

**DEVELOPING THE POWER EQUITY SCALE FOR COUPLE/FAMILY THERAPY  
PRACTICES FROM A FEMINIST PERSPECTIVE AND DETERMINING ITS  
PSYCHOMETRIC PROPERTIES**

**Ayşe Sezen SERPEN<sup>1</sup>**  
**Yumus KARA<sup>2</sup>**  
**Hasan Fehmi ÖZDEMİR<sup>3</sup>**  
**Veli DUYAN<sup>4</sup>**

**ABSTRACT**

In this study, the development of the Power Equity Scale and the determination of its psychometric properties were performed. The scale was applied to the first study group consisting of 404 couple/family therapists. Following the application, exploratory factor analysis was performed and a single factor and 19 item final scale was found. In order to determine the consistency of the scale between the measurements, the scale was reapplied to a group of 42 couple/family therapists who participated in the trial (pilot) application, with three weeks intervals. Test-retest reliability analysis was performed on the data obtained from two applications of 42 people. For the purpose of determining whether the single factor structure consisting of 19 items determined as a result of the exploratory factor analysis was confirmed, the scale was applied to a different group of couple/family therapists consisting of 143 people. After the application, confirmatory factor analysis was performed. The Cronbach Alpha reliability coefficient obtained from the scale is 0.983. In consequence of the test-retest method applied to determine the consistency between the measurements of the scale, the correlation value between the score obtained from the two applications was determined as 0.98. Depending on these findings, the Power Equity Scale has been determined to be a valid and reliable tool that can be used to collect data in the studies to be conducted in the field.

**Keywords:** Couple/Family Therapy, Couple/Family Therapists, Gender, Power Equity, Scale Development

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<sup>1</sup> Ankara Un., Faculty of Health Sciences, ORCID ID: 0000-0002-6220-4709aysesezenbayoglu@gmail.com

<sup>2</sup> Sinop Un., Faculty of Health Sciences, ORCID ID: 0000-0002-7812-5845, kara.yunus93@gmail.com

<sup>3</sup> Sirtak Un., School of Phys.Ed. and Sports, ORCID ID: 0000-0002-0705-8032, hasanfehmiiozdemir@gmail.com

<sup>4</sup> Ankara Un., Faculty of Health Sciences, ORCID ID: 0000-0003-4316-5756, duyanveli@yahoo.com

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## DEVELOPING THE POWER EQUITY SCALE FOR COUPLE/FAMILY THERAPY PRACTICES FROM A FEMINIST PERSPECTIVE AND DETERMINING ITS PSYCHOMETRIC PROPERTIES

Ayşe Sezen SERPEN  
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Hasan Fehmi ÖZDEMİR  
Veli DUYAN

### ÖZET

Bu çalışmada Güç Eşitliği Ölçeği'nin geliştirilmesi ve psikometrik özelliklerinin belirlenmesi amaçlanmıştır. Ölçek 404 çift/aile terapistinden oluşan birinci çalışma grubuna uygulanmıştır. Uygulamanın ardından açımlayıcı faktör analizi yapılarak tek faktörlü ve 19 maddelik nihai ölçek elde edilmiştir. Ölçeğin ölçümleri arasındaki tutarlılığını belirlemek amacıyla, ölçek deneme (pilot) uygulamasına katılan 42 kişilik çift/aile terapistinden oluşan gruba üç hafta arayla yeniden uygulanmıştır. 42 kişiye uygulanan analizlerden elde edilen veriler üzerinde test-tekrar test güvenilirlik analizi yapılmıştır. Açımlayıcı faktör analizi sonucunda belirlenen 19 maddeden oluşan tek faktörlü yapının doğrulanıp doğrulanmadığının belirlenmesi amacıyla ölçek 143 kişiden oluşan farklı bir çift/aile terapisti grubuna uygulanmıştır. Uygulama sonrasında doğrulayıcı faktör analizi yapılmıştır. Ölçeğin Cronbach Alpha güvenilirlik katsayısı 0,983'tür. Ölçeğin ölçümleri arasındaki tutarlılığın belirlenmesi amacıyla uygulanan test-tekrar test yöntemi sonucunda iki uygulamadan elde edilen puanlar arasındaki korelasyon değeri 0,98 olarak belirlenmiştir. Bu bulgulara dayanarak Güç Eşitliği Ölçeği'nin alanda yapılacak çalışmalarda veri toplamak amacıyla kullanılabilir ve güvenilir bir araç olduğu belirlenmiştir.

