BALINT TRAINING

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Balint group training is a well developed method of understanding the doctor/patient relationship and learning the therapeutic possibilities of communicating skillfully with patients. Michael Balint, born in Budapest in 1896, was the son of a general practitioner. After completing psychoanalytic training in Berlin and Budapest, he emigrated to Scotland and moved to London after the War, where he worked at the Tavistock Clinic. There he and his wife, Enid, began the training-research seminars which today bear the eponym of "Balint groups." Balint was concerned with the psychological implications of general practice, and devising a method of training physicians to appreciate these implications and gain a useable understanding of the doctor/patient relationship. His method and insights are spelled out in, "The Doctor, His Patient and the Illness," a book that is said to have "changed the face of British Medicine."

Balint training steadily spread around the world but had little influence outside a few programs in the United States until recently. The format of Balint training is a weekly, usually hour-long meeting of physicians, coordinated by a trained leader. The participants bring problem cases for discussion with their colleagues. Exploring these cases in depth is the principal method. On average, Balint groups meet for about 3 years.

The agenda for discussion at each meeting will be formed by the cases which the participants bring for discussion. The following broad categories of issues (but not limited to these) are invited for discussion. These are regarded as problems when they impede the successful management of the patient and patient care, or interfere with the degree of comfort the physician experiences in practice as a family physician.

Psychological problems in the patient.
Patient personality problems.

Problems in the doctor/patient relationship.
Problems in the family of the patient.
Problems in the doctor/colleague relationship.

The extended group discussions create an ongoing learning environment. This process provides physicians with the opportunity to repeatedly explore and validate their perceptions of the emotional factors that play a role in illness or interfere with their successful management of the illness; to become sensitized to the effects of emotional factors and personality types on the doctor/patient relationship; and to

continuously define their role as family physicians in the context of exploring with colleagues a variety of challenges.

The basic concept behind the need for this type of learning process is that all physicians have habitual responses to particular types of patients and problems. Further, every physician's practice has built within it certain recurring demands, dilemmas and vexations depending upon practice location, the physician's age and gender, and so on.

Balint group discussion stimulates its members to examine their individual approaches and circumstances and explore alternative ways of responding. This method is not a doctor therapy group, nor is it a didactic seminar. The role of the group leader not to teach "content" or give advice, it is rather to stimulate the participants to gain a greater understanding of the doctor/patient relationship and to expand their repertoire for handling difficult situations.

Certain issues and clinical situations leading to an exploration of attitudes and the development of new skills include the following:

Gaining a broadened diagnosis of certain "problem patients" the dying patient, the thick chart patient, the seductive patient, the angry patient, the demanding patient, the dependent patient, the regressed patient, the highly anxious patient, the "game playing" patient, the non-complier, the potentially suicidal and suicidal patient, the manipulative patient, the heavily somaticized patient, the patient who is also your banker or neighbor, especially in a small town or rural practice.

Handling difficulties in the doctor/doctor, doctor/ consultant/patient, doctor/patient family, and doctor/patient/ nurse practitioner or physician's assistant team.

Dealing with the perpetuation of the teacher/student relationship in interactions with colleagues from subspecialty disciplines, a problem particular to family practice and hospital inpatient practice.

Analyzing the pros and cons of reassurance.

Recognizing the "apostolic function" of the family physician.

Recognizing the child as the presenting symptom or complaint of the parents' problem.

Recognizing the scapegoat patient, and being aware that the identified patient is not always the sickest member of the family.

Learning a framework for understanding psychosomatic illness.

Becoming familiar with a variety of useful concepts, such as the unorganized and organized phases of the somatization process.

Learning how to listen, how to start and when to stop a counseling session, and when and when not to engage the patient in office counseling.

Above all, the outcome of Balint training is a synthesis of cognitive and affective processing that leads the physician to a more precise, empathic and practical understanding of doctor/patient interactions and difficult patients. The physician learns to be more therapeutic in his or her relationship with patients while, equally importantly, learns a framework within which to view patients and practice that leads to less frustration, dissatisfaction with practice, and burnout.

BALINT TRAINING IN FAMILY MEDICINE -- BIBLIOGRAPHY

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