DEVELOPMENT AND EVALUATION OF THE INTERSECTIONAL PRIVILEGE SCREENING INVENTORY

A Dissertation

by

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This dissertation meets the standards for scope and quality of
Texas A&M University-Corpus Christi and is hereby approved.

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ABSTRACT

Power dynamics are an innate part of the counseling process. Counselors naturally enter the counseling relationship in a position of power while simultaneously inviting the client to a position of vulnerability. These dynamics are heightened when there are differing positions of privilege and marginalization in the counselor-client relationship. Because privilege is often an invisible construct for those who hold privileged positions, counseling practitioners must develop awareness of the construct to guide best practices in both counselor education and clinical practice. Currently, counselor educators and clinical supervisors have few psychometrically-based resources to quantify the presence of this construct within their counselors-in-training (CITs). The purpose of this study was to develop and evaluate the psychometric properties of the Intersectional Privilege Screening Inventory (IPSI) to be used within counselor training to measure student development that is consistent with current standards for social and cultural competence.

Three hundred and thirty-nine CITs enrolled in counseling programs from regionally representative universities across the United States participated in this study. Protocols for item development, expert review, cognitive interviewing, psychometric analyses of validity evidence, and estimations of internal consistency were implemented for the IPSI.

Findings suggest that the procedure used to develop IPSI items resulted in content that was representative of related constructs, whereas evidence for internal consistency was robust across the subscale scores. Furthermore, the bivariate correlation analysis between scores on the IPSI and related measures provided evidence for convergent validity with conceptually-related constructs. Taken together, these findings suggest that validity and reliability evidence for scores

on the IPSI indicate that the measure may represent a defensible resource within counselor preparation programs and clinical supervision. The project manuscript will be submitted to the Counselor Education and Supervision journal published by the Association for Counselor Education and Supervision.

Overall, the use of the IPSI allows the invisible construct of intersectional privilege to become visible so that it can be appropriately tended to throughout a CIT's training experience. Consequently, the IPSI allows counseling programs and clinical supervisors to be better poised to provide robust evidence that their students are meeting standards for social and cultural diversity.

DEDICATION

This is for you Grandaddy- I know you would be proud.

ACKNOWLEDGEMENTS

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CHAPTER I: INTRODUCTION

Every individual possesses a constellation of intersectional positions that has important implications for how they experience and interact within society (Harley, Jolivette, McCormick, & Tice, 2002; Ratts, Singh, Nassar-Mcmillan, Butler, & McCullough, 2016; Smith, Foley, & Chaney, 2008). The intersection of positions such as race, class, gender, sexual orientation, religion, and ability often determine the worth assigned to an individual based on their rank and value within the hierarchy of society. If an individual is a member of a dominant group in at least one of their positions, privilege is conferred upon them. Privilege relates to the benefits, entitlements, and advantages given to an individual by society because that individual holds a dominant position in society (Black & Stone, 2005). While some individuals may benefit from their positions, those who do not hold dominant positions can experience oppression, discrimination, and devaluation which can prompt or promulgate mental health symptoms. The impacts of this intersectional privilege on life experiences must be understood by counseling practitioners to guide best practices in both counselor education and clinical practice. Therefore, it is prudent that counselor educators effectively prepare counselors in training (CITs) to address issues of privilege within themselves and their clients.

Power dynamics are an innate part of the counseling process. Counselors naturally enter the counseling relationship in a position of power while simultaneously inviting the client to a position of vulnerability. Through the strength of the therapeutic alliance, the client learns to trust the counselor to be a source of empathy and support in meeting their treatment goals. However, the counselor's ability to provide this alliance can be hindered if the counselor holds inaccurate assumptions about the intersectional positions existing in the therapeutic relationship. These inaccurate assumptions can lead to a weaker therapeutic alliance, lower client satisfaction

ratings, misdiagnosis, unwillingness by the client to self-disclose, and even premature client termination (Rothman et al., 2012; Zhang & Burkard, 2008). Counselors risk being complicit in systems of oppression such as racism, classism, and sexism in a client's life when providing services under these conditions. Alternately, when counselors recognize the constellation of intersectional positions held by their clients and create a place for those intersectionalities within the counseling relationship and treatment plan, they are more prepared to provide effective and culturally responsive counseling services.

Statement of the Problem

Although the issue of privilege is identified in the literature as important to address in counselor preparation programs, counselor educators have minimal psychometrically based resources to quantify the presence of this construct among their students. On one hand, this problem is associated with the fact that the phenomenon of privilege is conceptually unclear (Black, Stone, Hutchinson & Suarez, 2007). On the other hand, counselor preparation programs are compelled to demonstrate increased student capacity for identifying the influence of power and privilege, including recognizing and removing barriers, prejudices, oppression, and discrimination among counselors and clients (CACREP; Council for Accreditation of Counseling and Related Educational Programs, 2015).

Purpose Statement

The purpose of this study is to develop and evaluate the psychometric properties of an intersectional privilege inventory. A valid inventory measuring degrees of intersectional privilege can be used within counselor preparation programs to measure student development that is consistent with CACREP's standards for social and cultural competence.

Research Questions

This study will be implemented to address the following research questions:

1. What inventory items are representative of the intersectional privilege construct amongst counseling students?

2. What is the factor structure of the Intersectional Privilege Screening Inventory?

3. What is the internal consistency reliability of Intersectional Privilege Screening Inventory scores?

4. To what degree are there statistical relationships between scores on the Intersectional Privilege Screening Inventory and other measures of conceptually related constructs?

Significance of the Study

Given the impact that issues of race, class, gender, sexual orientation, religion, and ability can have on the efficacy of counseling treatment, it is imperative that counselor education programs address these factors in their curriculum. Researchers (Black & Stone, 2005; Ratts et al., 2016) have found that multicultural competency begins with a process of self-reflection and identification of positions and biases. Black and Stone argued that since most individuals who hold privilege are unaware of that privilege, it is important that CITs go through a process of self-exploration to identify positions of privilege and the impact those positions could have on their client population. Black and Stone also contended that it is the responsibility of counselor preparation programs to facilitate this process of multicultural awareness and competency.

With these considerations in mind, I submit that the availability of the Intersectional Privilege Screening Inventory (IPSI) can have significant implications for enhancing student accountability, measurement, and monitoring activities within counselor education programs. The availability of the IPSI can help increase accountability for counselor preparation programs for stimulating increased awareness of the privilege and oppression constructs within student

populations by providing a valid instrument to measure and quantify the presence of these constructs within their students. Additionally, availability of this instrument can allow for a continuous evaluation model to monitor multicultural awareness and competency rather than relying on a snapshot before and after multicultural counseling courses. Not only can this help at the individual program level, but it has the potential to support the advancement of counselor education research overall as a criterion scale within predictive studies. This can allow counseling researchers to understand individual and systemic variables that contribute to the emergence of perceived privilege and oppression.

Method

Sampling and Participant Characteristics

I will solicit an independent sample of participants to complete surveys related to this project. I will use snowball sampling to solicit participants at regionally representative universities across the United States which house counselor preparation programs and are CACREP accredited. Participants will be counselors in training (CITs) representing various racial, gender, socioeconomic, religious, and ability identities.

Procedure

Initial item pool development. First, I will conduct a comprehensive review of the literature on the topic of privilege and oppression to identify possible factors related to the identified construct. Next, I will use the framework of intersectionality (Crenshaw, 1991; Collins, 2015) to conceptualize the construct of intersectional privilege and oppression. For the development of the IPSI, I will use the following intersectional identity categories to establish the item pool of the instrument: a) race, b) class, c) gender, d) sexual orientation, e) religion, and f) ability. Then, I will also use the conditions that McIntosh (1988) identified as part of the

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invisible knapsack of privilege to create items related to the experiences of privilege for the initial item pool of the IPSI. Using these theories, I will develop an item pool with items that are theoretically attributed to the experience of privilege and oppression.

Content experts will review the initial item pool based on their expertise, scholarship, and leadership on the topics of multiculturalism and social justice within the counseling profession (DeVellis, 2017; Lambie, Blount, & Mullen, 2017). These experts will provide feedback on the initial items and will recommend new items that can be considered for the item pool. I will make edits and deletions to the item pool based on their recommendations and will return the instrument to them for a secondary review. After receiving feedback from the secondary review, I will use Lawshe's content validity ratio (Ayre & Scally, 2014) to narrow down the item pool to create the next iteration of the IPSI instrument. This iteration will be submitted for cognitive interviews with a small group of participants to provide validity evidence for the content and response processes (Peterson, Peterson, & Powell, 2017). I will use the data collected from the cognitive interviewing process to make the final revisions for the IPSI item pool.

Data collection. Participants will read a consent form explaining important information regarding confidentiality, the benefits of participation, and possible risks to participants. After obtaining participant consent, they will be asked to complete a demographics sheet and three surveys: (a) the Intersectional Privilege Screening Inventory (IPSI), (b) the Social Privilege Measure (SPM), and (c) the Privilege and Oppression Inventory (POI). The data will be collated within an electronic database and prepared for analysis as survey packets are collected.

Measurement of Related Constructs

Racial Privilege. The Social Privilege Measure (SPM; Black, Stone, Hutchinson & Suarez, 2007) was developed to assess the nature and extent of racial privilege held by

individuals. The SPM was normed using an ethnically diverse sample of 400 undergraduate and graduate students enrolled in counseling or psychology classes. The SPM is a 25-item instrument using a 5-point Likert-scale to assess participant responses from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Scores can range from 25 to 125 with higher scores indicating higher levels of racial privilege. Black et al. (2007) reported a high alpha coefficient of .92 for scores on the SPM indicating good internal consistency.

Awareness of Privilege and Oppression. The Privilege and Oppression Inventory (POI; Hays, Chang & Decker, 2007) was developed to assess counselors' awareness of privilege and oppression in the dimensions of race, sexual orientation, religion, and gender. The POI was normed using a sample of 428 trainees in counseling-related programs representing diverse gender, age, ethnic, sexual orientation, and religious categories. The POI is a 39-item instrument using a 6-point Likert-scale to assess participant responses from 1 (*Strongly Disagree*) to 6 (*Strongly Agree*). The instrument is broken up into four subscales. Scores for each subscale can range from 13 to 88 for the White Privilege Awareness subscale, 10 to 60 for the Heterosexism Awareness subscale, 8 to 48 for the Christian Privilege Awareness subscale, and 8 to 48 for the Sexism Awareness subscale. Higher scores on each subscale indicate higher levels of awareness of privilege and oppression for that subscale. Hays et al. (2007) reported high alpha coefficients for scores on the POI sub-scales ranging from .79-.92. indicating good internal consistency. The reliability of the total scale for the initial sample was .95.

Data Analysis

Statistical power analysis. A statistical power analysis will be conducted at the completion of the item development for the IPSI to determine the appropriate sample size needed

for exploratory and confirmatory factor analyses, as well as, statistical procedures depicting relationships with related constructs.

Preliminary analysis. I will first examine the dataset for missing values before running any statistical analyses. Any missing data will be imputed using the series mean function in SPSS. Next, I will assess item-level distributions for each of the original IPSI items by examining skewness and kurtosis values. Last, I will examine inter-correlations between the remaining items to establish if the correlations between any items are so closely correlated that they should be removed from further analyses to reduce redundancy.

Exploratory factor analysis. I will conduct an exploratory factor analysis (EFA) to determine the factor structure of the IPSI using the principle axis factoring extraction method on the survey data collected from my sample. First, I will select my factor extraction method. Next, I will decide which factors should be retained for further analysis based on the retention criteria recognized by Watson (2017). Last, I will allocate items to the emerging factors based on their factor loadings.

Confirmatory factor analysis. To understand the construct validity of the IPSI, I will conduct a confirmatory factor analysis using the initial factor structure established through the EFA process. I will interpret the CMIN/DF, *p*-values, root mean residual (RMR), goodness of fit index (GFI), comparative fit index (CFI), Tucker-Lewis index (TLI), and root mean square error of approximation (RMSEA) metrics of model fit. If any of the model fit outputs do not meet standards, I will examine modification indices for the presence of covaried error. I will then re-run the model to re-inspect fit indices. If the model persists in having inadequate fit, I will analyze individual item correlations and will consider removing items from the model.

Internal consistency and precision. Once the final model has been established, I will analyze the reliability of the IPSI scores through calculating alpha coefficients that will measure internal consistency. Alpha coefficients will be used to determine the interrelatedness of the inventory items.

Secondary analysis. Last, I will calculate bivariate correlations between scores on the IPSI, SPM, and POI instruments to establish the degree of statistical relationships with other related constructs.

