

FILED WITH THE BOARD OF
PSYCHOLOGICAL EXAMINERS
ON 4-6-98

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF PSYCHOLOGICAL EXAMINERS
DOCKET NO.

IN THE MATTER OF)
)
 DAVID I. BARCAN, Ph.D.) Administrative Action
)
) FINAL DECISION AND ORDER
 APPLICANT FOR LICENSE TO)
 PRACTICE PSYCHOLOGY IN THE)
 STATE OF NEW JERSEY)
 _____)

This matter was opened to the New Jersey State Board of Psychological Examiners ("Board") upon receipt from David I. Barcan, Ph.D. ("applicant") of a request to the Board for reconsideration pursuant to N.J.A.C. 13:42-5.2 of the applicant's oral examination failure. The applicant initially filed an application for licensure with the Board on December 9, 1994. He previously completed the required supervised work experience in 1992 and also passed the written examination administered in April 1992 with a score of 70.5%. One previous oral examination administered by a different team of Board examiners on February 22, 1996 resulted in a failure. The second oral examination, which is the subject of the within request for reconsideration, was administered on June 30, 1997. By letter dated August 1, 1997, the Board informed Dr. Barcan that he failed the second oral examination and provided the reasons for the decision. The letter also advised the applicant that he would be eligible for re-examination one year from the date of the examination just taken.

It was recommended that he submit a new work sample at least three months prior to that date.

Dr. Barcan requested a review of his oral examination audiotape within forty-five (45) days of the date of the letter of notification of the examination results, and thereafter he requested reconsideration of the Board's decision in accordance with the examination review procedures at N.J.A.C. 13:42-5.2. The Board discussed the merits of the applicant's request for reconsideration of his oral examination failure at its regular Board meeting on February 23, 1998 and determined to grant the request for reconsideration. Thereafter, the Board designated a sub-committee to review the matter and to make a recommendation to the Board after conducting such inquiry or investigation as the sub-committee deemed necessary. At the regular Board meeting of March 23, 1998, the sub-committee made recommendations to the Board in regard to the applicant's oral examination failure. The Board also reviewed the record in this matter including the applicant's work sample (a client case study) submitted to the Board in advance of the oral examination and the applicant's written request for reconsideration. Thereafter, the entire Board discussed the examination and placed the matter to a vote. The Board's final decision and reasons are incorporated in this Order.

The Board set forth its original reasons for the applicant's oral examination failure in its notification letter dated August 1, 1997. Dr. Barcan contested each of the reasons in his written request for reconsideration and claimed that there was

a substantial and material error on the part of the examiners. In support of his request, the applicant cited material from his work sample and from the oral examination audiotape.

The first of the Board's reasons for the failure of this applicant related to the fact that while he described himself as psychodynamic in theoretical orientation, his work sample and oral examination reflected a confused mixture of cognitive and contextual family therapies. The Board found that this confusion resulted in a lack of focus in the treatment so that the interventions utilized by the applicant lacked coherence. The applicant asserted in his request for reconsideration that he works from a psychodynamic perspective but that he integrated elements from cognitive therapy into the psychodynamic framework of this treatment strategy. He also alleged that the examiners themselves were not familiar with the contextual system of therapy. The applicant also disputed that the example presented in the failure letter demonstrated a lack of coherence and treatment strategies.

Upon reconsideration the Board continues to find that the theoretical orientation presented by this applicant in both the work sample and the oral examination was not well integrated or explicated resulting in a confusing mixture of psychodynamic, cognitive, and contextual models of therapy. For example, when addressing the work of Nagy, the applicant appeared to mix the tenets of contextual therapy with that of structural therapy, Bowen's multi-generational model, and a Satirian interventional model. This lack of clarity resulted in a vaguely defined

theoretical orientation. Further, the treatment for the client commenced as couples treatment, and at no time did the applicant address his thinking in regard to a theoretical model for working with couples. It also was noted that the applicant's decision to change the frame of therapy to individual therapy was not articulated from a theoretical perspective. While the applicant mentioned his agreement with "proponents of the cognitive-behavioral approach," he did not adequately address the theoretical constructs inherent in the model and the relationship to the applicant's treatment of the patient. Further, while Bandura is mentioned as the citation for "... value of self-efficacy ...," the applicant was unable to explain how this differs from cognitive restructuring, operant conditioning, or other behavioral approaches. Finally, during the oral examination, the applicant was unable to discuss cognitive theorists.

The Board also continues to find that significant information was lacking in the work sample. The applicant responded to this criticism by asserting that he provided such information during the oral examination, an objection which is not responsive to the important fact that some of this significant information was not set forth in the work sample presented.

Finally, the Board's failure letter of August 1, 1997, expressed concern in regard to the applicant's handling of the demonstration case presented at the end of the oral examination. The Board stated:

In the demonstration case, the assessment seems not to take into account what

information might be needed to come to a diagnostic formulation other than adjustment disorder. Although one might consider and rule out either Axis I (neurotic) or Axis II (personality) disorders according to DSM IV, these were not considered. Because these possible diagnoses were strongly suggested by the given information, the assessment seemed weak. The approach to treatment was unclear and not consistent with any of the theoretical approaches with which you had identified.

The applicant asserts that he provided an Axis I diagnosis in that he stated that he would want to rule out the potential Axis I diagnosis of Phase of Life Problem during the oral examination. The Board did not find this to be an adequate response in that there should have been a more comprehensive analysis of Axis I diagnoses.

The applicant also asserts that he did consider the need to further assess the client and gather additional information in order to better make determinations regarding the nature of the potential final diagnosis. Upon reconsideration, the Board found that the applicant gave no real sense of his taxonomic system of normal clinical development versus abnormal development so that the examiners had no way of ascertaining what stance the applicant would take in diagnosis, treatment planning, or actual intervention behaviors given various conditions.

The applicant objected to the criticism of his demonstration case by stating that the questions which he proposed for gathering information and expanding the assessment of the client were consistent with the theoretical approach with which he had identified. Upon reconsideration, the Board sustains its

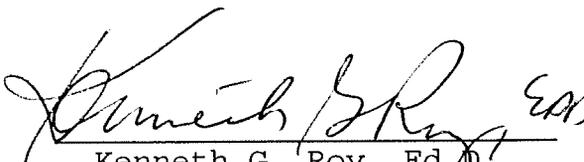
original reasons and further finds that the applicant failed to discuss an understanding of obsessive compulsive personality disorder, in contextual terms, both for theoretical and treatment considerations.

Accordingly, the Board continues to be persuaded that Dr. Barcan fails to meet the threshold required by this Board for the independent practice of psychology. The applicant is eligible for re-examination and may submit a new work sample at any time so that the Board may schedule an oral examination with minimal delay.

For all of the above reasons, the Board found that the record does not support a finding of a substantial and material error on the part of the examiners.

THEREFORE, IT IS ON THIS 6th DAY OF April, 1998

HEREBY ORDERED THAT, upon reconsideration in accordance with N.J.A.C. 13:42-5.2, the applicant's failure of the oral examination is hereby sustained.


Kenneth G. Roy, Ed.D.
Chairperson
State Board of Psychological
Examiners