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Learning and Using the ICD-10cm

Samuel Knapp, EdD, ABPP, Director of Professional Affairs¹



Dr. Samuel Knapp

Starting for all services provided after October 1, 2015, health care professionals must submit codes to insurers using ICD-10cm coding system. The cm modified after the ICD-10 refers to “common modifications” or minor modifications in the ICD-10 made especially for the United States. Originally, the ICD-10 was to be implemented on October 1, 2014, but insurers were not adequately prepared for the change and the implementation date was delayed one year.

All services provided after October 1, 2015, must be submitted using the ICD-10 codes. Services provided before October 1, 2015, must be billed using the old ICD-9 codes. The codings are so different that insurers should not have a problem distinguishing the two codes.

The ICD-9 had an almost complete overlap with the DSM-IV and psychologists who had learned the DSM-IV had also essentially learned the ICD-9 classification system. Overall, the ICD-10 will expand the number of potential diagnoses from approximately 14,000 in ICD-9 to 60,000 in ICD-10 (most of the expansion occurs in physical medicine; the number of behavioral codes remains largely the same).

However, ICD-10 differs substantially from the DSM-IV and the DSM-V. Learning the DSM-V will not assist psychologists much in learning the ICD-10cm. The DSM-V manual has a crosswalk from the DSM-V diagnoses to those in the ICD-10 (The ICD-10 alphanumeric code is given in parentheses after the corresponding SM-V Code), although some experts believe that this crosswalk is very imperfect and often misleading.

¹These represent the opinions of the author and do not represent an official position of the Pennsylvania Psychological Association. The author has recommended some products of his friend, Dr. Edward Zuckerman. However, the recommendations were made on the author's perception of their value to the reader.

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PPA Legislative Advocacy Day: A Success

More than 60 psychologists and students joined the Pennsylvania Psychological Association (PPA) leadership team in Harrisburg to advocate for two bills and educate legislators about

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Reflecting Upon Articles on Self-Reflection

Samuel Knapp, EdD, ABPP, Director of Professional Affairs¹

Ten years ago I wrote a pair of articles of which I was quite proud. One ("Do Your Personal Experiences Make You a Better Psychologist?"; Knapp, 2004a) was based on an informal survey I conducted where psychologists identified how personal experiences had helped them become more knowledgeable or sensitive in their professional work. The second ("Does Being a Psychologist Make You a Better Person?"; Knapp, 2004b) was based on an informal survey I conducted where psychologists identified the ways that the skills and attitudes obtained in their professional training and experiences had enriched their personal lives. Many of the examples that were given from the surveys were quite poignant. For example, one psychologist, whose experiences were not included in the final edited article, reported that he felt more empathic toward persons with physical disabilities after undergoing a health crisis himself where his own mobility was limited, albeit temporarily.

However, recently a colleague told me that these articles "were not your best work." "Why," I asked? The response was that the article gave insufficient attention to the elusive quality of self-awareness and the power of self-reflection. Upon reflecting on that comment, I think my friendly critic was correct.

Don't get me wrong. I still like the articles and I think that the psychologists reported in the articles probably did become better psychologists (or better people) following their experiences. But a major shortcoming of these articles is that they appeared to attribute the benefits to the experiences themselves; not to the manner in which the psychologists responded to their experiences.

Consider this hypothetical example. A psychologist states that he is more sensitive toward parents of children with disabilities because his own child has a disability. If this is true it has occurred

because the psychologist is self-aware of his emotions and reactions. However, the same sensitivity toward parents of children with disabilities could occur among a sensitive and self-aware psychologist who has had less direct experience with children with disabilities.

Similarly, less aware or reflective psychologists might not use their own parental experiences to inform their professional life.

How good are we at understanding ourselves or those around us? Consider these studies which are representative of a wider range of findings:

- ▶ Among 129 mental health professionals, 25% placed themselves in the top 10% of competence and none placed themselves in the bottom 50% of competence (Walfish, et al., 2012). This reflects what Younggren (2011) calls "professional narcissism."
- ▶ Physicians were more likely to underestimate the pain of patients they did not like as compared with patients with positive personality traits (Ruddere, et al., 2011). Professionals tended to underestimate the amount of dysphoria experienced by people who are physically attractive (see for example, LaChapelle et al., 2014).
- ▶ Well-meaning and openly egalitarian individuals can sometimes harbor prejudices outside of their conscious awareness (Basnaji & Greenwald, 2011).
- ▶ Castonguay et al. (2010) found a rather modest correlation between what patients and their therapists thought about which events in therapy were helpful or hindering.

