

Case Based Discussion Group (CBD) Assessment form

To be completed after 6 months and 12 months attendance at the group

Competence	Unacceptable (Score 1 or 2)	Work to be done (Score 3)	Satisfactory (Score 4)	Accomplished (Score 5 or 6)
1. Able to attend regularly and manage future predicted absences	Poor attendance at Balint group or gives no notice of absences.	Irregular attendance or sometimes fails to inform group of absences.	Regularly attends Balint group. Can think ahead and keeps others in group informed in good time of predicted absences.	
2. Demonstrates an understanding of the importance of time keeping and of having a predictable and regular setting (frame) for therapeutic work	Consistently late for the Balint group, regularly takes calls or leaves during the group or is otherwise distracted during sessions.	Lateness and/or distractions interfere with trainees ability to reflectively work in the Balint group	Is consistently punctual for Balint groups and manages other work to create a space for reflective work (turning off mobile phones etc).	As before and demonstrates an awareness of how unpredictability can affect the therapeutic relationship.
3. Able to listen to and connect with the patient adequately containing own anxiety.	Unable to reflect in the group on how the patient makes the trainee feel or shows evidence of inability to make any connections with patients discussed.	Demonstrates difficulty in reflecting in the Balint group about how the patient makes the trainee feel or shows evidence of difficulty connecting with patients' feelings.	Can reflect on the personal impact of the patient without reacting too defensively eg. by becoming too theoretical at the expense of a connection or by being too quick to act (driven by strong emotion).	Can confidently reflect on the personal impact of the patient and use this information to inform potential management strategies.
4. Able to provide a narrative account of contact with the patient without adopting a purely biological or medical model.	Unable to think about the patient as a person in their own right who has problems. Rather, shows evidence of thinking of patients as 'cases' or medical diagnoses.	Struggles to provide an account of the patient as a person in their own right.	Can demonstrate an interest in the patient as a person with their own story which can be communicated both avoiding jargon and separately from a medical diagnosis.	As before and demonstrates an increased ability to pick out details and nuances of the story attempting to link symptoms with anxiety and hidden feelings.
5. Able to respond to others in a non-judgemental way	Is consistently opinionated, dogmatic or dismissive of other viewpoints within the group or shows evidence of doing this with patients.	Can at times be opinionated, dogmatic or dismissive of other viewpoints within the group or shows evidence of doing this with patients.	Demonstrates in the Balint group an acceptance of others' experiences as different from one's own yet equally valid and informative.	As before and is curious to understand how different reactions from within the group may relate to the patient's internal world.
6. Self aware enough that (s)he does not have to impose personal solutions or self management strategies	Consistently either imposes inappropriate personal strategies on the patient or does so to other trainees within the Balint group.	At times imposes inappropriate personal strategies on the patient or does so to other trainees within the Balint group.	Demonstrates an understanding that all people are different and that what works for the therapist may not work (or be appropriate) for the patient.	Shows recognition of how the professional can get drawn into offering solutions (both by the patient and through their own wish to cure) and why it might not be appropriate to do so.
7. Able to recognise and manage the different factors (gender, culture, age, disability etc) contributing to the practitioners' emotional responses to the patient	Is either oblivious to such factors or demonstrates racist, sexist or ageist attitudes.	Demonstrates some lack of awareness of such factors and their importance to the therapeutic relationship.	Demonstrates sufficient awareness of own reaction to such factors that relationships with patients do not appear to be adversely affected.	As before but with increased confidence and demonstrates reflective curiosity about how these factors are affecting the therapeutic relationship.
8. Able to recognise the influence of unconscious process on the interaction with the patient.	Demonstrates a significant lack of awareness of unconscious processes or is obviously unwilling or unable to think about these factors.	Demonstrates some lack of awareness of unconscious processes or struggles to think about them.	Demonstrates an awareness that all that occurs in the therapeutic relationship may not be explained by conscious motivation.	Has some understanding of projective processes and is willing to think about these and how they impact on the therapeutic relationship.

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