Limitations of the Study

Potential limitations for this study include the validity generalization of the results, the ability to obtain the necessary sample size, and the presence of response bias. Although participants representing various racial, gender, socioeconomic, religious, and ability identities will be pursued for participation, the use of snowball sampling cannot guarantee a diverse and representative enough sample to ensure validity generalization. The use of snowball sampling could also make it difficult to obtain the necessary sample size for the study. Another potential limitation of the study is the presence of response bias. Because the topic of privilege is a culturally sensitive topic, there is the potential for CITs to respond to the assessment in ways that might be considered more socially desirable.

Definitions of Terms

Ability refers to any physical, cognitive, mental, sensory, emotional, developmental, or
combination of the previous that causes impairment, activity constraint, and participation limitation. Challenges to ability can be both visible and invisible (Ratts & Pedersen, 2014).

Counselors in Training (CITs) refers to a student currently enrolled in a master's level
counseling preparation program.

Factor Analysis is the process of determining how many latent variables exist in a set of items,
condensing item pools by combining related items, and identifying the meaning of latent
variables (DeVellis, 2017).

Factor Structure is the collection of variables that are grouped together based on statistical
similarities as a result of factor analysis.

Gender refers to the way that an individual identifies psychologically as male, female, both, or
neither. Gender differs from the biological sex that is assigned at birth. Although gender
identity can often match an individual's assigned biological sex, it can also differ (Ratts
& Pedersen, 2014).

Intersectionality is the extent to which an individual's social positions operate not as exclusive
identities, but as reciprocally constructing identities (Collins, 2015).

Oppression includes the act of assigning on another an object, label, role, experience, or set of
living conditions that is unsolicited, unnecessarily hurtful, and reduces physical or
psychological well-being. It can also include the removal of affirming factors for an
oppressed group (Black & Stone, 2005).

Positionalities are the cluster of social positions an individual holds. These clusters include race,
class, gender, sexual orientation, religion, and ability, and often determine the value
assigned to an individual based on the rank and value that these positions hold within the
constructed hierarchy of American society (Harley et al., 2002).

Power is the extent to which an individual has control or influence over other individuals (Ratts
& Pedersen, 2014).

Privilege consists of the benefits, entitlements, advantages, and dominance that are given to an

    individual by society because that individual holds a dominant position in society.

    Privilege is received at birth and is not dependent on anything that the privileged person

    has accomplished (Black & Stone, 2005).

Race is a social construct that can be tied to an intersection of both biological and cultural

    heritage (Harley et al., 2002).

Reliability refers to the accuracy and consistency of the scores on a measure and helps to identify

    which items should be included or discarded (Balkin & Kleist, 2017).

Religion is "a collection of beliefs and practices of a religious institution" (Ratts & Pedersen,

    2014, p. 41). Religion is often used by individuals to express their spirituality and to

    develop their morals, values, and ethics (Ratts & Pedersen, 2014).

Sexual Orientation is the emotional, intellectual, physical, sexual, and spiritual attraction to

    individuals within a specific gender identity (Ratts & Pedersen, 2014).

Socioeconomic Status (SES) is the position ascribed to individuals based on economic indicators

    such as prestige, power, income, wealth, property, and consumption behaviors (Ratts &

    Pedersen, 2014).

Statistical Power relates to having an appropriate sample size to be confident that your results

    exist in the sample population (Adams & Lawrence, 2015).

CHAPTER II: REVIEW OF THE LITERATURE

The constructs of privilege and oppression impact all individuals and cannot be divorced from consideration within the field of counseling. Because of the important impact that issues of race, class, gender, sexual orientation, religion, and ability can have on counseling outcomes, it is imperative that counselor education programs address these factors in their curriculum and student development activities. At present, counselor educators have minimal psychometrically-based resources to quantify the presence of this construct within their students. I will address this issue within this study by developing a psychometric assessment of intersectional privilege that is grounded in theory and expertise which can be used within counselor preparation programs to measure student acquisition of the CACREP social and cultural diversity standards.

In this literature review, I will establish the theoretical framework for this project and will examine its main constructs. First, I will identify and describe my epistemological framework for this project grounded within post-positivism. Next, I will define the theoretical foundations for this project- intersectionality framework and McIntosh's (1988) conditions related to the construct of privilege. Finally, I will operationalize the major constructs analyzed in this project: (a) position, privilege, and oppression, and (b) the intersecting identities of race, class, gender, sexual orientation, religion, and ability. This literature review is sourced primarily from the counseling literature base on this topic. I focused my search in the American Counseling Association (ACA) journals and the PsycINFO database. Secondarily, I used the Bell Library's main page search engine (rattler.tamucc.edu) which primarily resulted in sociology-based resources. I used each of the key constructs as search terms to exhaust the literature on the topic.

Epistemological Framework

I have conceptualized and designed this study using a post-positivist epistemological framework (Willis, 2007). Post-positivism developed out of a 19th-century response to positivism in which writers such as, Comte, Mill, Durkheim, Newton, and Locke began to question the idea that an absolute truth could be established in the study of the behavior and actions of humans (Creswell, 2014). These writers initiated a shift in ideas of how knowledge is established. Post-positivism is characterized by determination, reductionism, empirical observation and measurement, and theory verification. First, post-positivism is deterministic in that post-positivist inquiry pursues to understand the causes that determine outcomes. Second, post-positivism is reductionist through endeavors that reduce concepts into smaller entities or variables that can be tested. Third, post-positivism relies on empirical observation and measurement to define and understand the objective reality of humanity. Finally, post-positivism relies on the notion that the world is governed by laws and theories and that these laws and theories must be tested in order to be understood (Creswell, 2014).

To follow this epistemological framework, I will begin with the theories of intersectionality and privilege outlined in the following section. With these theories as a foundation, I will develop inventory items to assess CIT experiences of intersectional privilege. These items will be subjected to expert review during which content experts will evaluate the item pool, make recommendations, and add or delete items. Based on this feedback and the negotiation of items, I will create the final IPSI item pool. Next, I will collect data and run exploratory and confirmatory factor analyses to establish validity evidence for this theory of intersectional privilege. From these results, I will be able to make necessary revisions to the construct of intersectional privilege that can provide the foundations for further research on this topic. This project will provide a resource that will allow counselor educators to quantify the

presence of the construct of intersectional privilege within their students so they can effectively prepare CITs to work with diverse clientele in ways that will facilitate positive client outcomes.

Theoretical Framework

For the theoretical foundations of this project, I will use the framework of intersectionality (Crenshaw, 1991; Collins, 2015) to conceptualize the construct of intersectional privilege and oppression, as well as, the conditions that McIntosh (1988) identified as part of the *invisible knapsack of privilege* to create items related to the experiences of privilege.

Intersectionality

Collins (2015) defined intersectionality as "the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape social inequalities" (p. 2). Through the framework of intersectionality, one does not look to a single factor to explain an individual's experience but looks at multiple factors, and the relationship between those factors, to understand an individual's experience.

Crenshaw (1989, 1991) first coined the term intersectionality in two journal articles published in the late 1980s and early 1990s, however the conceptual roots of intersectionality are linked back to the social activism of the 1960s and 1970s. These early ideas related to intersectionality are most often attributed to the black feminist literature of the time in which the intersections of racism, sexism, and capitalism were explored as social processes and the intersectional framework was identified as a tool of resistance (Bambara, 1970; Beal, 1969; Combahee River Collective, 1977). The black feminist narrative of intersectionality was not the only narrative at the forefront of its conceptual formation. During this time, alliances of Chicanas, Latinas, Native American women, and Asian-American women were also discussing

the intersections of race, class, gender, sexuality and its impact on their life experiences. These discussions were institutionalized with the formation of the field of race/class/gender studies. This institutionalization did not come without critique. Although intersectionality was seen as an appropriate tool to combine critical inquiry and praxis in the spheres of both social movements and academic institutions, critics have argued that its institutionalization diminished its transformative power in the context of neo-liberal academia (Collins & Bilge, 2016). Collins (2015) argued that intersectionality has often been confused with a version of multiculturalism which celebrates diversity without addressing oppressive systems and demanding change within those systems. It is for this reason that current conceptualizations of intersectionality are used within a framework including both critical inquiry and praxis (Collins & Bilge, 2016). Using this framework, rather than a more general multicultural lens, scholars can better understand the complexity of lived experiences and better address the determinants of privilege and oppression in society.

Collins (2015) identified a list of six guiding principles for intersectional knowledge projects. These principles form a preliminary epistemological methodology for intersectional research and will be the guiding principles for the use of intersectionality in this project. These principles include:

- Race, class, gender, sexuality, age, ability, nation, ethnicity, and similar categories of analysis are best understood in relational terms rather than in isolation from one another.
- These mutually constructing categories underlie and shape intersecting systems of power.

- Intersecting systems of power catalyze social formations of complex inequalities that are organized via unequal material realities and distinctive social experiences for people who live within them.

- Because social formations of complex social inequalities are historically contingent and cross-culturally specific, unequal material realities and social experiences vary across time and space.

- Individuals and groups differentially placed within intersecting systems of power have different points of view on their own and others' experiences with complex social inequalities, typically advancing knowledge projects that reflect their social locations within power relations.

- The complex social inequalities fostered by intersecting systems of power are fundamentally unjust, shaping knowledge projects and/or political engagements that uphold or contest the status quo. (Collins, 2015).

These principles will guide the item development process for the IPSI and will facilitate an intersectional lens in which to view the construct of privilege.

McIntosh's Privilege Construct

McIntosh (1986) identified privilege as an invisible knapsack full of unearned assets used daily by those who are privileged. McIntosh (1986) suggested that, these assets functioned in ways analogous to special *provisions, assurances, tools, maps, guides, codebooks, passports, visas, clothes, compasses, emergency gear,* and *blank checks*. These assets confer advantage, dominance, and power on those who hold privileged positions while marginalizing those who do not. Since that seminal statement, scholars have continued to build and construct understanding around the concept of privilege. McIntosh (2012) identified a shift in the direction of the

continued development of the construct from an analysis of singular forms of privilege to

intersectional understandings of privilege. She proposed that there is an invisible horizontal line

of social justice in which those individuals below the line are suppressed while those above the

line are awarded power. In a continuation from her early descriptions of privilege, McIntosh

(2012) identified that each individual has experiences both above and below this line of social

justice depending on the matrix of that individual's identities. It is because of this, that an

intersectional framework is necessary in understanding privilege and oppression- no one is only

privileged or only oppressed. It is in the intersection of these positions and identities that the true

experience of the individual can be understood and it is this conceptualization that McIntosh

(2012) identified as the future of the research in this field and the key to producing activists that

can fight for change.

I will apply the intersectional framework to McIntosh's (1986, 2012) original list of

privilege conditions based on her recommendation that future researchers complete

investigations of privilege from this perspective. These conditions are identified as factors that

impact the daily life experiences and expectations for those who hold privileged positions and

are seen as normative and universal by those individuals. In reality, these conditions are not

normative nor universal for individuals holding positions of marginalization. These conditions of

privilege include:

- I feel at home in the world.

- I can escape penalties or dangers that other suffer.

- I can escape fear, anxiety, insult, injury, or a sense of not being welcome or real.

- I can keep me from having to hide, to be in disguise, to feel sick or crazy, to negotiate each transaction from the position of being an outsider or, within my group, a person who is suspected of having too close links with a dominant culture.

- I can keep me from having to be angry (McIntosh, 1986).

Combining intersectionality framework with McIntosh's privilege conditions will allow me to operationally define the construct of intersectional privilege so that it can be psychometrically measured by the IPSI.

Major Concepts and Constructs

There are several major concepts and constructs that contribute to the operational definition of intersectional privilege. In this section, I will define these constructs as they are used in this project. First, I will define the concepts of position, privilege, and oppression. Second, I will define the components of intersectional identity used in this project. These components include race, class, gender, sexual orientation, religion, and ability. I will also discuss the current state of counseling literature as it relates to each of the constructs defined in this section.

Position, Privilege, and Oppression

Although American rhetoric speaks of freedom and justice for all people, many of the systems that are built into the institutions of the United States reinforce a race, class, and gender biased society (Ratts et al., 2016; Smith et al., 2008). Rothman, Malott, and Paone (2012) suggested that the American social hierarchy identifies white, financially secure, heterosexual, Judeo-Christian, able males as the societal norm. This hierarchical system has both historical roots and modern institutions that reinforce the existence of a dominant group and subordinate groups and confers privilege and power upon individuals at birth based on the positions they

hold (Smith et al., 2008). These benefits allow the privileged to maintain power and advantage in society while reinforcing a system that denies power, access, and visibility for those who do not hold privileged positions (Black & Stone, 2005). This denial creates a structure that is oppressive to members of subordinate groups, focuses on human differences rather than similarities, and in turn, creates a culture that labels those who do not fit the norm as deviant (Harley et al., 2002). Throughout the history of the mental health field, counseling professionals have often been complicit in this system of oppression through the label of deviance resulting in the disproportionate mis-diagnosis, over-diagnosis, and institutionalization of marginalized groups (Harley et al., 2002; Ratts & Pedersen, 2014; Rothman et al., 2012; Zhang & Burkard, 2008). Because of this, positionalities hold important consequences for those who do not hold the same positions as the dominant group and often result in their oppression, discrimination, and devaluation. Therefore, it is important to understand how oppression can manifest.

