THE EFFECTIVENESS OF ONLINE BALINT GROUPS IN HEALTHCARE WORKERS BY ANXIETY RELATED TO THE COVID-19 PANDEMIC: A PRETEST POSTTEST STUDY IN IRAN

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ABSTRACT

Background: This study was performed to examine the effect of Balint group work on anxiety related to the COVID-19 and resilience, among medical groups dealing with the coronavirus crisis.

Methods: In this quasi-experimental study with a pre-test post-test design without control group, 31 health care workers by anxiety related to the COVID-19, were enrolled. Balint groups were held virtually via Skype. Corona Disease Anxiety Scale (CDAS) and Connor-Davidson resilience scale (CD-RISC) were used at the beginning and the end of the intervention to collect data.

Results: We found a significant difference between coronavirus anxiety scores (P<0.01, t=0.632), psychological symptoms (P<0.01, t=4.843), and physical symptoms (P<0.01, t=0.45). We found a significant difference between the resilience scores (P=0.01, t=0.426), the perception of individual competence (P<0.01, t=0.77), confidence in individual instincts/tolerance of negative emotion (P<0.01 and t=4.437), positive acceptance of change and secure relationships (P< 0.01 and t = 3.809), and control (P<0.01, t=3.581) before and after the intervention.

Conclusion: Online Balint's group work can be considered effective in reducing anxiety symptoms and increasing the resilience of medical personnel, and it is recommended in different groups of medical staff who are exposed to stress and anxiety for a long time.

Keywords: Online Balint Group Work, Anxiety, Resilience, COVID-19.
I. INTRODUCTION

In November 2019, the novel coronavirus (COVID-19) was first reported and then spread throughout Wuhan, the capital of China's Hubei Province (Chan et al., 2020). The disease spread rapidly throughout China and elsewhere and became a global health emergency (Team, 2020). COVID-19 has had a serious impact on human mental health in addition to causing physical harm to the body (Zhao & Huang, 2020). Healthcare professionals, especially physicians’ and nurses’ experience with this pandemic is rather unique since they are at the forefront of the fight against the pandemic. Therefore, we believe that they need a special attention and support system that can help them with their experience of anxiety symptoms, depression, and effects that this disease has had on them in terms of the types of responsibilities they have and the decisions they have to make (Theorell et al., 1990).

Medical care staff for patients infected with COVID-19 are involved in issues such as quarantine, social isolation, and being distant from their family in addition to the high workload and the likelihood of getting infected themselves (Kang et al., 2020; Zhu et al., 2020). It seems that the difficult conditions, created by the pandemic, make staff vulnerable to anxiety related to the COVID 19, insomnia, fear, anger, and depressive syndromes (Dai, Hu, Xiong, Qiu, & Yuan, 2020). These issues have been so serious that previous studies have suggested that those at front line of care had better participate in stress management programs (McAlonan et al., 2007).

In a study on 5062 physicians, nurses, and clinical technicians at Tongji Hospital in Wuhan, China, which was considered a central hospital for patients with COVID-19 infection, found that they were prone to acute stress, anxiety related to the COVID 19, and depression (Zhu et al., 2020). In another study on medical staff working in COVID-19 wards in Wuhan, the researchers also concluded that their concerns about infection and protective methods caused psychological distress in 39.1% of them. They also suggested that the mental health of these people in other Corona-affected countries be assessed immediately and that appropriate action be taken (Dai et al., 2020).

In the face of general crises, the existence of individual and psychological capacities that can help a person be resilient in such difficult situations and even improve in terms of personality is of particular importance (Ahern & Norris, 2011). Resilience is a personality trait effective in dealing with problems. In fact, resilience is the ability to effectively relieve stress and achieve good performance despite difficulties and problems (Khabiri, Khabiri, & Jafari, 2012). Resilience is also a predictor of anxiety related to the COVID (Skalski, Uram, Dobrakowski, & Kwiatkowska).

One of the interventions in reducing stress and burnout in clinicians and people who are in direct contact with patients is the online Balint group work (group for health care staff) (Chew, Tiew, & Creedy, 2016). A Balint group is an experienced discussion group that deals with various aspects of the therapist-patient relationship. It also plays an important role in strengthening the professional resilience of clinicians (Roberts, 2012).