So, do your experiences help make you a better psychologist or does being a psychologist make you a better

A major shortcoming of these articles is that they appeared to attribute the benefits to the experiences themselves; not to the manner in which the psychologists responded to their experiences.

person? They can, but the driving factor is an attitude of continual striving for professional or personal development and self-awareness. That attitude will help psychologists incorporate all of their experiences (professional and personal) into improving themselves as professionals or people. The value of the events themselves should not be overemphasized.

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¹The author would like to express appreciation to his friendly critic, Dr. Paul Delfin.

Writing as Self-Exploration

Ray Naar, PhD



Dr. Ray Naar

It was with much trepidation that a few years ago I decided to shred all the charts that I was legally allowed to destroy. I had been diagnosed with an illness

believed to be fatal and, even though I had followed the necessary procedures for the disposal of my papers, charts, etc., I dreaded the idea of not being able to personally supervise the manner in which my instructions were carried out. We can't have everything. I compromised and, as stated above, I decided to do away with all the charts that I was allowed to dispose of, thus ensuring that the task would be well done. As an aside, I proved the medical establishment wrong (what a delight on many levels) and survived in fine fettle as evidenced by my writing this.

What I thought would be a rather simple task turned out to be a fascinating and moving experience. It was as if I was revisiting 39 years of professional life. I again met people who, during a period of my life, had been very important to me and whose existence and even names had faded from my memory. It was like running into an old army buddy or school friend long gone from my life, and the encounter bringing with it so many memories. Reading these old charts was even more than that. It had a certain poignancy to it. It was more than just "remembering." It was reliving moments of sadness, pain, triumph, and yes, anger. It took me days to go through all my charts, a task which I thought, could be achieved in one long afternoon. Among the "stories" that I rediscovered, were those of many Catholic nuns with whom I had worked in the late sixties and early seventies. I selected six of them who had been particularly meaningful to me. With the help of the very copious notes I was taking at the time, I managed to reconstitute them in a reasonably accurate

fashion and publish them in the form of a book entitled *All My Sisters: Psychotherapy with Catholic Nuns*.

Later, a colleague asked me what I had "learned" in writing *All My Sisters*. The concept of my learning something was intriguing. Don't we all know that the purpose of a book is to teach others what we already know? Yet, the more I thought about it, the more I realized that, indeed, I learned much through writing *All My Sisters*. Maybe I did not learn many new "facts," but I saw what was unfolding through experience. I grew, I matured, and I became more humble. The reader must remember that I am now 87 years old and at the time I worked with the Sisters, I was a mere youngster of 46. I will describe some of what I learned.

During World War II, I was incarcerated in the concentration camp of Bergen-Belsen for one year. After our liberation, I talked to an Auschwitz survivor who had gone through suffering and torture a hundred times worse than what I had experienced in Bergen-Belsen. Their bodies were broken, their hopes shattered, the children and parents massacred. They were subjected to every imaginable and unimaginable degradation and humiliation. Yet, they never lost their sense of righteousness, their deep-down feelings that even as living skeletons, even at the doorstep of death, even while desperately trying to survive in a man-made hell, they were worthwhile. Perhaps my most important lesson was that there can be, on another level, a kind of suffering which, while not physical is, in a totally different way, a hell of its own. There is the feeling of being WORTHLESS. The terrible thing about feeling worthless is that there will be no will to fight. Indeed, why fight for something or someone who is worth nothing?

I acquired an adjacent learning. It was a learning that I already possessed from my readings. I knew, at an intellectual level (from the writings of Carl Rogers and other sources), that

sometimes a single relationship characterized by care, honesty, and a genuine interest in what the other person is experiencing can be instrumental in stopping, sometimes reversing, the poisonous effects of feeling worthless. The realization that I, a psychologist, could have that kind of relationship and rescue a fellow human being from the edge of an abyss made me very proud of my profession.