Oppression can take on different forms such as force and deprivation that can take place at primary, secondary, and tertiary levels. According to Hanna et al., "oppression by force is the act of imposing on another or others an object, label, role, experience, or set of living conditions that is unwanted, needlessly painful, and detracts from physical or psychological well-being" (p. 431). They defined oppression by deprivation in a similar matter, but instead of causing pain, oppression by deprivation removes affirming factors for the oppressed group. Both types of oppression can happen along a spectrum of levels. Primary oppression is intentional and takes place when an individual acts in such a way to purposefully cause harm to another individual. Secondary oppression exists when an individual is not actively participating in the oppression of others, but still receives benefits from the oppression. Tertiary oppression takes place when a member of the oppressed group victimizes a member of their own group to gain the approval of

someone from the dominant group (Black & Stone, 2005). Oppression and privilege affect all six of the positions of race, class, gender, sexual orientation, religion, and ability.

Implications for counselors and counselor education. Within the field of mental health specifically, members of subordinate groups are often pathologized in ways that reinforce inequality (Harley et al., 2002). Because of this, it is important that CITs understand the impact these positions have played in their own lives and develop an awareness and understanding of the impact that these positionalities might have on a client's life and the therapeutic relationship. Chan, Cor, and Band (2018) identified intersectionality as an effective approach for helping CITs develop these skills. They suggested that counselor educators use intersectionality framework as an analytic tool to help CITs more holistically and complexly conceptualize a client's identity and socioecological context preparing the CIT to engage in clinical work that is culturally responsive and to implement clinical interventions that address the client's socioecological systems, engaging the CIT's identity as advocate alongside their identity as helper. This aids the CIT in addressing issues related to power, privilege, and oppression within their implementation of clinical interventions. I propose that the availability of the IPSI will help counselor educators further develop CIT awareness of these intersectional privilege dynamics found in the counseling relationship and that it will better prepare CITs to address these dynamics with interventions that promote client growth, healing, and empowerment.

Intersectional Identity

Race. The most appropriate definition of race for this project seems to explicate a social construct that is an intersection of both biological and cultural heritage (Harley et al., 2002). In the United States, an individual's racial designation often impacts that individual's position within the social hierarchy. This practice comes with a long history of power disparity for people

of color and a long history of racism within the United States. Thompson and Neville (1999) defined racism as "two interlocking dimensions: an institutional mechanism of domination and a corresponding ideological belief that justifies the oppression of people whose physical features and cultural patterns differ from those of the politically and social dominant group- Whites" (p. 163). An individual's racial position, therefore, impacts their own self-concept as well as their interactions with the world around them (Constantine, 2002).

Throughout its history, the United States has conferred special benefits, rights, and privileges to male Euro-Americans and has made this segment of the population the normative group. All other social groups are compared to the normative group and dissenting values and behaviors are considered deviant (Black & Stone, 2005). Although some members of the normative or dominant group engage in primary oppression and participate purposefully in marginalizing subordinate groups, many who hold racial privilege are unaware of the privilege that they hold. Many people in that group are unaware of their *whiteness* because they believe their experiences are normative and are unaware that others may experience society in a different way (Rothman, Malott, & Paone, 2012). This phenomenon is referred to as *color-blindness* (Paone, Malott, & Barr, 2015). Many White Americans do not believe that being White is an integral part of their identity and therefore do not see race as a position of privilege for them or a source of marginalization for people of color. This non-seeing by the dominant group perpetuates structures of racism and oppression for subordinate groups (Harley et al., 2002). Paone et al. (2015) found that White counselors who hold a color-blind perspective risk conducting distorted assessments for clients of color, risk developing lower multicultural competency, and risk displaying difficulty in demonstrating empathy towards clients of color.

Implications for counselors and counselor education. Because of this, a clear understanding of race and its impact on people of color must be a part of a counselor's awareness when conceptualizing cases and treatment planning. Pieterse (2009) argued that the field of counseling exists within a society that has been shaped by race and racism and that counselors and their clients have been impacted by a socialization process that is also shaped by race and racism. Therefore, it is important for counselors to develop awareness regarding their own racial identity as well as the impact that race may have on the identity and presentation of problems brought into the counseling office by clients.

Class. When looking at the positioning consequences of race, it is often difficult to distinguish between race and class. The position of race and social class are often closely linked due to the capitalist economic system of the United States. This economic system reinforces racial inequality. Therefore, an individual's position within the class system is often influenced by their position in the racial hierarchy. Scholars hold multiple explanations for social class. Some scholars believe that class is a naturally occurring phenomenon that manifests itself in some form throughout all aspects of the universe. Meritocracy is another common explanation for social class. This is the belief that an individual's class position is a result of personal and moral merits. Other scholars argue that an individual's class position is based on structural, systemic, institutional, economic, and political power relations impacted by race, class, and gender. These scholars view society from a dichotomous two-class perspective identifying the oppressors and the oppressed, those with power and those without it (Harley et al., 2002). When conceptualizing social class, it is important to identify a system that recognizes structural, institutional, economic and political influences (an individual's external context), as well as, personal achievement and mobility opportunities (an individual's internal context and his/her

ability to impact the external context). Liu, Soleck, Hopps, Dunston, and Pickett (2004) argued that when considering social class, society must be viewed as the primary socializing force in an individual's life. They argued that it is through socializing influences such as family, friends, and education that an individual learns the roles, behaviors, values, and expectations of their social class position.

Class privilege is often associated with the ideas of social mobility and the myth of meritocracy. Individuals who hold positions of privilege in social class often view the benefits of their privilege as being earned. They often ignore the systems and structures that have been set up to provide them privilege and that conversely create barriers to social mobility for the oppressed. This idea is problematic because it assumes that subordinate groups can earn class privilege if they do something different or work harder. This also assumes that subordinate groups do not already hold the position of privilege because of a deficit that characterizes that group (Black & Stone, 2005). Liu et al. (2004) identified this expectation as an upward mobility bias left over from remnants of the Protestant work ethic ideals that played a role in the development of American culture. This work ethic assumes that all individuals desire upward mobility and that mobility can be achieved by individual hard work. This oversimplification of class positionality negates the impact of external oppressive systems that impact an individual's access to resources and desire for upward mobility.

Implications for counselors and counselor education. According to Liu et al. (2004), it is unclear what role this upward mobility bias may play in counseling. Their literature review illuminated a clear social class bias in existing counseling research. They found that 56% of samples used in counseling research use college-age participants, whereas, only 25.1% of the U.S. population holds a college degree. This shows a clear bias and privilege toward those in the

middle and upper class in mental health research which runs the risk of categorizing those that do not fit the norm as deviant. In reality, the members of different social class groups often create their own culture with differing norms, values, and behaviors that work for the individuals within that class (Liu, Pickett, & Ivey, 2007). Counselors must develop awareness regarding the differences between class cultures so that they do not work with clients using a middle class normative approach. If this privilege toward the middle and upper-class perspective manifests itself in the counseling relationship, it could have serious consequences for those who hold lower socioeconomic statuses when it comes to diagnosis and treatment. The understanding of this positioning by counseling professionals is necessary to ensure an accurate and culturally appropriate diagnosis and treatment plan for clients of varying social class positions.

Gender. In society, gender is most commonly identified in binary terms based on biological sex. Over time, there have been differences in the way that gender has been discussed in the counseling literature. Harley et al. (2002) identified two gender categories: male or female. Enns, Sinacore, Ancis, and Phillips (2004) argued that the dichotomous binaries of male and female gender positions are oppressive. They argued that this system of binary categories reinforces dichotomous thinking and does not allow for the acceptance of varying gender expressions. Ratts and Pedersen (2014) recognized that individuals do not always identify psychologically with their biological sex and therefore, differentiate between biological sex and gender identity. They defined biological sex (male, female, intersex) as a status that is assigned at birth based on physiological factors such as sex organs. They identified gender identity as how individuals identify themselves psychologically in relation to gender. This includes designations of male, female, both, neither, transgender, or non-binary.

Harley et al. (2002) suggested that the ascribed status of gender is one of the primary ways that people are given or withheld value in society. Because of the patriarchal nature of society in the United States, the male gender identity is favored and given privileges based on that gender position. Sexism emerges when gender stereotypes are accepted and perpetuated through the social, political, and economic structures of society and is often interrelated with racism and classism. This is illuminated in corporate capitalism where White, middle-aged males control most of the economic system. Individuals who hold multiple marginalized positions (e.g., African American women) often face unique disempowerment (Harley et al., 2002).

Gender privilege in the United States has a long history viewing men as the most valued, powerful, and influential members of society. The United States was founded as a patriarchal society and has long viewed stereotypical male characteristics as the normative standard for behavior. These stereotypical male characteristics are viewed as most desirable while stereotypical female characteristics are often viewed as less desirable. Progress has been made in gender equality since the beginning of the women's movement, however remnants of gender privilege still remain in American society today (Black & Stone, 2005). This is most notable in the U.S. economic system where men control much of the labor force and continue to be paid more per dollar on average than women in the same labor positions.

Implications for counselors and counselor education. This disempowerment is illuminated in the history and development of the counseling field. Traditional counseling theories were developed with a focus on White males. This reinforced the idea that those who did not fit the dominant (White male) culture were deviant or deficient. The belief that these counseling theories were universal reinforced positional stereotypes creating disparity and over-diagnosis in the field of mental health for marginalized populations (Harley et al., 2002).

Historically, women were almost completely excluded from the development of many of the traditional counseling theories (Harley et al., 2002). This began to change in the 1960's as Feminist models of therapy were developed to address issues of gender privilege (Enns et al., 2004). Harley et al. (2002) pointed out the need for continued research on inclusive theories that not only look at gender, but also the impact of the positionalities of race and class in combination with gender.

Transgender individuals have also experienced disempowerment within the field of counseling. Trans-sexualism was first identified by the American Psychological Association (APA) as a mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM)-III (APA, 1980), was later replaced by Gender Identity Disorder in the DSM-IV (APA, 1994), and is now designated as Gender Dysphoria in the DSM-V (APA, 2013). This designation of the transgender experience as a mental illness is one of the most controversial issues facing the transgender community today (Ratts & Pedersen, 2014). It is here where the medical community and the mental health community often have divergent perspectives. The medical community values the diagnostic ability of the Gender Dysphoria designation because of its access to treatment options such as: counseling, hormone therapy, and sex reassignment surgery. Although it can indicate need for treatment, many insurance companies continue to deny coverage to transgender individuals seeking treatment for Gender Dysphoria because of the high expense of the treatment (Ratts & Pedersen, 2014). Within mental health, transgender expression is typically not viewed as a psychological disorder, but rather a differing in gender expression. Despite this differing view, counseling research and training continues to lack when it comes to working with transgender clients. According to Ratts and Pedersen (2014), many transgender clients find themselves frustrated when accessing counseling services due to the counselor's lack of

knowledge and skill with working with transgender issues. They reported that many transgender clients spend their time in therapy educating their counselors about transgender issues while paying for their services. It is clear that the counseling profession needs further development in its understanding of transgender issues and further exposure to transgender issues during the counselor training process.

    Sexual Orientation. Ratts and Pedersen (2014) defined sexual orientation as the "emotional, intellectual, physical, sexual, and spiritual attraction to members of a specific gender" (p. 41). Sexual orientation identities often include gay, lesbian, bisexual, heterosexual, asexual, and queer. Gay and lesbian individuals experience attraction towards members of the same gender, bisexual individuals experience attraction for both genders, heterosexual individuals experience attraction for individuals of the opposite gender, and asexual individuals do not experience attraction toward either gender. According to Smith, Foley, and Chaney (2008), queer is an inclusive category that refers to any individual whose sexual orientation is not heterosexual. They argued that the identification of queer is preferred over identities such as lesbian and gay because it avoids placing those identities within a dichotomous and heterosexist perspective.

    Heterosexism refers to the oppression and devaluation of individuals holding sexual orientation identities outside of heterosexual (Smith et al., 2008). This presents itself in the form of negative attitudes and behaviors demonstrated toward queer people, a lack of rights and protections for queer individuals, and even physical assault and hate crimes committed against queer individuals. According to Ratts and Pedersen (2014), 20.8% of all hate crimes reported in the United States are a result of bias towards the queer community.