**Anahtar Kelimeler:** Çift/Aile Terapisi, Çift/Aile Terapistleri, Toplumsal Cinsiyet, Güç Eşitliği, Ölçek Geliştirme

### INTRODUCTION

The negative consequences of adhering to social gender expectations and hierarchical relationship patterns for different gender identities have been subject to numerous studies conducted in different disciplines; nonetheless, the positive results of egalitarian relationships have been revealed in those studies (Bull et al., 2022; Blom et al., 2017; Gonzalez et al., 2013; Haddock et al., 2000; Lan et al., 2017; Rabin, 1996; Risman, 1998; Russell-Chapin et al., 2001). However, gender and power dynamics have long been overlooked in the fields of family therapy, theory, practices, and education.

Couple and family therapists work with patients who may be encountering difficult choices. For instance, a female patient may be struggling to choose whether to continue the relationship she is involved in, or a couple may be struggling whether to opt passing on the childcare responsibilities or to decide for someone amongst them to stay home full time (McLlness-Miller & Bermúdez, 2004).

Although the family science literature is usually concerned with the choices regarding people's spouse and divorces, couple and family therapy literature is generally not addressing the process in regards of which patient made important choices (Prakash & Singh, 2013). In addition to this, couple and family therapists may not explicitly take into consideration how spouse choice, divorce or other factors may affect the outcomes regarding the relationship. One of the factors that may affect relationships and needs further attention during family/couples therapy is gender. It is imperative for couple and family therapists to not only recognize how gendered decisions can arise in families, but also to explore how to apply this understanding in therapy (McLlnes-Miller & Bermúdez, 2004). The fact that gender has become a part of the accredited programs and thus of curriculum by the American Association for Marriage and Family Therapy (AAMFT) was ensured by the 1988 directive and feminist criticism and recommendations. Nonetheless, it is stated that most family therapists are reluctant to address gender in their practices they have performed or will perform; or that only the feminist therapists were approaching more sensitive to the issue (Bridges et al., 2022; Dienhart, 2001; Haddock et al., 2001; Leslie & Clossick, 1996; Wolf et al., 2018). In Turkey, on the other hand, gender focused education programs towards family therapists are dependent on the initiative of the instructors/tutors or the feminist family therapy is excluded from many education programs; whilst seminars organized by the Couples and Family Therapies Association for therapists from time to time are also limited. Moreover, it is also stated that therapists interrupt their female patients significantly more than their male patients (Szymanski et al., 2011).

The feminist family therapy involves a philosophical and political perspective rather than an individual therapy model or a set of techniques (Heafner, 2018). As in the systems theory, the feminist theory is an alternative way of observing and understanding family interactions and relationships (Hanson, 2001). Practicing with a gender-based perspective requires consideration of the power differences between patients and their consequences; as well as an effort to facilitate shared power and equality in relationship. For instance, gender-based therapy may aim to facilitate a just division of labor and equal consideration of each couple's life goals and jobs; including but not limited to encouraging couples' right to make decisions, access to finances and sharing responsibilities to ensure the well-being of the relationship. In addition, along with this therapy, it is also possible to provide individual support to patients in resisting the negative consequences of various forms of oppression based on gender, race, class, and sexual orientation (Haddock et al., 2000; Weinhardt et al., 2019). The application of feminist principles in the context of couple/family therapy compared to other family therapy theories may, for some reason, cause to seek help more necessarily. First, both the patients and the couple/family therapists are raised up in a sexist culture; furthermore, a therapist, no matter how compatible with a feminist perspective, is able to internalize the traces of social conditioning (Cherry & Gerstein, 2021; Lerman, 1994).