I also learned, and I know that many of my colleagues will disagree with me, that in order to be helpful, one does not have to be familiar with the other person's culture. It helps, but it is not essential. When I started working with "My Sisters," I knew nothing about Catholicism and, as the reader of *All My Sisters* will be aware of, this ignorance did not in the least hamper my work with the Sisters/patients. I realized that Black or White, Jews or Gentiles, Latin Americans or Indian, we all respond to being listened to, being taken seriously, being care for without being controlled. When they mentioned something that I could not understand, I was not embarrassed to ask and they were always eager to explain.

I also learned not to be dogmatic. Although I firmly believe that the patient/therapist relationship is always essential and often sufficient, judiciously used therapeutic techniques may speed up the healing.

As I write these lines, I realize that the above learnings were not acquired while writing *All My Sisters*. They occurred forty years ago while working with "My Sisters" and became part of me, part of my everyday life, a little like Molière's character being surprised that he was talking in prose without awareness that he was doing so. Writing *All My Sisters* enabled me to distance myself from what I was doing, perhaps conceptualize and put a title on my behaviors.

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LEARNING AND USING THE ICD-10CM

Continued from page 1

Psychologists who bill insurance companies will need to use the ICD-10cm diagnoses. Even those psychologists who see patients only on a fee-for-service basis may want to use the ICD-10 diagnoses in the event that their patients submit bills to their insurance company for reimbursement. ICD-10 represents a major change in the nomenclature and classification for mental disorders. However, the rest of the world is currently using the ICD-11, which will be adopted by the United States sometime in the future.

Learning the Basics of ICD-10

Where can psychologists go to learn how to use the ICD-10 coding system? The Centers for Medicare and Medicaid Services (CMS) has various resources which can be accessed for free (<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>). One of the links is to a website called “Road to Ten” which includes introductory materials on the ICD, including frequently asked questions, brief web broadcasts, and resources. There are documents for several medical specialties, but behavioral health is not one of those specialties. This site would be appropriate for those who want to be basic background information on the ICD. Other resources listed provide more detailed information about the ICD.

Other provider resources include free medical education CE programs through Medscape on the ICD-10. These programs are basic. They may be useful for psychologists who have no background in the ICD-10, but would not be sufficient to get psychologists up to speed on its use for behavioral disorders.

World Health Organization Training Guide is an interactive program on the ICD-10 which is available for free from this website (<http://apps.who.int/classifications/apps/icd/ICD10Training/>). Participants can select the portion of the ICD-10 they are most interested in

World Health Organization Training Guide is an interactive program on the ICD-10 which is available for free.

and complete surveys and self-assess their knowledge through training examples. The section on behavioral disorders suggested 80 minutes to complete which I think would be accurate, except for those who already have some familiarity with the ICD, who might be able to complete it in less time. The programs give participants a basic familiarity with the ICD-10 behavioral codes.

The best book I have found on this topic is *A Primer for ICD-10cm Users* (Goodheart, 2014). This small volume contains 60 plus pages of commentary and background on the ICD-10 including why it was created and its basic structure.

Ed Zuckerman has a five page introduction to the ICD-10 on his website (<http://www.theclinicianstoolbox.com>) which can be downloaded for free. In the meantime, I found numerous continuing education programs including home studies and webinars on the ICD-10, including those focusing on behavioral issues. There were too many for me to do any kind of review of them. I have no special insights into which programs would be better or more appropriate for psychologists. My only suggestion would be to select a continuing education from a CE provider known for the quality of its programs.

Finding Coding Help

Even if psychologists have a working knowledge of the ICD-10, there may be times that they need assistance in finding the ICD code that corresponds to the relevant DSM diagnosis. The DSM-V contains a crosswalk to the ICD-10 categories. However, not everyone is satisfied with the quality

of the crosswalk. I tried to do a literature search on the degree of congruence between the DSM-5 and ICD-10 designations, but came up with little. Most of the research, understandably, was looking at the ICD-11. The one study I found looked at the congruence between the DSM-5 and ICD-10 for alcohol abuse disorders and found high congruence with severe disorders, but lower congruence with mild or moderate disorders (Hoffman & Kopak, 2015).