Implications for counselors and counselor education. Historically, the counseling field has also participated in heterosexism and the oppression of sexual minorities. The initial DSM (APA, 1952) labeled homosexuality as a mental illness and as sexual deviation, therefore, aversion treatments were commonly used with queer individuals to try to re-orient those individuals to heterosexuality. These types of aversion and conversion therapies have now been deemed unethical by the ACA (Whitman, Glosoff, Kocet, & Tarvydas, 2013), however, the counseling field has further work to be done to repair its role in the history of stigmatization within the queer community. Hsieh (2014) reported that individuals holding a sexual minority group status experience a higher risk of mental distress with conditions such as, depression, substance abuse, and suicide. This distress is often brought about by the higher levels of stress experienced by sexual minority group members due to discriminatory practices, internalized heterosexism, concealment of their sexual orientation, and experiences of rejection (Hsieh, 2014). To address these mental health disparities, the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling created a taskforce to develop the Competencies for Counseling LGBQIQA (Harper et al., 2013). These competencies were adopted by ACA as the standards for training, practice, research, and advocacy for the counseling profession's work with the LGBQIQA community.

Religion. Ratts and Pedersen (2014) defined religion as the "collection of beliefs and practices of a religious institution" (p. 41). They argued that religion is often used by individuals to express their spirituality and to develop their morals, values, and ethics. In the United States, the five highest populated religious groups include Christianity (173,402,000), Judaism (2,680,000), Islam (1,349,000), Buddhism (1,189,000), and Unitarian/Universalist (586,000; U.S. Census Bureau, 2012). Schlosser (2003) identified Christianity as the most powerful

religious group with the United States due to its numerical dominance and long history of influential political position. Because of this strong influence on American history and culture, Christianity is often implicated in the systems of oppression that have created the racism, classism, sexism, heterosexism, and ableism that exists in American society today (Ferber, 2012). Christonormativity has normalized Christianity and has conferred privilege on its members. This Christian privilege is evident in American laws, policies, schools, and workplaces in the form of calendars, curriculum, dress codes, food, etc. The privileging of Christian values in American society often leaves religious minority groups in positions of marginalization with little power (Ferber, 2012; Schlosser, 2003).

Implications for counselors and counselor education. Within the field of counseling, religion and spirituality are often viewed as protective factors for individuals seeking counseling. They often provide the comfort and strength that individuals need to pursue positive counseling outcomes. Ratts and Pedersen (2014) argued that most religions have some version of what they call, *the Golden Rule*- the idea that others should be treated the way you as an individual would like to be treated. Because of this foundation, religion can be an influential factor in both individual and societal change. At the same time, Ratts and Pedersen (2014) also recognized that religion can feed oppression when used to negatively impact individuals and society. Because of the power that religion holds, it is important that counselors do not view religion as an invisible identity within themselves or their clients.

Stewart-Sicking, Deal, and Fox (2017) found that although recent counseling graduates rated religious and spiritual resources as an important component to integrate into counseling, these graduates also reported they did not use them in their counseling practice. In another study, Henriksen, Polonyi, Bornsheuer-Boswell, Greger, and Watts (2015) found that more than 50% of

their participants reported that their counselor education program did not adequately address spirituality and religion in their training curriculum. Religious identity needs to be addressed in counselor training programs so that CITs are equipped to help clients with any religious issues brought into counseling.

Ability. Smith et al. (2008) identified the position of ability as one that is largely missing from counseling literature, but one that should be included in multicultural considerations within the field of counseling. They recognized individuals who hold a disability status as a distinct minority community. Woo, Goo, and Lee (2016) reported that in 2012, 12.3% of the U.S. population fell within this community, making it the largest minority group in the United States. Disability status can be based on any physical, cognitive, mental, sensory, emotional, or developmental disabilities that lead to impairment, activity limitation, and/or participation restriction (Ratts & Pederson, 2014). Some disabilities are visible and can be easily recognized by others while some disabilities are invisible and can be difficult to recognize.

Ableism is the discrimination or prejudice individuals experience due to holding a disability status. This prejudice is often characterized by beliefs such as, those with a disability status need to be fixed, an individual's disability defines their identity and is central to their presenting issue, or those with a disability status are incapable of operating as a complete participant in society (Reeve, 2000; Smith et al., 2008; Woo et al., 2016). Reeve (2000) pointed out that, in fact, many of the issues that people with disabilities seek out counseling to resolve are issues that are common across society- marital problems, stress, trauma, etc.

Implications for counselors and counselor education. Disablist beliefs are dangerous if found within the counseling relationship. Smith et al. (2008) found research indicating that counselors with an inadequate understanding of ability in clients can lead to clients not reaching

full developmental potential, a client's slower progress being interpreted by the counselor as resistance, and the overlooking of systemic barriers and advocacy needs by counselors. One of the largest barriers people with disabilities must overcome to seek out counseling services is inaccessibility- inaccessible facilities, inaccessible information formats, etc. Because of this, people with disabilities have fewer choices when seeking out counseling services (Reeve, 2000). Woo et al. (2016) found that counselors who engage in counseling with individuals with disabilities without proper training can risk higher rates of attrition, resistance to counseling interventions, and unsuccessful counseling outcomes. They argued that more attention should be given to this population in counselor training programs. In their content analysis of the research on disability in ACA journals, Woo et al. (2016) found that only 1.1% of the articles published in these journals from 2003-2013 addressed disability issues. As multicultural and diversity issues continue to be at the foreground of counseling education and research, it is important that disability status be included in the discussion.

In this section, I defined the major concepts and constructs that have contributed to the operational definition of intersectional privilege as used in this project. First, I defined the concepts of position, privilege, and oppression. Second, I defined the components of intersectional identity. These components were race, class, gender, sexual orientation, religion, and ability. I also discussed the current state of counseling literature as it related to each of the constructs identified in this section.

Section Summary

The propositions and implications depicted in the reviewed literature clearly indicate that issues of privilege and oppression impact the activities inherent within the counseling profession. If left unattended, privilege and oppression can manifest in counseling practices and can have a

detrimental effect on the therapeutic alliance between the counselor and client and on treatment outcomes. Because of this, it is important for counselors to gain awareness of privilege and to assess their own intersectional positionalities and group memberships within society. It is the responsibility of counselor education programs to incorporate curriculum that prepares future counselors to identify privilege and prepares future counselors with tools to be advocates for equality.

I submit that the availability of the Intersectional Privilege Screening Inventory (IPSI) can have significant implications for accountability, measurement, and monitoring related to the influence of intersectional privilege in the lives of CITs. With such a measure, counselor preparation program faculty and administrators can stimulate awareness of the privilege and oppression constructs within student populations using an instrument whose scores are valid and reliable in quantifying these constructs within their students over time.

CHAPTER III: METHOD

The purpose of this study is to develop and evaluate the validity evidence of a psychometric inventory of intersectional privilege. I will accomplish this through procedures that will establish validity evidence for (a) test content, (b) internal structure, and (c) relationships with related variables. The availability of the Intersectional Privilege Screening Inventory (IPSI) will provide counselor educators with an educational resource to engage CITs in activities that meet CACREP's social and cultural diversity standards for counselor preparation.

Identification of Method and Rationale

I will use a number of strategies to develop and evaluate the IPSI. Lenz and Wester (2017) highlighted the importance of the evaluation of assessments prior to use within the counseling profession as a safeguard for stakeholders. They argued it is important to know the extent an assessment measures the construct it is identified to measure and the degree that scores on that assessment can be used to interpret the construct for the population in which it is being used. Through implementing protocols for expert review, cognitive interviewing, exploratory and confirmatory analyses, estimates of internal consistency, and bivariate correlations estimations of the IPSI's psychometric properties will emerge.

Through this series of analyses, I will determine the validity evidence of the IPSI for assessment content, internal structure, and relations to other variables. Taken together, this analysis will meet the disciplinary standards of rigor for instrument development (Lenz & Wester, 2017; Lewis, 2017; Swank & Mullen, 2017; Watson, 2017).

Research Questions

This study will seek to address the following research questions:

1. What inventory items are representative of the intersectional privilege construct amongst counseling students?

2. What is the factor structure of the Intersectional Privilege Screening Inventory?

3. What is the internal consistency reliability of Intersectional Privilege Screening Inventory scores?

4. To what degree is there a positive relationship between scores on the Intersectional Privilege Screening Inventory and other measures of conceptually related constructs?

Sampling and Participant Characteristics

I will solicit an independent sample of participants to complete surveys related to this project. I will use snowball sampling to solicit participants at regionally representative universities across the United States which house counselor preparation programs and are CACREP accredited. I will contact faculty members at these identified universities via email with a request to distribute surveys to their students for completion. I will travel to universities within Texas to distribute surveys face to face and will ask faculty members at universities outside of Texas to distribute the surveys electronically. Participants will be counselors in training (CITs) representing various racial, gender, socioeconomic, sexual, religious, and ability identities.

Procedure

Initial Item Pool Development

First, I will conduct a comprehensive review of the literature on the topic of privilege and oppression to identify possible factors related to the identified construct. I will use the framework of intersectionality (Crenshaw, 1991; Collins, 2015) to conceptualize the construct of intersectional privilege and oppression. Collins (2015) defined intersectionality as "the critical

insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape social inequalities" (p. 2). For the development of the IPSI, I will use the following intersectional identity categories to establish the item pool of the instrument: a) race, b) class, c) gender, d) sexual orientation, e) religion, and f) ability. I will also use the conditions that McIntosh (1986) identified as part of the *invisible knapsack of privilege* to create items related to the experiences of privilege for the initial item pool of the IPSI. These conditions include: a) feeling at home in the world; b) ability to escape penalties or dangers; c) ability to escape fear, anxiety, insult, injury, the sense of not being welcome or real; d) not having to hide, be in disguise, feel sick or crazy, or negotiate circumstances as an outsider; and e) not having to get angry.

Using this framework, I will develop an item pool with items that are theoretically attributed to the experience of intersectional privilege and oppression. I will use the conventions for writing quality assessment items outlined by Devellis (2017). After the initial item pool is created, these items will be randomized and dispersed throughout the inventory. Items will be scored using a four-point Likert style response set ranging from 1 (strongly disagree) to 4 (strongly agree). Participants will be instructed to identify their level of agreement with each item based on their experiences with the item throughout their lifetime.

Next, I will submit my initial item pool for review to content experts known for their scholarship and leadership on the topic of multiculturalism and social justice within the field of counseling (DeVellis, 2017; Lambie, Blount, & Mullen, 2017). I will ask these experts to provide feedback on the initial items and to recommend new items that can be considered for the item pool. Based on their recommendations, I will make edits and deletions to the item pool before returning it to the content experts for a secondary review.

During the secondary review, I will ask the content experts to rate the inventory items as *essential*; *useful, but not essential*; or *not necessary*. I will then use Lawshe's content validity ratio (CVR; Ayre & Scally, 2014) to narrow down the item pool. Lawshe (1975) suggested that items reaching a 50% agreement level of essentiality should be included in the item pool, while those not reaching this level of agreement should be discarded. I will follow these parameters to create a new iteration of the IPSI item pool that will be submitted for cognitive interviews with a small group of participants.

The last layer of item pool revision will include cognitive interviewing. Peterson et al. (2017) suggested that cognitive interviewing be used in the process of scale development to provide validity evidence for the content and response processes. For this step of item revision, I will solicit five CITs to participate in the review process. This sample size is based on the parameters identified by Peterson et al. in which a sample size of $n = 5$ to 15 is necessary to establish validity evidence. Once I identify the sample, I will develop an interview protocol that will include both *think-aloud* and *verbal probe* procedures. The think aloud procedure will ask participants to describe their thoughts as they answer each inventory item. The verbal probe procedure will ask the participants spontaneous or scripted questions after answering the inventory items. I will record participant responses during the cognitive interviewing process so they can be transcribed and coded at the completion of the interview protocol. From these transcriptions, I will identify key phrases from the interviews that will be used to identify domains. Domains that are inconsistent with the intent of the inventory, will be subjected to final revision.

Data Collection

Participants will read a consent form explaining information regarding confidentiality, the benefits of participation, and possible risks to participants. After obtaining participant consent, they will be asked to report demographic information and complete three surveys. These surveys will include: (a) the Intersectional Privilege Screening Inventory (IPSI), (b) the Social Privilege Measure (SPM), and (c) the Privilege and Oppression Inventory (POI). As survey packets are collected, the data will be collated within an electronic database and prepared for analysis.