For instance, in a society where women are regarded as the primary caregiver of children, such cases can easily occur where a therapist while having an interview with a heterosexual couple discussing about their children, makes an eye contact with the mother and directing questions and advice primarily at her, unwittingly reinforces this social view. Taking into consideration the behavioral details of therapy practices is an effective way to reduce the impact of gender socialization. Secondly, working with male clients, including (but not limited to) couple/family therapy, can also be challenging for someone who is aware of the binary gender system and male privilege in society. For example, a therapist who criticizes gender roles may interact with male clients driven by anger and frustration, especially if they have been victims of the inequalities of a patriarchal system (Capozzi, 2022). Engaging in this interaction can represent a particular challenge for therapists new to therapy. As with any social norm, gender norms are sustained by practices of interactional power (Rudman & Glick, 2012). Thus, the effects of patriarchy relate specifically to the systemic interactions of couples and families and come to the forefront of therapeutic work (Nutt, 2013). It has consistently been argued that because of the normative and performative role that power inequalities play in presentation problems, therapy may have limited scope if it cannot address the differences in privilege that underpin the couple's or family's presentation problems (Akgül-Gök & İl, 2017; Knudson-Martin, 2013). Thus, a sociocultural compatible therapist, although possibly reluctant, may find themselves in an uncomfortable position to manage gender critiques at best to support their client. Another issue that couple/family therapists may encounter is the lack of belief that each of their clients is unique (Kahn, 2010). This will be problematic because clients may come from different locations, backgrounds and cultures, especially in these changing societal times. For example, some men are unaware of their privileges and have never framed their lives in the context of gender roles or raised issues. However, other men (especially trans men, gay men) may have questioned their gender identity and privileges to some extent and therefore may not require the same approach as the first. Thirdly, due to the misconceptions (Kara, 2022; Kılıçer, 2021) of the public opinion about feminism and the established gender-based values of the Turkish society, the issue of gender-based values is often surrounded by misunderstanding and high pressure. To illustrate, the use of words that are often associated with feminism (e.g. equality, power or patriarchy) can cause many patients to behave defensive. In such situation, it is imperative to help students to develop strategies that introduces feminist issues in a way that patients can listen to and understand without a defensive condition, thus be prepared for a possible resistance to the idea. In case there is an emphasis on the development of certain techniques or protocols in gender-based family therapy practices, there may be a possibility that students would avoid personal and social explorations and turn into stereotypical feminist techniques. It is possible that exocentric technique from theoretical understanding will be ineffective at best and harmful at worst. Instead of this, education should introduce students to the wealth of feminist theory and then help the student to practice their theoretical understanding of feminist principles to therapeutic assessment and intervention strategies.

Many therapists fail in gender-based practices for they do not know how to put them into practice and not as a result of a rejection of feminist principles. The question of although the education programs actually have sexism, stereotypes on gender role and gender content, this information cannot be put into practice, is thought-provoking. While some scholars remain skeptical of the importance of addressing gender-based power differences in families; even educators who have adopted a gender-based perspective have difficulties in teaching threadiness on how to incorporate feminist principles into their practice. At this point, there remains a need for a scale that will help therapists to proactively and systematically address and evaluate feminist principles in their therapy practices. In this study it is aimed to determine the psychometric qualities of the Power Equity Scale which defines the main goals and themes that characterize a feminist approach in couple/family therapy and can evaluate the application of specific strategies to address the aforementioned themes throughout the therapeutic process.

