

SPSI Training Analyst Committee Minutes
May 26, 2021

Present: Alexa Albert, Cecile Bassen, Bob Bergman, John Cardinali, Stan Case, Ann De Lancey, Chris Keats, and Sue Radant.

1. April 28, 2021 Minutes: Reviewed and accepted.
2. Interim Consultant Credentialing: Cecile told us there were two persons applying to be consultants in the pilot program. Two TAs have offered case material in the event applicants chose to take the route, during the vetting process, of 'consulting' on a case. Cecile noted that more case material would be useful and that its confidentiality would be protected.
3. Consultation: TAs desirous of joining a small peer consultation group around issues arising in consulting with clinical associates will notify Chris of their interest in an email, and we will look for a time to meet. Cecile said that consulting analysts in the pilot program who experience problems in consultation would have the option of looking to the chair of the TA committee for assistance, and we discussed that this could be an option as well for all TAs who consult. An instance was discussed in which several consultants experienced the same problems with a clinical associate and there was disagreement about how to proceed. In future, they might wish to work together, perhaps with the help of the chair of the TA committee, to see if there can be a way to help the clinical associate progress. With regard to our responsibility in taking non-licensed clinical associates in consultation (a potential problem which had been brought up in faculty meeting), Bob Bergman said that believed all newly admitted clinical associates were licensed. John agreed to clarify this as it seemed at odds with what a faculty member had said at the most recent faculty meeting. The admissions committee policy is to admit licensed individuals, with the rare exception of licensed professionals from another country who need to meet US requirements and who have a plan to do so.
4. Teaching Case Conferences: John Cardinali outlined the approach to case conference he and Babs Glover have taken this year, an approach he said he had experienced when taking a case conference led by Don Ross. In this approach the presenter provides material from a session, without providing the patient's history or where he was in his treatment. Then participants are asked to associate to the material, and these associations, plus the group process, are discussed as they shed light on essential issues in the case. In the next to last class the presenter provides information from the patient's history. John stressed that he did not feel this was the only way to conduct a case conference and we discussed other more traditional approaches.
5. Racism and Community outreach: We discussed ways that SPSI is trying to become more active in the community, and to make its services more affordable to the disadvantaged. The referral committee has been having trouble finding therapists with open time, and

we discussed, but did not resolve, this difficulty. A fund has been established to help pay for analysis of persons who would otherwise not have been able to afford it. Sue Radant noted as well that the Arts Salon will be holding events celebrating the work of POCs. Despite these efforts, our unconscious racism can trip us up (as it is unconscious, we are not aware of it, and we need to be open to having this brought to our attention). Micro aggressions and more overt aggressions against minority members of the clinical associate group were discussed.

Respectfully submitted,

Christopher J. Keats M.D., Chair