Measurement of Constructs

Demographic Questionnaire

I developed the demographic questionnaire for this project out of the same intersectional framework used for item development. Because demographic characteristics are a construct, I wanted this information to be collected in a manner consistent with the framework of this project. To accomplish this, I have created items on the demographic questionnaire for participants to indicate their age, gender, ethnic/racial group, country of origin, sexual orientation, religion, ability status, and income status. Although these categories go beyond the standard requirements for demographic reporting, I believe it is important to include the demographic information connected to each of the components of intersectionality identified in this project to capture the complexity of the sample.

Intersectional Privilege

The Intersectional Privilege Screening Inventory will be developed to quantify the extent to which individuals hold intersectional privilege. Initial items will be created based on the theories of intersectional framework and McIntosh's (1986) privilege construct. These initial items will be assessed through expert review and cognitive interviewing procedures to create a

final item pool. This final item pool will be presented in the survey protocol. The responses gathered from the project sample will be analyzed to develop validity evidence for the IPSI.

Racial Privilege

The Social Privilege Measure (SPM; Black, Stone, Hutchinson & Suarez, 2007) was developed to assess the nature and extent of racial privilege held by individuals. The SPM was normed using an ethnically diverse sample of 400 undergraduate and graduate students enrolled in counseling or psychology classes. The SPM is a 25-item instrument using a 5-point Likert-scale to assess participant responses from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Scores can range from 25 to 125 with higher scores indicating higher levels of racial privilege. The 25-item scale includes items such as "I can be sure if I need legal or medical services, my race will not work against me", "In almost any drugstore I can expect to find 'flesh' colored band-aids to match my skin", and "I can go shopping in any store without being harassed by store detectives." Black et al. (2007) reported a high alpha coefficient of .92 for scores on the SPM indicating good internal consistency.

Awareness of Privilege and Oppression

The Privilege and Oppression Inventory (POI; Hays, Chang & Decker, 2007) was developed to assess counselors' awareness of privilege and oppression in the dimensions of race, sexual orientation, religion, and gender. The POI was normed using a sample of 428 trainees in counseling-related programs representing diverse gender, age, ethnic, sexual orientation, and religious categories. The POI is a 39-item instrument using a 6-point Likert-scale to assess participant responses from 1 (*Strongly Disagree*) to 6 (*Strongly Agree*). The instrument is broken up into four subscales. Scores for each subscale can range from 13 to 88 for the White Privilege Awareness subscale, 10 to 60 for the Heterosexism Awareness subscale, 8 to 48 for the Christian

Privilege Awareness subscale, and 8 to 48 for the Sexism Awareness subscale. Higher scores on each subscale indicate higher levels of awareness of privilege and oppression for that subscale. The White Privilege Awareness subscale includes items such as "Being White and having an advantage go hand in hand" and "Government policies favor Whites." The Heterosexism Awareness subscale includes items such as "Gay, lesbian, and bisexual individuals lack power in the legal system" and "Many gay, lesbian, and bisexual individuals fear for their safety." The Christian Privilege Awareness subscale includes items such as "Christians hold a lot of power because this country is based on their views" and "Christians have the opportunity of being around other Christians most of the time." The Sexism Awareness subscale includes items such as "I am aware that men typically make more money than women do" and "Women experience discrimination." Hays et al. (2007) reported high alpha coefficients for scores on the POI sub-scales ranging from .79-.92 indicating good internal consistency. The reliability of the total scale for the initial sample was .95.

Data Analyses

Statistical Power Analysis

When determining appropriate sample size, I will follow the convention of finding 10 participants for every one item on the IPSI: $N = n_i (10)$ (Stevens, 2009). A statistical power analysis will be conducted at the completion of the item development for the IPSI to determine the appropriate sample size needed for exploratory and confirmatory factor analyses, as well as, statistical procedures depicting relationships with related constructs.

Preliminary Analysis

I will first examine the dataset for missing values before running any statistical analyses. This will be accomplished through running a missing data analysis in SPSS. Any missing data

will be imputed using the series mean function in SPSS. Next, I will assess item-level distributions for each of the original IPSI items by examining skewness and kurtosis values. Items with skewness values between -2 and +2 will be kept under the conventions outlined by Field (2013). Last, I will examine inter-correlations between the remaining items to establish if the correlations between any items are so closely correlated that they should be removed from further analyses to reduce redundancy. This will be based on the parameters reported by Watson (2017) with correlation coefficients below .20 and above .80 as items to be considered for elimination.

Exploratory Factor Analysis.

I will conduct an exploratory factor analysis (EFA) to determine the factor structure of the IPSI using the principle axis factoring extraction method on the IPSI survey data collected from my sample. First, I will select my factor extraction method. I will choose either the maximum likelihood factor extraction or the principle axis factoring approach because these are deemed by Watson (2017) as the extraction methods most commonly used in EFA. I will pick between these two approaches based on whether or not multivariate normality could be a potential issue in the analysis of my data.

Next, I will decide which factors should be retained for further analysis based on the retention criteria recognized by Watson (2017). These criteria include: (a) factors with eigenvalues higher than 1.0, (b) consideration of the scree plot, (c) factors accounting for 75% to 90% of the variance, and (d) interpretation of parallel analysis. To create the simplest potential factor structure, and improve model interpretation, I will use a promax rotation. I am selecting this rotation method because of my expectation that correlations will exist among factors and oblique rotations provide a valuable starting point when conducting EFAs (Dimitrov, 2012).

Last, I will allocate items to the emerging factors based on their factor loadings. Only variables with loadings of .32 or greater will be considered significant and used to interpret the factors (Tabachnick & Fidell, 2013). Variables that fall below .32 will be removed from the factor. If an item cross-loads on two or more factors, I will assign the item to the factor with the highest loading given that its factor loading is at least .10 greater than the next highest factor loading. If the difference of .10 is not present, that item will be removed from the factors. If a factor loads with fewer than three variables, that factor will be eliminated from further analysis. At this point in the analysis, I will name the factors to establish the internal structure of the instrument (Watson, 2017).

Confirmatory Factor Analysis

To understand the construct validity of the IPSI, I will conduct a confirmatory factor analysis using the initial factor structure established through the EFA process. To do this, I will use the SPSS Analysis of Moment Structures Software, Version 22 to analyze model fit. I will interpret the CMIN/DF, p-values, root mean residual (RMR), goodness of fit index (GFI), comparative fit index (CFI), Tucker-Lewis index (TLI), and root mean square error of approximation (RMSEA) metrics of model fit. I will use the standards outlined by Dimitrov (2012) to interpret whether a strong model fit exists. These standards are defined as CMIN/DF < 2, $p > .05$, RMR < .08, GFI > .90, CFI > .90, TLI > .90, and RMSEA < .10. If any of the model fit outputs do not meet these standards, I will examine modification indices for the presence of covaried error. I will then re-run the model to re-inspect fit indices. If the model persists in having inadequate fit, I will analyze individual item correlations and will consider removing items from the model. Items will be removed that have correlation coefficients less than .70.

Estimating Internal Consistency of Inventory Items

Once the final model has been established, I will analyze the reliability of the IPSI scores through calculating alpha coefficients that will measure internal consistency. I will use internal consistency to calculate the reliability estimate because only one administration of the inventory is required for this type of analysis. Additionally, I will calculate alpha coefficients because it is indicated for instruments using Likert scales (Bardhoshi & Erford, 2017). Alpha coefficients will be used to determine the interrelatedness of the inventory items. Balkin and Kleist (2017) suggested that alpha coefficients of .70 indicate adequate consistency of scores, .80 indicate good consistency, and .90 or higher indicate very good consistency.

Bivariate Correlations

I will calculate bivariate correlations between scores on the IPSI, SPM, and POI instruments to establish the degree of statistical relationships with other related constructs. Swank and Mullen (2017) recommended that Pearson's correlation coefficients be interpreted as small (.10), medium (.30) medium, or large (.50). These will be evaluated at the .05 level of statistical significance.

<div align="center">Representation of Data</div>

To represent my data, I will include three tables in the results section of this study. The first table will report the descriptive statistics and item-total correlations for the initial IPSI item pool. The second table will demonstrate the internal factor structure established through the exploratory factor analysis. This table will report the factors established in this step of the analysis, as well as, the individual item loadings for each factor. The third table will report the descriptive statistics, alpha coefficients, and bivariate correlations for scores on the IPSI, SPM, and POI.

CHAPTER IV: PROJECT REPORT

I have included in this project report the following sections: (a) changes to the project, (b) identification of target journal, (c) committee commentary and student feedback, and (d) the prepared project report. This section represents the culmination of this project to develop and evaluate the Intersectional Privilege Screening Inventory.

Changes to the Project

This section outlines any changes that were made to this project from the original project proposal. I will discuss changes to the project in the following areas: (a) participants and sampling, (b) procedures, and (c) analysis.

Participants and Sampling

My method of recruitment for the sample in this project was consistent with the proposed method. I used snowball sampling to solicit participants at regionally representative universities across the United States which housed counselor preparation programs and I conducted both face to face and online distribution of my survey protocol. The Texas A&M University- Corpus Christi (TAMUCC) Institutional Review Board (IRB) required that I obtain approval from each university to rely on the TAMUCC IRB approval prior to soliciting faculty from those universities to distribute the survey protocol to their students. Therefore, I contacted the IRB offices of 39 universities and received 26 total IRB approvals. Participants were recruited from 20 counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP); four universities were solicited for face to face distribution of the study (234 total participants) while participants at 16 universities were solicited to participate online (105 total participants). Participants were counselors in

training representing various racial, gender, socioeconomic, sexual, religious, and ability identities.

Procedures

There were two major changes to the procedures of my project. Initially, I proposed that I would conduct both an exploratory factor analysis and a confirmatory factor analysis. Upon item development, I decided to closely follow the identified theories of intersectionality and privilege as I wrote the individual IPSI items. Consequently, the items were developed with pre-determined factors making an exploratory factor analysis unnecessary and warranting a focus on the confirmatory factor analysis instead. I also diverged from my initial proposal in my method to estimate the internal consistency of the inventory items. Originally, I had proposed to calculate alpha coefficients to measure internal consistency. After further research, I decided to use omega coefficients instead based on the following propositions by Dunn, Baguley, and Brunsden (2014): (a) omega makes fewer and more realistic assumptions than alpha, (b) omega is less likely to have issues with inflation and attenuation, (c) using *omega if item deleted* is more likely to reflect the true population estimates of reliability through the removal of a certain scale item, and (d) omega can provide a more accurate degree of confidence because of the ability to calculate a confidence interval. In addition, I chose to report Omega because only one administration of the inventory was required for this type of analysis (DeVellis, 2017; Peters, 2014).

Analysis

There were only minor changes to my analysis and reporting of the project. Initially, I planned to report the CMIN/DF, *p*-values, root mean residual (RMR), goodness of fit index (GFI), comparative fit index (CFI), Tucker-Lewis index (TLI), and root mean square error of

approximation (RMSEA) metrics of model fit for the confirmatory factor analysis results. Upon the project analysis, I decided to report only the chi-square (χ^2), root mean residual (RMR), goodness of fit index (GFI), comparative fit index (CFI), and root mean square error of approximation (RMSEA) metrics of model fit because these indices provide the most direct assessment for how the model fits with the sample data, correct for model complexity and sample size, and compare the predicted model with the baseline model (Dimitrov, 2012).

Identification of Target Journal

I plan to submit my project manuscript to the Counselor Education and Supervision (CES) journal. CES is published by the Association for Counselor Education and Supervision and has a target audience of individuals who are involved in the field of counselor education and clinical supervision. The purpose of the journal is to provide its audience with research, theory development, and program application related to the preparation and supervision of counselors. CES has six different sections within its journal- counselor preparation, supervision, professional development, current issues, innovative methods, and pedagogy. This project most closely aligns with the counselor preparation section due to the section's focus on research that addresses counselor education curriculum and the preparation, supervision, and development of counselor education students. I believe that the IPSI can be used within counselor preparation programs and clinical supervision to measure student development and that it can have significant implications for enhancing student accountability and monitoring within the counselor training process. Therefore, I believe that the CES journal is a logical fit for this manuscript based on its readership and purpose.

Committee Commentary and Student Feedback

The following table outlines the comments provided by the committee after reviewing the initial project report and details my responses to the feedback. You will find the committee commentary in the left column and a description of how those comments were addressed in the right column.