Members of the American Psychological Association Practice Organization have access to a web-based application free of charge that provides information about the ICD-10-CM, featuring diagnostic codes for Chapter 5 (Mental, Behavioral and Neurodevelopmental Disorders). Users are able to access and navigate content by searching for key words, by browsing a list of diagnoses featured in the ICD-10-CM or by exploring several graphical interfaces. Members can use the application by [logging in at MyAPA](#) and going to “Practice Tools.”

Here are some other sources. A free website, called “find a code” (<http://www.findacode.com/search/search.php>) will suggest options for translating a DSM into an ICD-10 code. Also, the American Medical Association publishes an ICD behavioral health referencing map which sells on Amazon. However, Edward Zuckerman sells a similar referencing map for slightly less (<http://theclinicianstoolbox.com/>).

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PPA LEGISLATIVE ADVOCACY DAY

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Sen. John Gordner (R-Columbia) discusses SB 772 with attendees.



PPA Executive Director Krista Paternostro Bower addresses mental health awareness during a press conference.



PPA Past President Bruce Mapes, PhD, urges Pennsylvanians to seek licensed mental health treatment during our Advocacy Day press conference.

the practice of psychology. Senate Bill 772 would modernize psychological practice in the Commonwealth and House Bill 133 establishes a bill of rights for individuals with intellectual and developmental disabilities. The advocacy day attendees hailed from 43 Pennsylvania House districts and 30 Senate districts.

Advocacy day attendees were given materials to study related to the bills on which they were advocating. Rachael Baturin, PPA director of Legal & Regulatory Affairs and Justin Fleming, PPA director of Government Affairs, explained the bills and answered questions about the legislation. Pauline Wallin, PhD, educated attendees about the art of persuasion in speaking to a legislator. PPA was also joined by Senator John Gordner (R-Columbia), the prime sponsor of Senate Bill 772.

Following the continuing education portion of advocacy day and legislative visits, PPA held a press conference celebrating May as Mental Health Awareness Month. Executive Director Krista Paternostro Bower opened the press conference and noted that according to the Pennsylvania Department of Human Services, more than 250,000 individuals in the state have been diagnosed with a mental health challenge. She was joined by PPA President Bruce Mapes, PhD, as well as current PPA members, Rebecca Gillelan, MS,

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PPA LEGISLATIVE ADVOCACY DAY

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a licensed psychologist in Harrisburg and Marie McGrath, PhD, associate professor of Psychology at Immaculata University. Two major political news outlets, The Pennsylvania Cable Network (PCN) and Pennsylvania Legislative Services (PLS) covered the press conference.

PPA was excited to welcome many first-time attendees to advocacy day, especially the students who were in attendance from Chestnut Hill College, Drexel University, Fuller University, Marywood University, Palo Alto University, and the Pennsylvania College of Medicine. Many thanks to members and students alike for attending Legislative Advocacy Day. Planning is already under way for next year. We hope to see you there!

PPA
Advocacy Day
April 2016



PPA Advocacy Day attendees, including President Beatrice Salter, PhD (center left), take a photo with Governor Tom Wolf.



PPA members from Erie pose with one of Northwest PA's legislators, Rep. Pat Harkins, (D-Erie).



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Does Economics Drive the Major Changes in Family Structure?

~ Book Reviews ~

Marriage Markets by June Carbone and Naomi Cahn

Labor's Love Lost by Andrew Cherlin

Is Marriage for White People? by Ralph Richard Banks

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

The American family is changing for both the better and the worse. In 1960, the predominant pattern of the American family was a heterosexual man and woman of the same race having children born within wedlock, and where the man worked outside the home (the wife worked at home or sometimes had a secondary job). This pattern was exemplified by the family portrayals in popular television shows of the era, such as *Ozzie and Harriet* or *Leave It to Beaver*. Pregnancy out of marriage almost always resulted in a “shot gun” wedding.

In 2015 it is harder to describe any one family pattern as predominant. Most couples are heterosexual (but many are not); most people marry individuals of the same race (although one-seventh of marriages are interracial); a majority of children are born within wedlock (yet 40% are not); and women are almost as likely to work outside the home as men and often make more money than their husbands or partners. Cohabitation is common; and a large minority of children will be cared for by step parents or non-related adults who happen to live with their mothers.

