

## Setting up Case Based Groups

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This guide to setting up case based groups or sessions is written to help facilitators explain the format and lay the ground rules for this kind of group. It will also touch on common issues that arise and ideas for management of those issues.

### **The Set-up**

Case based groups are based on the work of Michael and Enid Balint. They were psychiatrists in post WWII England who were passionate about the therapeutic nature of the physician patient relationship. Using actual cases, participants and presenters expand their perspectives on the situation and often find they have more insight and empathy as well as ideas for moving difficult situations forward. The group specifically is NOT designed to solve the “problem” but rather to offer new perspectives.

The “presenter” tells their case to the group without notes and interruptions. “Mrs. X is a 47 woman who suffers from diabetes and alcoholism whose non-compliance is challenging for me. I first met her. . .” After the presenter tells the story, one of the leaders asks the group for any clarifying questions or questions of fact. Examples of clarifying questions might be, “Tell me what she looks like.” Or “How many children does she have?” Once the questions of fact are finished, the presenter is asked to push their chair back a tiny bit and just listen for most of the rest of the group time. One of the leaders then asks the group, “What is it like to be this doctor (nurse/pharmacist/social worker), what is it like to be this patient? What might be going on between the provider and the patient?” The participants then start imagining and stating their ideas. “If I am this patient, I am really angry with this doctor for...” “If I am this provider, I am incredibly frustrated by. . .” Statements can be made in this manner or by saying “I am this patient and I feel . . .” The important point is that it is free form *imagining*. When you are close to the end of the time for the group, usually about 5 minutes or less, you can invite the presenter back in to the group. You should make it clear that the presenter is under no obligation to respond to anything and may just become a regular group member at that point. Most of the time, the presenter is eager to give the group feedback or share their experience.

### **Role of the Leader**

The role of the leaders is to protect the presenter and to keep the group on track. We assume competence on the part of the presenter, so questions about what they’ve tried are not appropriate except during the questions of fact. Likewise, problem solving by the group is common and is not helpful to the presenter and should be stopped. Often group members want to bring in their own cases that are similar. This is the group getting off track. Here are some examples of statements and ideas about how to manage them.

1. Group member: "Did you ever recommend AA for this patient, they really are the only way to go for alcoholics." Leader: "What do imagine this patient's response would be to that suggestion?"
2. Group member: "If I were this provider I'd have them see the social worker and sign a contract against self-harm. I'd probably also. . ."  
Leader: I'm curious about how you think this patient might respond to an intervention by a social worker.
3. Group Member: I had a patient just like this and I found that . . . Leader: One of the things about these groups is that they evoke in all of us the cases we've had that are similar. For the purposes of this group I'm going to request that we stick with this particular case. Our learnings will apply to other cases, but it will help us more if we stay in this case.

If the leader feels that we are hearing only one perspective or that there's a perspective missing, they should invite the other perspective. "We've heard a lot about the patient and the provider, but the husband is also in the room. What do we imagine his experience is?"

The key to leader interventions is open-ended statements or questions with enough direction that the group can take them up (or not), but that they don't do the work for the group. "Say more about that." "Why do you imagine that she feels that way?" "I wonder if there's something in this person's past that. . ." Sometimes the group ignores the leader intervention. Sometimes they run with it. Sometimes they appear to have ignored it but later it becomes more clear that the intervention was heard. As the leader you have to be patient and let it play out unless the safety of the presenter is at risk or the group is really straying from its purpose.

### **Things to keep in mind**

This format can be a stretch for folks used to digging in and solving problems. While problem solving is well intentioned it often squelches the imagination of the group.

As a leader it's important to track themes that emerge. If the group seems to be avoiding something, ask them to ponder it. Things that have happened in the group prior to the case based section will influence how the group manages the situation and what themes come up. Be aware of these and use them if needed. Themes will often reflect the group's development or issues that are at play such as a missing member or discord in the group. Tracking themes will strengthen the leader's ability to manage these and other issues.

Metaphors often arise and are perhaps the most delightful emergence for a group. Encourage them!

With an engaged group, the leaders may only intervene once or twice. Sometimes modeling the imagining is useful for the group, but in general leaders should stay out of the group unless it is very small (fewer than 6). When the leader joins in with the imagining it has the effect of

directing the group in that direction. While this can be good, it can also decrease the group's willingness and ability to imagine for themselves. They may try to imagine in order to "please" the leader rather than to dig into the case for themselves. Interventions that encourage the group to think more about the situation are more useful for the group. For example, if the leader were to say, "As the mother of this patient I am feeling . . ." it has a very different effect than saying, "I'm curious about how the mother of this patient might be feeling."

Case Based groups are fun, imaginative and good exercise of our right brains! Enjoy!