Committee Commentary	Student Feedback
Under project report, first paragraph, clarify what CACREP is	Added "Council for Accreditation of Counseling and Related Educational Programs"
May want to clarify that administration takes between 15-20 minutes	Added the length of the assessment under the "Discussion" section.
Statement of a comparative equivalence for alpha and omega	Calculated omega for the SPM and POI. Included both alpha and omega coefficients in the description of the measures.
Insert a column for n_i that indicates the number of items for initial model and final models.	Added the column and data to Table 1.
Indicated sample was not representative, but maybe clarify that it was regionally based rather than profession-based	Added more description related to how my sample represented the regional demographics rather than the national demographics of counseling students.
Correct manuscript to note that you had 5 reviewers, not 4	Corrected the number of reviewers to five.
Make clear the value of scores and the potential for their use in student development • Embedded within conversations, longitudinally	Made clarifying statements about the use of the instrument through the "Implications for Counselor Education and Clinical Supervision" section.
Clarify cut thresholds for elimination (standardized weights, .70); modification indices (double digits).	Added cut thresholds for elimination and modification indices in "Estimating evidence of internal structure" section.
Add some transparency to the reporting of Chi Square.	Added sentence on Chi Square interpretation to the "Estimating evidence of internal structure" section.

Prepared Project Report

The Development and Evaluation of the Intersectional Privilege Screening Inventory for Use

with Counselors-in-Training

Abstract

As counselor preparation programs are compelled to demonstrate student social and cultural competence, valid inventories are needed to measure development consistent with contemporary standards. The Intersectional Privilege Screening Inventory was developed for this purpose, assessed using four types of validity evidence, and the results support its use in student development.

Keywords: instrument development, multicultural and social justice competency, student development, intersectional privilege, CACREP standards

The Development and Evaluation of the Intersectional Privilege Screening Inventory for Use

with Counselors-in-Training

Power dynamics are an innate part of the counseling process as counselors enter therapeutic relationships in a position of power while simultaneously inviting the client to a position of vulnerability. These dynamics are heightened when there are differing positions of privilege and marginalization in the counselor-client relationship. The counselor's ability to provide an effective therapeutic alliance can be hindered if the counselor holds inaccurate assumptions about the intersectional positions existing in the therapeutic relationship. These inaccurate assumptions can lead to a weaker therapeutic alliance, lower client satisfaction ratings, misdiagnosis, unwillingness by the client to self-disclose, and even premature client termination (Rothman, Malott, & Paone, 2012; Zhang & Burkard, 2008). Counselors risk being complicit in systems of oppression such as racism, classism, and sexism in a client's life when providing services under these conditions. Alternately, when counselors recognize the constellation of intersectional positions held by themselves and their clients (e.g. race, class, gender, sexual orientation, religion, ability) and create places for those intersectionalities within the counseling relationship and treatment plan, they are more prepared to provide effective and culturally responsive counseling services. Because privilege is often an invisible construct for those who hold privileged positions, counseling practitioners must develop awareness of the construct to guide best practices in counselor education, supervision, and clinical practice. Therefore, it is prudent that counselor educators effectively address this construct within their curriculum, prepare counselors in training (CITs) to address issues of privilege and oppression within themselves and their clients, and assess CIT development that is consistent with the

Council for Accreditation of Counseling and Related Educational Programs' (CACREP; 2015) standards for social and cultural competence.

Intersectional Privilege

Everyone possesses a constellation of intersectional positions that has important implications for how they experience and interact within society (Harley, Jolivette, McCormick, & Tice, 2002; Ratts, Singh, Nassar-Mcmillan, Butler & McCullough, 2016; Smith, Foley & Chaney, 2008). Collins (2015) defined intersectionality as "the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape social inequalities" (p. 2). Therefore, an individual's intersectional positions determine the social value assigned to them based on those positions' rank and value within societal hierarchies. Although American rhetoric speaks of freedom and justice for all people, many of the systems that are built into the institutions of the United States reinforce a race, class, and gender biased society (Ratts et al., 2016; Smith et al., 2008). Rothman et al. (2012) suggested that the American social hierarchy identifies white, financially secure, heterosexual, Judeo-Christian, able-bodied males as the societal norm. This hierarchical system has both historical roots and modern institutions that reinforce the existence of a dominant group and subordinate groups and confers privilege and power upon individuals at birth based on the positions they hold (Smith et al., 2008). The mental health field is not exempt from this system. The constructs of privilege and marginalization impact the lived experiences of counselors and their clients and therefore, cannot be divorced from the training activities within counselor education and supervision.

McIntosh (1986) identified privilege as *an invisible knapsack* full of unearned assets used daily by those who are privileged. She suggested that these assets function in ways analogous to

special provisions, assurances, tools, maps, guides, codebooks, passports, visas, clothes, compasses, emergency gear, and *blank checks* allowing the privileged to maintain power and advantage in society while reinforcing a system that denies power, access, and visibility for those who do not hold privileged positions (Black & Stone, 2005; McIntosh, 1986). McIntosh (2012) later identified a shift in the direction of the continued development of the construct of privilege from an analysis of singular forms of privilege to intersectional understandings of privilege. She proposed an invisible horizontal line of social justice in which those individuals below the line are suppressed while those above the line are awarded power. McIntosh argued that every individual has experiences both above and below this line of social justice depending on the matrix of that individual's identities and that an intersectional framework is necessary in understanding privilege and oppression because no one is only privileged or only oppressed. McIntosh argued that the true experience of an individual can be understood only in the intersection of their positions and identities and that this conceptualization of privilege is the key to producing activists who fight for change. Therefore, it is imperative that CITs develop the skills to understand this level of complexity in the lived experiences of their clients so that they can more effectively advocate for change both in the lives of their clients and in the larger socioecological system in which their clients live.

The adoption of the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016) by the American Counseling Association (ACA) marked a shift in the fields of counseling and counselor education in which the expectations for effective counseling practice shifted from focusing solely on change through direct client interventions to including advocacy interventions that initiate change on community and systemic levels. The mental health field has often been complicit in the systems of oppression through labeling those who do not fit the norm

as deviant resulting in the disproportionate mis-diagnosis, over-diagnosis, and institutionalization of marginalized groups (Harley et al., 2002; Ratts & Pedersen, 2014; Rothman et al., 2012; Zhang & Burkard, 2008). The MSJCC provide new accountability for the counseling field by holding counselor preparation programs to new standards related to developing the CIT's identity as advocate alongside their identity as helper to better ensure they engage in clinical work that is culturally responsive and that promotes growth, healing, and empowerment for all clients. Because the issues of privilege and oppression can have an important impact on counseling outcomes, it is imperative that counselor education programs systematically monitor and address these factors throughout the curricular progression to promote student development and culturally-sensitive counseling services when emerging into an autonomous practitioner.

Rationale and Purpose of the Study

Researchers (Black & Stone, 2005; Ratts et al., 2016) have found that counselor multicultural and social justice competency begins with a process of self-reflection and identification of positions and biases. Black and Stone argued that since most individuals who hold privilege are unaware of its presence, it is important that CITs engage in self-exploration processes to identify positions of privilege and the impact those positions could have on their client population. Black and Stone contended that it is the responsibility of counselor preparation programs to facilitate this process of multicultural and social justice awareness and competency.

Counselor educators presently have few psychometrically-based resources to quantify the presence of this construct within their students. On one hand, this problem is associated with the fact that the phenomenon of privilege remains conceptually unclear (Black, Stone, Hutchinson & Suarez, 2007). On the other hand, counselor preparation programs remain compelled by CACREP (2015) to demonstrate increased student capacity for identifying the influence of

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power and privilege, including recognizing and removing barriers, prejudices, oppression, and discrimination among counselors and clients. Thus, I believe that a valid inventory measuring degrees of intersectional privilege can be used within counselor preparation programs and clinical supervision to measure CIT development that is consistent with CACREP's standards for social and cultural competence and that it can have significant implications for enhancing student accountability and monitoring within the counselor training process. Therefore, the purpose of this study was to develop the Intersectional Privilege Screening Inventory (IPSI) based on current theories and to evaluate its validity evidence. I implemented protocols for item development, expert review, cognitive interviewing, psychometric analyses of validity evidence, and estimations of internal consistency for the IPSI.

Method

Participant Characteristics

Three hundred and thirty-nine CITs (M age = 31.28; SD = 9.40) enrolled in CACREP-accredited counseling programs from regionally representative universities across the United States participated in this study. Participants represented various racial (179 Hispanic/Latinx [52.8%], 89 Caucasian [26.25%], 24 African American [7.07%], 24 Asian American [7.07%], 22 Other [6.48%], 1 not reported [0.29%]), gender (278 cisgender women [82%], 54 cisgender men [15.92%], 4 gender non-conforming [1.17%], 1 transgender woman [0.29%], 1 transgender man [0.29%], 1 not reported [0.29%]), socioeconomic (176 annual income below $50,000 [51.91%], 99 annual income between $50,000 and $100,000 [29.20%], 59 annual income above $100,000 [17.4%], 5 not reported [1.47%]), sexual orientation (275 heterosexual [81.12%], 23 bisexual [6.78%], 8 gay [2.35%], 8 lesbian [2.35%], 7 other [2.06%], 4 queer [1.17%], 4 asexual [1.17%], 10 not reported [2.94%]), religious (211 Christian [62.24%], 83 non-religious [24.48%], 26 other

[7.66%], 9 Buddhist [2.65%], 4 Jewish [1.17%], 4 Muslim [1.17%], 2 Hindu [0.58%]), and ability (289 not living with a disability [85.26%], 50 living with a disability [14.74%]) identities.

Measurement of Constructs

The Social Privilege Measure. The Social Privilege Measure (SPM; Black et al., 2007) was developed to assess the nature and extent of racial privilege held by individuals. The SPM was normed using an ethnically diverse sample of 400 undergraduate and graduate students enrolled in counseling or psychology classes. The SPM is a 25-item instrument using a 5-point Likert-type scale to assess participant responses from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Scores can range from 25 to 125 with higher scores indicating higher levels of racial privilege. The 25-item scale includes items such as "In almost any drugstore I can expect to find 'flesh' colored band-aids to match my skin" and "I can go shopping in any store without being harassed by store detectives." Black et al. (2007) reported an excellent alpha coefficient of .92 for scores on the SPM similar to this sample ($\alpha = .95$; $\omega = .95$).

The Privilege and Oppression Inventory. The Privilege and Oppression Inventory (POI; Hays, Chang & Decker, 2007) was developed to assess counselors' awareness of privilege and oppression in the dimensions of race, sexual orientation, religion, and gender. The POI was normed using a sample of 428 trainees in counseling-related programs representing diverse gender, age, ethnic, sexual orientation, and religious categories. The POI uses a Likert-type scale assessing participant responses from 1 (*Strongly Disagree*) to 6 (*Strongly Agree*). The instrument is broken up into four subscales. Scores for each subscale can range from 13 to 88 for the White Privilege Awareness subscale, 10 to 60 for the Heterosexism Awareness subscale, 8 to 48 for the Christian Privilege Awareness subscale, and 8 to 48 for the Sexism Awareness subscale. Higher scores on each subscale indicate higher levels of awareness of privilege and oppression for that

subscale. The POI includes items such as "Being White and having an advantage go hand in hand," "Many gay, lesbian, and bisexual individuals fear for their safety," and "I am aware that men typically make more money than women do." Hays et al. reported good to excellent alpha coefficients for scores on the POI sub-scales ranging from .79-.92 indicating good internal consistency which was similar to internal consistency estimates for this sample ($\alpha = .74-.85$; $\omega = .86-.93$).

Procedure

Establishing content-oriented evidence. I developed the initial IPSI item pool with items theoretically representative of intersectional privilege and oppression experiences based on a review of intersectionality literature (Crenshaw, 1991; Collins, 2015) with McIntosh's (1986) conditions of privilege used as the *a priori* theoretical framework for IPSI items. First, I used intersectionality framework to conceptualize the *Identity Privilege Subscales* which included: (a) race, (b) class, (c) gender, (d) sexual orientation, (e) religion, and (f) ability. Second, I used McIntosh's postulated conditions which contribute to part of the invisible knapsack of privilege to create items for the *Socially-Referenced Privilege Subscales* which included: (a) representation; (b) access to resources; (c) safety and security; and (d) sense of belonging. The initial item pool was 91 individual items scored using a four-point Likert-type with responses ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*) based on level of agreement with each item.

Next, I identified 5 content experts known for their scholarship and leadership on the topics of multiculturalism and social justice within the field of counseling to review the IPSI items (DeVellis, 2017; Lambie, Blount, & Mullen, 2017). These experts participated in a two-part review of the IPSI item pool. In the initial review, experts were asked to provide feedback

on each of the original ISPI items. I made edits and deletions to the item pool based on this feedback before returning it for a secondary review. During the secondary review, content experts were asked to rate each inventory item as *essential*, *useful, but not essential*, or *not necessary*. The item pool was reduced using Lawshe's content validity ratio (Ayre & Scally, 2014) wherein items reaching a 50% agreement level of essentiality were included in the item pool and those not reaching 50% agreement were discarded. This resulted in a 75-item pool.