Although we can celebrate the weakening influence of racism, sexism, and heterosexism on family life, some of the other changes have not been positive. Each of these three books deals with the impact of this economic shift on the family lives of Americans.

They all rely on a common core of information concerning the relationship of economics to marriage and argue that changing economics are a major factor in the negative trends impacting American families.

From 1950 to 1973, the earning power of the average American worker doubled.

During the 1950s a male high school graduate could get a good paying job in manufacturing, become a stable breadwinner, and afford a home. His wife could focus on domestic chores or perhaps took some unskilled part-time job.

However, the economic decline for blue collar workers in the United States started around 1973. Europe and Asia, which were economically devastated by World War II, had rebuilt their factories and were now competing with American manufacturing. Automation reduced the need for many jobs. Government policies no longer favored unions and collective bargaining. The high paying blue collar jobs common in the 1950s are harder to find. Since 1973, the real earning power of high school graduates has declined sharply while the earning power of college graduates has increased in terms of actual purchasing power.¹ Now the average

¹From 1979 to 2007, the average male high school graduate saw his actual purchasing power from earnings decrease 12% while those of college graduates increased 10% and those with post graduate education saw their earnings increase 26%. Women saw similar trends (Autor, 2010).

college graduate can expect to earn twice as much over a lifetime as the average high school graduate. The ratio is even greater when compared to the earnings of a high school dropout.

One result of this change is that marital and family life are splitting along income levels. Now college graduates tend to retain the unity of marriage, sex, and parenthood that was common in the 1950s and 1960s (although the restrictions on women working outside the home have ended). College educated adults tend to be marrying at high rates and tend to have more successful marriages. The higher income produces more financial stability, reduces strife over money, ensures a buffer in times of economic hardship, and, overall makes marriage worth-while for both parties. Also, out of wedlock births are low among college educated women.

In contrast, those who have not graduated from college are less likely to get married (and if they get married, they are more likely to get divorced), are more likely to have children out of wedlock, and are more likely to have a non-related adult assume some parenting responsibilities for their children.

Men and women in the top third of educational achievement are more likely to be attracted to and marry each other, and are less likely to get divorced. This is called assortive mating (people marry others more like themselves).

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DOES ECONOMICS DRIVE...

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Prior to 1960, a woman who received a college education was less likely to be married than her non-college educated peers; now this is reversed. College educated women are now more likely to marry the more attractive men (at least attractive in the sense of earning power and financial stability). They not only have the advantage of greater earnings for themselves, they are also more likely to attract a mate who has good earning power as well.

Conservative thinker Charles Murray attributes the decline in marriage and increased rate of out of wedlock births to a decline in traditional values. But, Andrew Cherlin, author of *Labor's Love Lost*, claims that his argument seems insufficient when considering that conservative high school graduates tend to have rates of out of wedlock births and divorces that are substantially higher than those of college educated liberals. In addition, the indices of stressed families, such as higher divorce rates and more out of wedlock births, are consistently higher in states that traditionally vote Republican. Although changes in values may influence the status of marriage; they do not explain all of the changes in the American family. Instead, Cherlin argues that the increase in divorce and out of wedlock births is caused by both changing attitudes and a decline in earning power for high school educated adults.

The reason for the low marriage rate (and high rate of marital dissatisfaction) among high school graduates, Cherlin argues, is that men who only have high school diplomas (or less) tend to be poor choices for marriage partners because they cannot provide as well for their families. Sometimes women would prefer to raise children themselves than to be saddled with unemployed and unemployable men. This phenomena was reflected in the overstated title of another book on this topic, *The End of Men* (Rosin, 2012).

Carbone and Cahn, authors of *Marriage Markets: How Inequality is Remaking the American Family*, emphasize the role

that scarcity plays in marriage selection. They note the impact of supply and demand on marriage. In societies with an abundance of men and a scarcity of women, men will be more likely to up their behavior to win the affection of women, including being more willing to commit to the behaviors that make them attractive as life partners. In contrast, in societies with an abundance of women and a scarcity of eligible men, the men will have less incentives to make themselves attractive to women.² Despite a near even gender ratio within the United States (104 women for 100 men), the ratio of good marital prospects is weighted against for women with a high school education. That is, a smaller percentage of high school educated men have the background or skills sufficient to make them good marital partners. Women who have only a high school education experience a shortage of men who make good marital partners.³

The impact of declining blue collar wages in the United States interacts with other issues to make marriage especially difficult for African Americans. In *Is Marriage for White People?* Ralph Banks notes that, even when controlling for income, African-Americans have lower rates of marriage, lower satisfaction when they do get married, and higher rates of out of wedlock births.