In China, the primary site of coronavirus outbreak, Balint groups are holding their session considering the psychological symptoms in nurses, physicians, and other Balint team workers (Zhu et al., 2020). Various research evidence suggests that Balint group work is effective in reducing stress and burnout in health professionals (Chew et al., 2016). In Balint group work, group members share their inner experiences, feelings, and reflections with other members. Talking about emotions can increase a person’s awareness of their strengths and abilities and enable their analysis and understanding (Olds & Malone, 2016). Participating in a Balint group has various goals such as improving communication skills, being more patient and more sensitive to emotional and social problems, better understanding subconscious processes, gaining emotional relief, and preventing burnout (Fritzsche et al., 2020).

Michael Balint began his work with a group of general practitioners, and while exchanging ideas among colleagues in order to better understand the patient, the psychological background of his/her symptoms was examined. Later, Balint groups were used for other aiding professions that are in direct communication with individuals (Otten, 2017). In a Balint group, 8 to 12 participants, along with a trained leader and a leader's assistant, meet regularly in 90-minute group sessions.

Since the effectiveness of Balint groups on psychological factors and the clinicians’ coping styles and reducing anxiety has been previously proven (Hamadeh, Antoun, & Romani, 2020; Dorte Kjeldmand, Holmström, & Rosenqvist, 2004), we aimed to plan such group sessions to decrease the rate of anxiety related to the COVID and resilience among medical groups dealing with the coronavirus crisis. Clinicians endure higher workloads...
During this crisis of fighting an infection which is novel with many unknown aspects. We decided to run online Balint groups in order to reduce the risk of contagion compared with in person groups. In this study we have aimed to check the effectiveness of the Balint groups that we conducted.

II. MATERIALS/PATIENTS AND METHODS

Design
This quasi-experimental study with a pre-test post-test design, without control group because of some limitation, aimed to determine the effectiveness of Online Balint group work on reducing anxiety related to the COVID and the rate of resilience in medical personnel dealing with patients with COVID-19 infection.

The study was approved by the Ethics Committee of Golestan University of Medical Sciences: IR.GOUMS.REC.1399.023 and written informed consents were obtained from the all participation before entering the trial.

Inclusion and Exclusion Criteria
The inclusion criteria were as follows: not having a previous psychiatric illness, being able to work with Skype and attending meetings, interacting with suspected patients with or suffering from COVID-19 infection, and experiencing symptoms of anxiety. Two psychiatrists conducted a interview to confirm the symptoms of anxiety to rule it out in volunteers attending the Balint group work. We excluded those who were unwilling to continue attending the groups and those who did not attend more than three sessions of the Balint group work.

Sample Size
The participants were 31 health care workers from coronavirus referral centers in Iran who were invited to participate in Balint group work voluntarily through a public announcement during 10 weeks in 2020. To achieve the appropriate number of research samples, G-power software version 3.1.9.2 (McCrum-Gardner, 2010) was used, and a significance level of 0.05 and beta of 0.8 and also the effect of 0.5 was used according to a related study (Huang et al., 2020). The appropriate sample size was 26 people and considering the possible drop-out rate, 31 people were considered as the appropriate number of participants in this study (Figure 1).

Intervention
Balint groups are named after Dr. Michael Balint (1970-1896). He was a psychoanalyst and worked in London with general practitioners involved in care of patients with war trauma (in World War II). He and his wife, Enid, a clinical social worker, used a group method to help doctors integrate psychiatry into their medical practice by focusing on the physician-patient relationship and using it for treatment. The goal of online Balint groups is to increase the therapist's ability to observe empathy, listen empathically, and be self-aware resulting from
introspection. These groups help therapists understand the psychological dimensions of the patients’ problems and their own emotional reactions to patients as these can hinder their professional role (Laurel Milberg).

A Balint group is handled through the following steps:

1. Narration of the story (references or patient) by the narrator (one of the members of the group)
2. Neutral and general questions
3. Pulling back the seat (in the face-to-face group) or closing the microphone (in the virtual group)
4. Expressing the free associations of the group members
5. Return of the narrator to the group (he/she can talk if he/she wants)
6. Continuing group work
7. Ask the narrator (if he/she wishes) to express his/her experience in the group (Otten, 2017).

Due to the high level of coronavirus transmission, it was not possible to hold face-to-face groups, and Balint groups were held virtually via Skype, one leader and two assistant leaders for 60 minutes per session, three times a week. The groups were closed and members could not be added. Data were obtained by inquiry of group members before and after the intervention period using a demographic questionnaire and two research tools.