Establishing evidence regarding cognitive processes. This 75-item iteration of the IPSI was subjected to cognitive interviewing to develop validity evidence for the content and response processes (Peterson, Peterson, & Powell, 2017). I solicited five CITs who participated in the review process using an interview protocol that included both *think-aloud* and *verbal probe* procedures. The think aloud procedure asked participants to describe their thoughts as they answered each inventory item. The verbal probe procedure asked participants both spontaneous and scripted questions once they completed the inventory items. Participant responses were recorded and key phrases from the interviews were identified to assess the consistency between the participant's perception and developer's intent of the inventory and items. Inconsistencies between participant perception and developer intent that emerged were subjected to final revision.

Data collection. Participants were recruited from 20 CACREP-accredited counseling programs within the United States. Participants at four universities were solicited for face to face distribution of the study while participants at 16 universities were solicited to participate online. Participants were given a consent form explaining information regarding confidentiality, the benefits of participation, and possible risks to participants. Consenting participants reported

demographic information and completed the IPSI, SPM, and POI measures. The data was collated within an electronic database and prepared for analysis.

Data Analyses

Statistical power analysis. Lewis (2017) indicated 250 to 500 participants are necessary for data to stabilize within confirmatory factor analysis procedures. This sample of 339 participants was situated within that acceptable range.

Preliminary analysis. I first examined the dataset for any missing cases of IPSI items and deleted any participants that did not complete the IPSI protocol. Next, I examined the dataset for missing values and found 1,093 missing values out of the total 47,955 values (2.27%). The missing data was imputed using the series mode for each item as this represented the most common response for each item from our sample.

Estimating evidence of internal structure. I conducted a confirmatory factor analysis using the initial factor structure established through the IPSI development process to understand the construct validity of the instrument. I used the SPSS Analysis of Moment Structures Software, Version 25 to analyze the model fit and interpreted the chi-square (χ^2), root mean residual (RMR), goodness of fit index (GFI), comparative fit index (CFI), and root mean square error of approximation (RMSEA) metrics of model fit. Dimitrov (2012) suggested that degree of model fit be interpreted as $\chi^2 > .05$, RMR < .10, GFI > .90, CFI > .90, and RMSEA < .10. If any of the model fit outputs did not meet these standards, I examined modification indices for the presence of covaried error, paired items with markedly large values, and then re-computed the model to re-inspect fit indices. If inadequate fit persisted, I analyzed individual item correlations and removed items from the model that did not meet the cut threshold of .70. When I assessed the final model fit, I placed priority on the fit indexes over the resulting chi-square values. Lewis

(2017) noted that chi-square can be sensitive to sample size and argued that a combination of fit indexes representing multiple index categories should be given more weight in model fit analysis. I followed these guidelines when interpreting the final model fit due to the large sample size per item ratio which posed a challenge for getting a non-significant chi-square result.

Estimating evidence for internal consistency of inventory items. I used omega (ω) to estimate the internal consistency of items based on the following propositions from Dunn, Baguley, and Brunsden (2014): (a) omega makes fewer and more practical assumptions than alpha, (b) omega is less likely to have issues with inflation and attenuation, (c) using *omega if item deleted* is more likely to reflect the true population estimates of reliability through the removal of a certain scale item, and (d) omega can provide a more accurate degree of confidence because of the ability to calculate a confidence interval. In addition, I chose to report Omega because only one administration of the inventory was required for this type of analysis (DeVellis, 2017; Peters, 2014). Omega coefficients were interpreted as adequate (.70), good (.80), or very good (.90). Nunnally and Bernstein (1994) also described these magnitudes as having referenced utility for preliminary depictions of a construct (.70), basic research purposes (.80), and clinical decision making (.90).

Estimating evidence regarding relationships with conceptually related constructs. I calculated bivariate correlations between scores on the IPSI, SPM, and POI instruments to establish the degree of statistical relationships with other related constructs. Swank and Mullen (2017) recommended the interpretation of Pearson's correlation coefficients (r) as small (.10), medium (.30), or large (.50).

Results

Descriptive statistics, goodness of fit indices, final item counts, and omega coefficients

are presented in Table 1. Table 2 depicts bivariate correlations between scores on the IPSI, SPM,

and POI.

Racial identity privilege. The primary analysis of the Racial Identity Privilege subscale

was significant for the hypothesized model, $\chi^2(54) = 470.87$, $p < .01$, and was suggestive of an

unacceptable fit for the data, RMR = .07, GFI = .76, CFI = .74, RMSEA = .15. After deleting 4

items and pairing the error terms for 4 items, a good model fit emerged for scores on the Racial

Identity Privilege subscale, $\chi^2(18) = 45.03$, $p < .01$. This finding was additionally supported by

the fit indices, RMR = .02, GFI = .96, CFI = .96, RMSEA = .06 (See Table 1). Inspection of

omega coefficients for this sample ($\omega = .84$, [CI95 = 0.86, 0.81]) indicated a good degree of

consistency and precision suitable for basic research purposes. Bivariate correlations for scores

on the IPSI Racial Identity Privilege subscale and SPM subscales (Personal Credibility,

Visibility, Penalty, Environmental Predictability, and Protection) resulted in several statistically

significant positive relationships ($r = .72$, $p < .01$, $r = .64$, $p < .01$, $r = .69$, $p < .01$, $r = .50$, $p <$

.01, $r = .55$, $p < .01$, respectively) indicative of large effect sizes. The strong positive

relationships between scores on the IPSI Racial Privilege subscale and the SPM provide support

for convergent validity wherein the scores on the IPSI Racial Identity Privilege subscale

increased as scores on the SPM increased too. By contrast, the correlation analysis of scores on

the IPSI Racial Identity Privilege subscale and the POI White Privilege Awareness subscale

resulted in a statistically significant negative relationship, $r = -0.15$, $p < .01$, indicative of a small

effect size. The negative relationship between scores on the IPSI Racial Privilege subscale and

the POI White Privilege Awareness subscale indicates an inverse relationship between the two

scales so that as scores increase on the IPSI Racial Identity Privilege, they decrease on the POI

White Privilege Awareness subscale. This suggests that the less awareness an individual has regarding White Privilege, the less likely they are to identify racial privilege within themselves.

Class identity privilege. The primary analysis of the Class Identity Privilege subscale was significant for the hypothesized model, $\chi^2(35) = 72.72$, $p < .01$, and was suggestive of an unacceptable fit for the data, RMR = .02, GFI = .95, CFI = .96, RMSEA = .05. After pairing the error terms for 2 items, a good model fit emerged for scores on the Class Identity Privilege subscale, $\chi^2(34) = 40.05$, $p = .21$. This finding was additionally supported by the fit indices, RMR = .01, GFI = .97, CFI = .99, RMSEA = .02. Inspection of omega coefficients for this sample ($\omega = .83$, [CI95 = 0.86, 0.80]) indicated a good degree of consistency and precision suitable for basic research purposes. Bivariate correlation analysis for scores on the IPSI Class Identity Privilege subscale and the SPM Environmental Predictability and Protection subscales resulted in statistically significant positive relationships ($r = .44$, $p < .01$; $r = 0.26$, $p < .01$) indicative of a medium and small effect sizes, respectively. The strong positive relationships with the two SPM subscales provide support for convergent validity wherein the scores on the IPSI Class Identity Privilege subscale increased with scores on the SPM.

Gender identity privilege. The primary analysis of the Gender Identity Privilege subscale was significant for the hypothesized model, $\chi^2(90) = 626.62$, $p < .01$, and was suggestive of an unacceptable fit for the data, RMR = .06, GFI = .76, CFI = .60, RMSEA = .13. After deleting 6 items and pairing the error terms for 6 items, a good model fit emerged for scores on the Gender Identity Privilege subscale, $\chi^2(24) = 50.68$, $p < .01$. This finding was additionally supported by the fit indices, RMR = .03, GFI = .97, TLI = .95, CFI = .97, RMSEA = .06. Inspection of omega coefficients for this sample ($\omega = .81$, [CI95 = 0.84, 0.78]) indicated a good degree of consistency and precision suitable for basic research purposes. Bivariate

correlations for scores on the IPSI Gender Identity Privilege subscale and the POI Sexism Awareness subscale resulted in a statistically significant negative relationship, $r = -0.42$, $p < .01$, indicative of a medium effect size. The negative relationship between scores on the IPSI Gender Identity Privilege subscale and POI Sexism Awareness subscale indicates an inverse relationship between the two scales wherein scores increase on the IPSI Gender Identity Privilege subscale and decrease on the POI Sexism Awareness subscale. This suggests that the less awareness an individual has regarding Sexism, the less likely they are to identify gender privilege within themselves.

Sexual orientation privilege. The primary analysis of the Sexual Orientation Privilege subscale was significant for the hypothesized model, $\chi^2(44) = 261.79$, $p < .01$, and was suggestive of an unacceptable fit for the data, RMR = .03, GFI = .85, CFI = .90, RMSEA = .12. After deleting 3 items and pairing the error terms for 6 items, a good model fit emerged for scores on the Sexual Orientation Privilege subscale, $\chi^2(11) = 70.17$, $p < .01$. This finding was additionally supported by the fit indices, RMR = .03, GFI = .94, CFI = .96, RMSEA = .13. Inspection of omega coefficients for this sample ($\omega = .91$, [CI95 = 0.92, 0.89]) indicated a very good degree of consistency and precision suitable for clinical decision making. The correlation analysis of scores on the IPSI Sexual Orientation Privilege subscale and the POI Heterosexism Awareness subscale was not statistically significant, $r = -0.06$, $p < .01$. indicating that there is not a relationship between these two subscales.

Religious identity privilege. The primary analysis of the Religious Privilege Identity subscale was significant for the hypothesized model, $\chi^2(54) = 325.47$, $p < .01$, and was suggestive of an unacceptable fit for the data, RMR = .05, GFI = .86, CFI = .81, RMSEA = .12. After deleting 6 items, a good model fit emerged for scores on the Religious Identity Privilege

subscale, $\chi^2(9) = 16.73$, $p = .05$. This finding was additionally supported by the fit indices, RMR = .01, GFI = .98, CFI = .99, RMSEA = .05. Inspection of omega coefficients for this sample ($\omega = $ .85, [CI95 = 0.87, 0.82]) indicated a good degree of consistency and precision suitable for basic research purposes. The correlation analysis of scores on the IPSI Religious Privilege subscale and the POI Christian Privilege Awareness subscale was also not statistically significant, $r = -0.05$, $p < .01$ indicating that there is not a relationship between these two subscales.

Ability privilege. The primary analysis of the Ability Privilege subscale was significant for the hypothesized model, $\chi^2(90) = 427.70$, $p < .01$, and was suggestive of an unacceptable fit for the data, RMR = .03, GFI = .83, CFI = .81, RMSEA = .10. After deleting 5 items and pairing the error terms for 8 items, a good model fit emerged for scores on the Ability Privilege subscale, $\chi^2(31) = 118.24$, $p < .01$. This finding was additionally supported by the fit indices, RMR = .02, GFI = .93, CFI = .94, RMSEA = .09. Inspection of omega coefficients for this sample ($\omega = .88$, [CI95 = 0.90, 0.86]) indicated a good degree of consistency and precision suitable for basic research purposes. Convergent validity for this subscale was unable to be evaluated because the SPM and POI did not have related subscales.

Representation. The primary analysis of the Representation subscale was significant for the hypothesized model, $\chi^2(152) = 1263.05$, $p < .01$, and was suggestive of an unacceptable fit for the data, RMR = .09, GFI = .65, CFI = .43, RMSEA = .14. After deleting 8 items and pairing the error terms for 6 items, a good model fit emerged for scores on the Representation subscale, $\chi^2(41) = 108.46$, $p < .01$. This finding was additionally supported by the fit indices, RMR = .04, GFI = .95, CFI = .94, RMSEA = .07. Inspection of omega coefficients for this sample ($\omega = .78$, [CI95 = 0.81, 0.74]) indicated an adequate degree of consistency and precision suitable for preliminary depictions of a construct. Bivariate correlations for scores on the IPSI

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Representation subscale and the SPM Visibility subscale resulted in a statistically significant positive relationship, $r = 0.70$, $p < .01$, indicative of a large effect size. The strong positive relationships between scores on the IPSI Representation subscale and the SPM Visibility subscale provide support for convergent validity wherein the scores on the IPSI Representation subscale increased as scores on the SPM Visibility subscale increased too.

