Committee on Healthcare & Psychoanalysis  
Division 39 Spring Meeting  
New York City, NY  
4/16/11

Members Present:
Judith L. Alpert, Ph.D., Co-Chair
Maureen Murphy, Ph.D., Co-Chair
Mary Joan Gerson, Ph.D.
Marilyn S. Jacobs, Ph.D.
Tamara McClintock Greenberg, Psy.D.
E. Joy Sasson-Gelman, Ph.D.
Jeff Wetzel, MA
Carrie K. Evenden, Psy.D. (recorder)

Absent:
Frances Sommer Anderson, Ph.D.

1. Minutes
   a. Carrie will be the recorder for future meetings

2. Membership
   a. Maureen attended meeting with Division 39 President Bill MacGillivray. A tighter connection between the board and committees is the goal.
   b. Each committee is only supposed to have 6 members. Most committees have more than 6 members and don’t want to have less.
   c. Everyone who is presently on the committee will be until April 2013.
   d. As of right now, we are not accepting new committee members. If someone wants to join, we can take their name and wait for a slot to open.
   e. Issue of committee size/members
      i. Tamara stated that in order to help the vibrancy of the organization, we shouldn’t turn anyone away from being involved.
      ii. Judie feels we need to bring this up to the board.
      iii. What “involved” means is not the same as a member. We need creative problem solving in order to determine how to make this happen
   f. Ideas for HC & P Committee involvement
      i. Listserv for Healthcare & Psychoanalysis
      ii. Form a status of affiliate members…with geographic representation, or diversity/specialty members who would serve as consultants on our committee
      iii. Judie proposed that we have a core working group and encourage visitors to attend the events
      iv. It was suggested that as a committee, at our panels/events, we could distribute information/that describes the committee, and for those who were interested in learning more or being more involved, they could sign up (something along the lines of Friends of the HC & Psychoanalysis Committee)
v. Listserv issues: need to describe how to screen who is on the list, be more clear about what people can post. Perhaps the listserv can serve as a community of interest
vi. If someone outside has an agenda item, they could let us know and we could discuss it at the committee meeting
vii. Summaries of the panels will be written up by the chair of the panel and submitted to Insight (or the newsletter?)
viii. Affiliates can propose topic ideas/papers that they would like to see us talk about in future panels. As well, we could invite people to suggest people that they would like to hear from at our panels.
ix. Insight: can we use it more?

x. Judie is going to reorganize our website

3. Live Supervision
   a. Want to do it again next year, but we need 1 hr. 50 minutes
   b. During the live supervision, we want the chance to both discuss ways of working clinically in this setting, along with detailed supervision of the case.
   c. Lunchtime slot is good because it doesn’t compete with other things, although it’s only an hour
   d. Forum for graduate students/ECP. We can encourage people to bring questions and case material.
   e. Term “live supervision” is important to keep.
   f. Have presenter bring more process note/depth of work to help make discussion less concrete.
   g. Could do supervision in the format of not hearing the case beforehand but could have a mentor who would assist presenter with putting it together.
   h. We found the presenters from the Graduate student listserve.
   i. Forum:
      i. Ask for 1 hr. 50 minutes
      ii. Marilyn is going to find the student presenter, mentor and faculty supervisor. She is in charge of this event.
      iii. Marilyn is going to decide if we will have a student supervisor
      iv. Find a physician to participate? Maybe.
      v. Supervisor will hear the case cold.

4. Plans for Panel in Sante Fe, 2012
   a. Creativity is the theme
   b. Ideas/thoughts proposed
      i. How do we begin to educate physicians? What else can be done? How do we change the practice as it is? Need to educate physicians. What can we do to get them to understand what we do?
      ii. Literature and illness and aging; creativity and aging; aging and vitality: one’s perception of their aging process
      iii. Doing something with the audience; more experiential focus. Maureen proposed the idea of passing out statements that focus on the aging therapist, have people read them and discuss them in small groups
      iv. T/CT on working with aging and illness
v. Ways we work/things we do clinically as an older therapist versus a younger therapist
vi. Integrate mind/body piece in regard to how the brain changes when we age…and how other parts of our bodies start to change. Could try and incorporate this into any of the panels

c. Final Idea: Looking at both the aging therapist and aging patient
   i. Not more than a 20 minute presentation/overview
   ii. Going to need time to break into groups and have a discussion
   iii. MM is going to ask Susan Sands if we can read her paper to get an idea of what we might present on
   iv. Tamara would do 10-15 minute overview of mind/body and aging
   v. Judie: 5 minute vignette…aging as reflected in literature
   vi. Maureen: 5 minute vignette…aging and poetry
   vii. Maybe have Susan Sands participate and read her paper
   viii. Maureen will chair it

5. Website: Judie will make changes
6. Budget: not going to request money
7. CE workshop for 2013
   a. Balint group. CE workshop before the conference? Get physicians to teach this. Audience would be psychologists, and it would be about how to work with physicians according to the balint group.
   b. We would consider doing this in 2013, Boston. It’s going to take time to develop and Boston would be a better venue. Marilyn is going to send us information on this so we can begin to further develop our ideas.