Research Tools

**Corona Disease Anxiety Scale (CDAS):** This tool has been prepared and validated to measure anxiety caused by the outbreak of coronavirus in Iran. The final version of this tool includes 18 items and 2 components (items). Items 1 to 9 measure psychological symptoms and 10 to 18 physical symptoms. The tool is rated on a 4-point Likert scale (never = 0, sometimes = 1, most of the time = 2, and always = 3), and scores range from 0 and 54. High scores indicate a higher level of anxiety in individuals. The validity of this tool was obtained using Cronbach's alpha method for the first factor ($\alpha = 0.879$), the second factor ($\alpha = 0.861$), and for the whole questionnaire ($\alpha = 0.919$) (Alipour, Ghadami, Alipour, & Abdollahzadeh, 2020).

**Connor-Davidson resilience scale (CD-RISC):** This tool was made by Connor and Davidson. (Connor & Davidson, 2003). The resilience scale and its five subscales are obtained by using 25 items on a 5-point Likert scale (completely incorrect=0, rarely true=1, sometimes true=2, often true=3, and always true=4). The total score of the people was from 0 to 100 and is equal to the sum of the scores of all 25 questions. Therefore, subjects have an overall score from 0 to 100. Here the cut-off point is 50. In other words, a score above 50 indicates resilience, and the higher the score, the higher the resilience, and vice versa.

The results of factor analysis indicated that this test has five factors: conception of individual competence, trust in individual instincts, tolerance of negative emotion, positive acceptance of change and safe relationships, control and spiritual effects (Connor & Davidson, 2003). In a study by Geraminejad and et al, Cronbach's alpha coefficient for the total resilience score was 0.89 (Graminejad, Ghorbani Moghaddam, Kazemi Majd, & Hosseini, 2020).

**Statistical Analysis**

In this study, a paired t-test was used to evaluate the difference between the means of pre-test and post-test in the Balint group. Data were analyzed by SPSS (IBM) version 16.

### III. RESULTS

In this study, Age of the respondents ranged from 24 years to 47 years with a mean ± sd of 33.90±5.62. The majority (836.9%) of participants were women. More than one-third (35.5%) were single and the others (64.5%) were married. Eighteen participants (58.1%) responded that they did not have children and the others (41.9%) had children. The demographic variables of the studied participants are shown in table 1.

<table>
<thead>
<tr>
<th>Table 1. Frequency and percentage of demographic variable</th>
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</thead>
<tbody>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Marital status</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Married</td>
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</tbody>
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Table 2 shows that the range of scores and the skewness and kurtosis range of coronavirus anxiety symptoms and its dimensions, as well as resilience and its dimensions ranged from -2 to 2. Therefore, to determine the correlation between coronavirus and its dimensions and resilience and its dimensions in the pre-test and post-test stages, paired t test was used.

### Table 2. Skewness and kurtosis of pre-test and post-test results of coronavirus anxiety and resilience and their dimensions

<table>
<thead>
<tr>
<th></th>
<th>Kurtosis</th>
<th>Skewness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety symptoms</td>
<td>.784</td>
<td>-.517</td>
</tr>
<tr>
<td>Psychological symptom</td>
<td>.430</td>
<td>-.393</td>
</tr>
<tr>
<td>Physical symptom</td>
<td>.849</td>
<td>-.044</td>
</tr>
<tr>
<td>Resilience</td>
<td>-.496</td>
<td>-.727</td>
</tr>
<tr>
<td>Personal competence</td>
<td>-.586</td>
<td>-.706</td>
</tr>
<tr>
<td>Trust in one’s instincts</td>
<td>-.366</td>
<td>.246</td>
</tr>
<tr>
<td>Positive acceptance of change</td>
<td>-.292</td>
<td>-.951</td>
</tr>
<tr>
<td>Spiritual influences</td>
<td>.303</td>
<td>-.408</td>
</tr>
<tr>
<td>Control</td>
<td>-.266</td>
<td>-.961</td>
</tr>
</tbody>
</table>

The mean coronavirus anxiety symptoms score was 20.39±12.34 in the pre-test phase and 10.13±5.26 in the post-test phase. We found a significant difference between coronavirus anxiety symptoms scores (P<0.01, t=0.632), psychological symptoms (P<0.01, t=4.843), and physical symptoms (P<0.01, t=0.45). Therefore, participation in the Balint group was able to reduce coronavirus anxiety symptoms and the resulting psychological and somatic symptoms (table 3).