## **METHODOLOGY**

Within the scope of this research; information, determinations, evaluations and comments about the research model, study group, data collection, analysis and interpretation are given below.

This study which aims to develop a scale, based on the evaluation of couple/family therapists' own therapy practices from a feminist perspective in the context of power equity, is a descriptive study.

## **PROCEDURES**

### **Development Process of the Power Equity Scale**

The scale development is a systematic process and there are certain stages to be followed. In this study, this order of the process has been tried to be followed, which has been reviewed by many different researchers in the literature (Cohen & Swerdlik, 2013; Crocker & Algina, 1986; DeVellis, 2014). Monitoring the aforementioned stages is important in terms of obtaining a qualified measurement tool. These stages are listed below:

***Defining the purpose, the psychological feature/concept and target group of the scale to be developed.*** It is compulsory to address gender related issues in practice, as well as it is necessary to review gender-based power differences in couple/family therapy practice. It is argued that there is a need for a scale that can evaluate whether mental health professionals who practice couple/family therapy in Turkey apply feminist principles proactively and systematically.

***Determining the scope/content of the scale and creating the item pool.*** First, a literature review was conducted for the scale. As a result of the discussions carried out in the previous phase and the literature review, a draft item pool comprised of 65 items was created. The Power Equity Guideline, which is a particular important source, was used in the creation of this item pool.

Shelly Haddock, one of the researchers who developed the Guideline, was contacted and written permission was obtained to use the items of the guide. An ethical approval dated 21.02.2022 with the reference number 25388 was obtained from Altınbaş University Scientific Research and Publication Ethics Committee. Informed consent from the participants was also obtained in online forms.

In its essence, the Power Equity Guide which was developed by Haddock et al. (2000) is a kind of questionnaire or checklist. The Power Equity Scale that was developed with this work on the other hand, has been proved with evidence of validity and reliability as a result of factor analytic process by following the systematic steps of developing a psychological measurement tool.

The Power Equity Guide developed by Haddock et al. (2000) begins with the overarching statement regarding the “understanding and addressing clients’ problems within a social context regulated by gender and other social fractions (e.g., race, class, sexual orientation)” objective of feminist family therapy. The guide describes three fundamental objectives in the practice of gender-based family therapy:

- (a) Eliminating or reducing power differences between partners,
- (b) Empowering clients, especially those who are not supported by the dominant culture, to accept and integrate all aspects of themselves,
- (c) Managing the power difference between the therapist and clients.

Under each objective topics or themes such as “parental responsibility” and “work, life goals and/or activities” are defined. The therapist’s success in incorporating each and every theme to the therapy is evaluated through the following options: 1 = gender/power insensitive, 3 = missed opportunity (the couple/family therapist has individual sensitivity, however the relevant principle has not been used in practice during the therapy sessions), 5 = gender / power sensitive.

A theme that is not relevant to the therapy session is evaluated by coding the “not applicable” option. In addition to this, under each theme there is a dedicated space for comments on setting objectives for that particular theme or subsequent sessions.

Depending on the purpose for which the guide is used (i.e. treatment planning, supervision or therapeutic evaluation), the Likert scale and themes can be used in different ways to evaluate.

***Getting expertize opinion on the item pool.*** In order to determine whether the measurement tool intended to be developed has content validity, two experts in the field were consulted, while for language validity, three experts on Turkish and grammar (written expression) were consulted; unsuitable items were removed from the pool in line with the expert suggestions and evaluations and/or necessary corrections were applied.

***Determining the item scoring method and data analysis processes.*** In order for the items to be included in the analysis, the “Gender/power sensitive” option was rated as 5 points and the “Gender/power insensitive” option was rated as 1 point. With the collected data, it was decided to perform; exploratory factor analysis for proof of construct validity, Cronbach Alpha reliability analysis to provide evidence of internal consistency, test-retest reliability analysis to provide evidence of consistency between measurements and confirmatory factor analysis to determine whether the resulting construct was confirmed.