Banks, like Carbone and Cahn, believes that marriages are influenced by the market of available and desirable partners. Banks documents that the general trend toward more and stronger marriages among college educated

²The authors did not reference this, but I am reminded that Wyoming was the first American state to grant women the right to vote. Other Western states were among the leaders in women's suffrage. It was alleged that the women deprived men of Wyoming were driven more by the desire to attract women into Wyoming than the adoption of feminist ideologies.

³A different phenomena is occurring in India and China where policies permitting sex selective abortion have led to an overabundance of men (114 men for every 100 women), making women more selective in their choice of mates. Education levels and marital ages of women are rising in these countries and traditional restrictions on marrying outside of one's caste in Indian society are being weakened. "Universal marriage will become a thing of the past" (*Bare Branches, Redundant Males*, 2015, p. 37).

Despite a near even gender ratio within the United States (104 women for 100 men), the ratio of good marital prospects is weighted against for women with a high school education.

adults is not as robust among African-Americans as it is among White Americans. An African American woman with a college degree is half as likely to be married as her White counterpart.

Banks argues that, among African-American women, the market for quality husbands is limited by three factors. First, the rate of incarceration of young African-American men is extremely high (most of these are for nonviolent drug related offenses). Incarceration has a depressing impact on income, employability, and attractiveness as a marital partner. Second, African-American men are two or three times more likely to be involved in an interracial marriage than an African-American woman. Third, African-American men and women have a wide education gap, with African-American women earning twice as many bachelors' degrees as African-American men.

Each book has its own strengths and perspectives. Cherlin's strength is his detailed review of the history of marriage in the United States and its relationship to family life. Carbone and Cahn went into detail on how the differing patterns of marriage and parenting fare under existing family law and they included extensive public policy recommendations to help ensure the viability of American families including easier access for prenatal care and access to birth control, early childhood education, better family leave across occupational levels, reductions in excessive corporation executive salaries, increases in the minimum wage, and in general strengthening the safety net for poor people.

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DOES ECONOMICS DRIVE...

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Although all three books were well written, Banks had the best writing style. In addition, his descriptions of the interviews he had with African-American women were especially moving. He started the book as a project to discuss a social phenomenon and had intended to use interviews as secondary source to support conclusions derived from his analysis of statistical data. Nonetheless, the results of interviews transformed the book into "more of an effort to illuminate a set of experiences, that had been obscured" (p. 186).

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IMPORTANT NOTICE

License Verification/Certification

Request to the State Board of Psychology Must Be Submitted Electronically

As you may be aware, on February 4, 2015, the Pennsylvania Department of State, Bureau of Professional and Occupational Affairs, began an electronic process through a secure, encrypted website which allows individuals holding licensure in the Commonwealth of Pennsylvania to request Verification/Certification of Licensure to another licensing authority. The licensing boards continue, however, to receive paper requests for license verification/certification from licensees. Please be advised that as of **August 6, 2015**, the licensing boards will no longer process paper requests for license verification/certification. Beginning August 6, 2015, licensees who submit a paper request for license verification/certification will receive their paper request and check/money order back by mail along with a letter providing instruction on processing the request electronically.

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Classifieds

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The following programs are being offered either through co-sponsorship or solely by PPA.

August, 26

12:00 p.m. and 7:00 p.m.
ICD-10 Webinars

October 29 – 30

Fall Continuing Education and Ethics Conference
Sheraton Great Valley
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June 15 – 18, 2016

PPA Annual Convention
Hilton Harrisburg
Harrisburg, PA

Contact: judy@papsy.org

Podcasts

New podcasts for CE credit by Dr. John Gavazzi are now available on www.papsy.org.

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit www.papsy.org.

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If you have additional questions, please contact ppa@papsy.org.



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