### Table 3. Mean and standard deviation of pre-test and post-test results of coronavirus anxiety and its dimensions (paired t test)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>Sig. (2-tailed)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total score of anxiety (CDAS) (before)</td>
<td>20.39</td>
<td>12.339</td>
<td>4.843</td>
<td>0.000</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>Psychological symptom (before)</td>
<td>12.52</td>
<td>5.881</td>
<td>4.045</td>
<td>0.000</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>Physical symptom (before)</td>
<td>7.16</td>
<td>3.522</td>
<td>4.632</td>
<td>0.000</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>Total score of anxiety (CDAS) (after)</td>
<td>10.13</td>
<td>5.258</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological symptom (after)</td>
<td>7.87</td>
<td>7.215</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical symptom (after)</td>
<td>2.97</td>
<td>2.510</td>
<td></td>
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</tr>
</tbody>
</table>

The mean resilience score was 40.13±26.48 in the pre-test stage and 57.00±12.13 in the post-test stage. We found a significant difference between the resilience scores (P<0.01, t=0.426), the perception of individual competence (P<0.01, t=0.77), confidence in individual instincts/tolerance of negative emotion (P<0.01 and t=4.437), positive acceptance of change and secure relationships (P<.01 and t = 3.809), and control (P<0.01, t=3.581) before and after the intervention. The results showed that participation in the Balint group was able to increase resilience and its components of individual competence, trust in individual instincts/tolerance of negative emotions, positive acceptance of change and safe relationships and control (table 4). Participating in the Balint group did not have a significant effect on the scores of spiritual effects (P=0.068 and t=1.890).

### Table 4. Mean and standard deviation of pre-test and post-test results of resilience and its dimensions (paired t test)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>Sig. (2-tailed)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience (before)</td>
<td>26.476</td>
<td>40.13</td>
<td>-4.730</td>
<td>0.000</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>Resilience (after)</td>
<td>12.130</td>
<td>57.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Competence before</td>
<td>9.082</td>
<td>13.29</td>
<td>-4.437</td>
<td>0.000</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>Personal Competence after</td>
<td>4.668</td>
<td>19.55</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In a previous study that we did with a smaller sample, the effect of online Balint group work was assessed on explaining these results, it can be said that participating in an online Balint group and engaging in discussions and sharing stressful experiences, feelings, and anxious inner reflections with other members of the group can increase awareness of one's strengths and abilities. It enables one to better understand these experiences, and, in a medical staff experiences the highest burden of not only the disease but also its psychological consequences during a pandemic. Being at the front line of this crisis makes them vulnerable to high level of stress and anxiety symptoms from many sources. The aim of this study was to evaluate the effectiveness of online Balint group work in reducing anxiety symptoms caused by coronavirus and increasing resilience in medical staff working with patients with COVID-19 infection. We found that online Balint group work had a significant effect on reducing anxiety symptoms and increasing resilience of the medical staff. This finding was consistent with two other studies (Graham, Gask, Swift, & Evans, 2009; Stojanović-Spehar, Blazeković-Milaković, & Matanić, 2004). There is not much literature on the effect of Balint group work on anxiety symptoms and resilience among medical staff and this study can surely fill the gap in the literature to some extent.

