation data at any one time point. There was strong agreement (and no change between baseline and six months) with the following statements:

- The Balint Group is relevant to my current educational needs** Baseline Mean (SD) = 4.6 (0.55)*
- The Balint Group will give me something that will help me practise with greater confidence** Baseline Mean (SD) = 4.6 (0.55)*
- Participation in the Balint Group will change the way I think and practise** Baseline Mean (SD) = 4.4 (0.55)*

Figures 1a and 1b show the change in scores for the group process items. Statistically significant changes in scores (indicating increased level of agreement) between group process evaluations 1 and 5 was seen for four items: **Item 3** (I would feel comfortable presenting a case, $t=-4.29$, $p<0.01$); **Item 8** (The BG gave me something that will help me practice with greater confidence, $t=-3.00$, $p<0.05$); **Item 9** (What I've learned from the Balint group will help me be more useful to my patients, $t=-3.00$, $p<0.05$); and **Item 10** (Participation has changed the way that I think and practise, $t=-2.64$, $p<0.05$).

At 6 months, 40% of trainees reported feeling that the online format was as good/or more successful than a face-to-face group and 60% considered it to be less/very much less successful.

Qualitative feedback included the following comments:

'Online nature makes attendance very easy to incorporate into working day'

'Although I was initially sceptical of the group being held virtually we had no issues with the flow of discussion and after a few sessions it felt very personal'

'It has been a useful experience to validate that other trainees struggle with similar moral and ethical issue when dealing with a very complex patient demographic - I feel that this would be lost in a more general Balint Group not specific to forensic'

'Excellent opportunity to discuss challenging cases which focuses on the feelings and emotions these cases create in us. It helps identify blind spots in clinical practices and also helps see other perspectives'

Discussion & Conclusion

This evaluation indicated that an on-line Balint group was seen to be highly relevant to the forensic psychiatry trainee's educational needs and would help them practice with greater confidence. All of the trainees reported an increase in their psychotherapy knowledge and understanding at the end of six months indicating that the group was effective in delivering relevant, psychotherapy experiences to trainees at different stages in their specialist training.

Whilst NHS services remain impacted by the Covid-19 pandemic, an on-line Balint group (run with clear boundaries in place) appears to be a safe and effective way to support psychotherapy training. Future Balint groups may try and blend on-line provision with some face-to-face contact, to bolster connectedness between participants.

Reference: Parker, S.D. & Leggett, A. (2014) Reflecting on our practice: an evaluation of Balint groups for medical students in psychiatry. *Australasian Psychiatry*, Vol 22(2) 190-194

*** Likert scale** Scored: 1 = strongly disagree to 5 = strongly agree

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