Access to resources. The primary analysis of the Access to Resources subscale was significant for the hypothesized model, $\chi^2(135) = 1102.73$, $p < .01$, and was suggestive of an unacceptable fit for the data, RMR = .06, GFI = .67, CFI = .61, RMSEA = .15. After deleting 7 items and pairing the error terms for 6 items, a good model fit emerged for scores on the Access to Resources subscale, $\chi^2(135) = 1102.73$, $p < .01$. This finding was additionally supported by the fit indices, RMR = .02, GFI = .97, CFI = .98, RMSEA = .05. Inspection of omega coefficients for this sample ($\omega = .85$, [CI95 = 0.87, 0.83]) indicated a good degree of consistency and precision suitable for basic research purposes. Bivariate correlation analysis of scores on the IPSI Access to Resources subscale and the SPM Environmental Predictability subscale resulted in a statistically significant positive relationship, $r = .48$, $p < .01$, indicative of a medium effect size. In addition, correlation analysis of scores on the IPSI Access to Resources subscale and the SPM Protection subscale resulted in a statistically significant positive relationship, $r = 0.26$, $p < .01$, indicative of a small effect size. The strong positive relationships between scores on the IPSI Access to Resource subscale and these two SPM subscales provide support for convergent validity wherein the scores on the IPSI Access to Resources subscale increased as scores on the SPM Environmental Predictability and Protection subscales increased too.

Safety and security. The primary analysis of the Safety and Security subscale was significant for the hypothesized model, $\chi^2(54) = 578.85$, $p < .01$, and was suggestive of an

unacceptable fit for the data, RMR = .11, GFI = .78, CFI = .51, RMSEA = .16. After deleting 5

items and pairing the error terms for 6 items, a good model fit emerged for scores on the Safety

and Security subscale, $\chi^2(11) = 41.95$, $p < .01$. This finding was additionally supported by the fit

indices, RMR = .03, GFI = .97, CFI = .93, RMSEA = .09. Inspection of omega coefficients for

this sample ($\omega = .74$, [CI95 = 0.78, 0.70]) indicated an adequate degree of consistency and

precision suitable for preliminary depictions of a construct. Bivariate correlation analysis of

scores on the IPSI Safety and Security subscale and SPM Penalty and Protection subscales

resulted in statistically significant positive relationships ($r = .49$, $p < .01$, $r = .37$, $p < .01$,

respectively) indicative of medium effect sizes. The strong positive relationships between scores

on the IPSI Safety and Security subscale and these two SPM subscales provide support for

convergent validity wherein the scores on the IPSI Safety and Security subscale increased as

scores on the SPM Penalty and Protection subscales increased too.

      Sense of belonging. The primary analysis of the Sense of Belonging subscale was

significant for the hypothesized model, $\chi^2(299) = 1151.82$, $p < .01$, and was suggestive of an

unacceptable fit for the data, RMR = .07, GFI = .75, CFI = .61, RMSEA = .09. After deleting 17

items and pairing the error terms for 6 items, a good model fit emerged for scores on the Sense of

Belonging subscale, $\chi^2(24) = 55.31$, $p < .05$. This finding was additionally supported by the fit

indices, RMR = .02, GFI = .96, CFI = .97, RMSEA = .06. Inspection of omega coefficients for

this sample ($\omega = .84$, [CI95 = 0.86, 0.81]) indicated a good degree of consistency and precision

suitable for basic research purposes. The correlation analysis of scores on the IPSI Sense of

Belonging subscale and SPM Personal Credibility and Penalty subscales resulted in statistically

significant positive relationships ($r = .16$, $p < .01$, $r = .11$, respectively) indicative of small effect

sizes. Bivariate correlation analysis of scores on the IPSI Sense of Belonging subscale and the

SPM Environmental Predictability subscale resulted in a statistically significant positive relationship, $r = 0.30$, $p < .01$, indicative of a medium effect size. The strong positive relationships between scores on the IPSI Sense of Belonging subscale and these three SPM subscales provide support for convergent validity wherein the scores on the IPSI Sense of Belonging subscale increased as scores on the SPM Personal Credibility, Penalty, and Environmental Predictability subscales increased too.

Discussion

This project was designed to develop an instrument that measures intersectional privilege and to estimate the related evidences for validity and reliability. The resulting instrument is a 60-item assessment that takes participants approximately 15-20 minutes to complete. Findings from this study suggest that the procedure used to develop IPSI items resulted in content that was representative of related constructs, whereas evidence for internal consistency was robust across the subscale scores. Furthermore, the bivariate correlation analysis between scores on the IPSI subscales and the SPM subscales provided evidence for convergent validity with conceptually-related constructs. Participants who tended to report higher scores of privilege on the IPSI also reported higher scores of privilege on the SPM. Conversely, participants who reported higher scores of privilege on the IPSI tended to report lower scores of privilege and oppression awareness on the POI. These results are consistent with the pervading notion that privilege is an invisible construct that is often out of the awareness of individuals who hold privileged statuses. Taken together, these findings suggest that validity and reliability evidence for scores on the IPSI indicate that the measure may represent a defensible resource within counselor preparation programs and clinical supervision to measure CIT development that is consistent with CACREP's (2015) standards for social and cultural competence.

Implications for Counselor Education and Clinical Supervision

Harley et al. (2002) suggested that issues of power, privilege, and oppression have unequivocally impacted and pathologized members of marginalized groups and reinforced inequality within the mental health field. In recognition, both ACA and CACREP established standards related to counselor multicultural competence among counseling students and counselors in effort to protect clients and ensure they receive services in ways that promote growth, healing, and empowerment. Therefore, it is imperative that counselor educators and clinical supervisors provide documentation and evidence that CITs in their care are meeting these standards. I believe the IPSI provides one means for these entities to measure CIT development in relation to CACREP competency standards, monitor development over time, and provide accountability for growth throughout the training process.

Previously, counselor educators and clinical supervisors had minimal psychometrically-based resources to quantify the presence of the construct of intersectional privilege within their CITs. The availability of the IPSI addresses this gap in measurement and provides the means for counselor educators and clinical supervisors to bring this invisible construct into visibility. Both the ACA MSJCC (Ratts et al., 2016) and the CACREP (2015) standards require that CITs develop awareness of their own intersectional identities and positions of privilege so that they can understand the impact that these intersectional positions might have on their clinical work. The IPSI can be used to accomplish this training task when it is incorporated into counselor education courses and supervision assessment. It can be incorporated into courses such as, introduction to counseling, multicultural counseling, professional issues and ethics, and practicum and internship courses to establish a CIT's intersectional privilege profile. This profile of IPSI scores can then be used longitudinally by faculty advisors and clinical supervisors as a

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foundation for a CIT's student or supervisory development plan. When completed at the beginning of a CIT's training experience, the assessment results can help guide the development practices and strategies implemented by the CIT's faculty members and supervisors to ensure the CIT meets competency benchmarks connected to understanding privilege, power, and oppression.

Once counselor educators and clinical supervisors have information about their student/supervisee's intersectional privilege profile, they can then longitudinally monitor the CIT's responses to their positions as they engage in training experiences and clinical work. This monitoring can be imbedded in discussions related to how the CIT's positions may impact their work with individual clients, how they can develop knowledge of their clients' positions, and how they can address any barriers that may arise due to differences in positions between the counselor and client. Discussions such as these, facilitated within the context of counseling courses and supervision sessions, can help ensure that students are equipped to holistically and complexly conceptualize a client's identity and socioecological contexts. The logic supporting the ACA MSJCC and the CACREP Standards suggests that these developments may promote clinical work that is more culturally responsive, through clinical interventions that more wholly account for the client's socioecological systems and that engage the counselor's identity as advocate alongside their identity as helper. The implementation of the IPSI in the training process can aid counselor educators and supervisors in monitoring how CITs address issues related to power, privilege, and oppression within their implementation of clinical interventions. This may provide accountability for the CIT to appropriately address these issues in their work. When addressed aptly, counselor educators and supervisors can document the CIT's responses to these constructs which can provide evidence of student attainment of the competency standards

in these areas. Conversely, when privilege, power, and oppression is not addressed appropriately, counselor educators and supervisors have the opportunity to address shortcomings in development and/or remediation plans providing accountability for their attainment. Overall, the use of the IPSI allows the invisible construct of intersectional privilege to become visible so that it can be appropriately tended to longitudinally throughout a CIT's training experience. Consequently, the IPSI allows counseling programs and clinical supervisors to be better poised to provide robust evidence that their students are meeting MSJCC expectations and CACREP standards for social and cultural diversity.

Limitations of Study and Recommendations for Future Research

Although contemporary standards for instrument development (Lenz & Wester, 2017) were monitored throughout the project design, some areas warrant closer evaluation. First, this sample is more regionally representative than nationally representative for CITs. Future research will need to be conducted with samples that are more representative of the national demographics of counselor education programs. Second, participants took the survey protocol at differing points throughout the semester introducing the possibility of bias based on the impact of their learning throughout the semester. Future research should be conducted using a smaller time window to account for this bias. Third, this study did not assess the differential constructs of students who took the survey online and those who took the survey face-to-face. Future studies should consider comparing these two samples. Fourth, some of the constructs identified in the IPSI did not have wholly analogous comparisons for which to assess convergent or divergent validity. Future studies should include metrics to assess the validity evidence for these constructs.

Although four types of validity evidence were assessed in this study and high reliability estimates emerged, the findings should be considered preliminary until replication can be completed by other authors with other samples. The results of this study should be considered an initial representation of the IPSI's psychometric properties until future research inspecting validity indices and reliability estimates can establish a clearer picture of how robust these conclusions truly are.

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Table 1.

Goodness of Fit Indices, Omega, and Descriptive Statistics for Each Subscale.

Scale-Construct		n_i	RMR	GFI	CFI	RMSEA	ω	CI95	M	SD
Identity Privilege Subscales										
Race	Original Model	12	0.07	0.76	0.74	0.15				
	Final Model	8	0.02	0.96	0.96	0.06	0.84	0.86, 0.81	3.00	0.58
Class	Original Model	10	0.02	0.95	0.96	0.05				
	Final Model	10	0.01	0.97	0.99	0.02	0.83	0.86, 0.80	2.78	0.51
Gender	Original Model	15	0.06	0.76	0.60	0.13				
	Final Model	10	0.03	0.97	0.97	0.06	0.81	0.84, 0.78	2.40	0.57
Sexual Orientation	Original Model	11	0.03	0.85	0.90	0.12				
	Final Model	8	0.03	0.94	0.96	0.13	0.91	0.92, 0.89	3.38	0.62
Religion	Original Model	12	0.05	0.86	0.81	0.12				
	Final Model	6	0.01	0.98	0.99	0.05	0.85	0.87, 0.82	3.04	0.61
Ability Status	Original Model	15	0.03	0.83	0.81	0.10				
	Final Model	10	0.02	0.93	0.94	.09	0.88	0.90, 0.86	3.45	0.45
Socially-Referenced Privilege Subscales										
Representation	Original Model	19	0.09	0.65	0.43	0.14				
	Final Model	11	0.04	0.95	0.94	0.07	0.78	0.81, 0.74	2.67	0.0.51
Access to Resources	Original Model	18	0.06	0.67	0.61	0.15				
	Final Model	11	0.02	0.97	0.98	0.05	0.85	0.87, 0.83	3.17	0.49
Safety and Security	Original Model	12	0.11	0.78	0.51	0.16				
	Final Model	7	0.03	0.97	0.93	0.09	0.74	0.78, 0.70	3.10	0.48
Sense of Belonging	Original Model	26	0.07	0.75	0.61	0.09				
	Final Model	9	0.02	0.96	0.97	0.06	0.84	0.86, 0.81	3.29	0.53

Note. n_i = number of items

Table 2.

Bivariate Correlations for Each Subscale and Related Constructs.

Scale-Construct	SPM-PC	SPM-V	SPM-P	SPM-EP	SPM-Pr	POI-WP	POI-H	POI-CP	POI-S
Identity Privilege Subscales									
IPSI- Race	0.72*	0.64*	0.69*	0.50*	0.55*	-0.15*			
IPSI- Class				0.44*	0.26*				
IPSI- Gender									-0.42*
IPSI- Sexual Orientation							-0.06		
IPSI- Religion								-0.05	
IPSI- Ability Status									
Socially-Referenced Privilege Subscales									
IPSI- Representation		0.70*							
IPSI- Access to Resources				0.48*	0.26*				
IPSI- Safety and Security			0.49*		0.37*				
IPSI- Sense of Belonging	0.16*		0.11*	0.30*					

Note. * indicates statistical significance at .01 level; PC= Personal Credibility; V= Visibility; P= Penalty; EP= Environmental Predictability; Pr= Protection; WP= White Privilege Awareness; H= Heterosexism Awareness; CP= Christian Privilege Awareness; S= Sexism Awareness