This group work is less familiar with medical staff who do not work in psychiatry since they are not normally taught about this approach. Green and colleagues in a study done in 2017 suggested that teaching this approach to nurses who are involved in mental health services can fortify the therapeutic relationship between nurse and patient (Green, Searle, Hannah, & Co, 2017). Robinowitz explained that Balint group work provides a supportive environment for medical staff in which they feel to be understood, supported, and accepted which are necessary for a professional setting (Rabinowitz, Kushnir, & Ribak, 1996). It seems that this approach will help the medical staff who work under pressure, anxiety related to the COVID, and stress, because doctors can express their feelings of stress and anxiety freely, explore their boundaries, and free themselves from burnout in an environment free of judgment (Benson & Magraith, 2005). The online Balint group work is a safe and secure place in which the participants feel less emotionally exhausted and can reduce their level of anxiety related to the COVID, which is in accordance with our study. A significant reduction in the level of burnout syndrome among physicians, who participated in the Balint group training program, was reported in another study that evaluated the effect of Balint group on burnout syndrome among doctors. This result is consistent with the results of our study (Stojanovic-Tasic et al., 2018). A study was conducted on 14 doctors who also showed development of psychological skills in those health care providers who participated in Balint group (Turner & Malm, 2004). In the literature review, we noticed that most studies confirmed the positive effects of Balint group work on anxiety symptoms, stress, and burnout level of medical staff resulting in an optimized mental and physical status (Calcides, Didou, Melo, & Oliva Costa, 2019; D. Kjeldmand & Holmström, 2008; Pattni, Phillips, & Saha, 2020; Yazdankhahfard, Haghani, & Omid, 2019). In a study carried out by Ghanei and colleagues, resilience was introduced as an ability to cope with distressing events through anticipation of the situation and problems and mental and physical preparation (Ghanei Gheshlagh et al., 2017). In another study, the factors that affect the resilience rate of the health staff were included active coping, depression, support, training, and anxiety symptoms (Lin et al., 2020). It can be concluded that the reinforcement of mental and emotional conditions of medical staff can result in improving their resilience rate confronting patients in stressful and emotional situations which are consistent with our result. In this study, conducted by Lin et al., an association between resilience level and mental-related variables of medical workers fighting against COVID-19 was reported (Lin et al., 2020). They concluded that resilience is negatively correlated with anxiety symptoms and depression and positively correlated with active coping style which is in accordance with the result of our research (Lin et al., 2020).

In a previous study that we did with a smaller sample the effect of online Balint group work was assessed on anxiety symptoms induced by COVID-19 and the medical staff’s resilience, which also showed the positive effects of such group work. Therefore, we assessed its effect this time on a larger sample (Dehkordi, Sakhi, Gholamzad, Azizpour, & Shahini, 2020).
way, sharing these experiences provides an opportunity to vent one's negative emotions. One can also realize that experiencing the commonality of these feelings together can reduce anxiety symptoms (Olds & Malone, 2016).

Our Online Balint group sessions were a kind of emergency crisis intervention that reduced anxiety symptoms through mechanisms such as abreaction, altruism, cohesion, empathy, ventilation, universalization, and instillation of hope. Anxiety is reduced by focusing on the patient-caregiver relationship, discovering the blind and dark spots of this relationship, and clarifying the vague points that could be due to the caregiver’s counter-transference issues. Through these sessions, the medical staff learned to cope with the patients and their families with less stress since they became more aware of their fears and worries, and thus their relationship with their patients improved. However, these are just presumptions in the mind of the caregiver and they should be confirmed through qualitative studies in which the group participants can share their beliefs and thoughts on the issue.

With respect to resilience, Online Balint group work increased resilience of treatment personnel, which is consistent with another study (McManus, Killeen, Hartnett, Fitzgerald, & Murphy, 2019). Resilience can be deeply affected in critical situations such as the coronavirus outbreak. Resilience in terms of perceptions of individual competence, trust in individual instincts, tolerance of negative emotions, positive acceptance of change, and secure relationships increased significantly. Exchanging experiences led to a better understanding of the situation and the resulting emotions and a better understanding of the subconscious processes one experiences, leading to the realization that in many he/she has reacted correctly and made the right decision in a critical situation (15). Therefore, it can increase one's perception of one's worthiness and give one more confidence in one's instincts and decision making in critical moments. In addition, online Balint group work enhances communication skills, increases patience, emotional relief, and increases sensitivity to emotional and social problems, enabling a person to tolerate negative emotions, positively accepting change, and secure relationships. Overall, this leads to increased resilience.

Our study also had some limitations. First of all, since studies in this regard were scarce, we could not deeply compare our results with other studies. Moreover, it was sometimes hard to organize a time that was suitable for all members of the group. Sometimes the internet connection was slow, and sometimes all the members were not present or did not complete the questionnaires.

V. LIMITATION

One of the limitations of the study is the small sample size, also, the lack of a control group is another limitation. In future studies, we strongly suggested that future studies design to investigate the effect of this methods with higher sample size and control group.

VI. CONCLUSION

According to the results of this study, online Balint group work can be considered effective in reducing anxiety and increasing the resilience of medical personnel, and it is recommended in different groups of medical staff who are exposed to stress and anxiety for a long time.

Conflict of Interest

The author(s) declare that they have no competing interests.

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