***Trial (Pilot) application of the scale on a study group selected from the determined target group.*** In order to determine the scale’s psychometric features, the scale which was prepared by creating an application guide for the trial application, was applied to the first study group consisting of 404 couple/family therapists. Exploratory factor analysis was performed following the application of the scale and a single factor, 19 item final scale was obtained.

***Performing test-retest application of the scale.*** In order to determine the consistency of the scale between the measurements, the scale was reapplied with three weeks intervals to a group of 42 couple/family therapists who have participated in the trial (pilot) application. Test-retest reliability analysis was performed on the data obtained from the two applications performed to the 42 individuals.

***Determining whether the determined structure of the scale is confirmed or not.*** In order to determine whether the single factor structure consisting of 19 items determined as a result of the exploratory factor analysis was confirmed or not, the scale was applied to a different group of couple/family therapists consisting of 143 people. After the application, confirmatory factor analysis was performed.

## **STUDY GROUPS**

In the research, the participants who joined the study voluntarily were reached through announcements and invitations made on social media platforms and virtual groups on these platforms. The scale development study carried out with this research was held with three different study groups, comprised of couple/family therapists. The individuals participating in the study are those who have a couple or family counseling certificate.

***Study Group I (Exploratory Factor Analysis and Reliability Calculation Group):*** This is the group of participants in which the draft/trial form of the scale was applied in order to determine the psychometric properties of the scale, construct validity and internal consistency. The group is comprised of 404 people, which is shaped by 216 female and 186 male. Out of the 404 people in the group, the occupations breakdown are as follows; 84 are social workers, 79 are psychologists, 48 are psychiatrists, 57 are psychological counselor and guide, 66 are child development specialists, 35 are sociologists, 26 are teachers and 9 are midwives. The average professional experience of the group is determined as 9 years, and the average of age is determined as 34.

***Study Group II (Test-Retest Group):*** This is the group in which repeated measurements are taken in order to determine the consistency of the scale between measurements. The group consists of 42 couple/family therapists in total.

***Study Group III (Confirmatory Factor Analysis Group):*** This is the group in which the data was gathered for the confirmatory factor analysis, that was carried out to determine whether the single factor structure of the Power Equity Scale, which emerged as a result of the exploratory factor analysis, was confirmed. In total, 143 couple/family therapists were included in this group.

In this study, the study groups that are used in the scale development and adaption studies whose participation is on a voluntary basis were preferred, that enable researchers to collect data relatively more easy and swift. Christensen et al. (2014) stated that in purposive sampling, researchers determine the characteristics of the people who will form the research universe and reach people who fit these characteristics. Within this respect, the study groups of this study can be evaluated in the context of purposive sampling, which is one of the non-random sampling techniques.

## **DATA COLLECTION TOOLS**

### ***Personal information form***

The personal information form developed by the researchers was used to gather demographic information about the participants. With this form, it is aimed to determine the information of the participants, such as age, gender, occupation, and duration of professional experience.

### ***The Power Equity Scale***

The Power Equity Scale developed by researchers is comprised of 65 items in the first phase and scaled down to 19 items in the second phase (pilot application 43 items) within the framework of expert opinions and analyses.

The name of the measurement tool developed in this study and used for data collection is called “Power Equity Scale (PES)”. The Scale was developed, based on the data in the needs analysis study, by examining the literature and in line with the opinions and suggestions of the five experts working in the relevant field. After the expert opinions, 22 items have been removed from the pool out of 65 items. There were 43 items in the scale prior the trial application. These items were made into a form with a five-point Likert scale. As a result of the analyses which are detailed in the findings section of the study, 24 items were removed from the scale. There were 19 items left in the final version of the scale. These 19 items took place under one dimension. The remaining items in the scale and their properties are summarized in Table-1.

The lowest score that can be obtained from the scale is 19, while the highest score is 95. High scores obtained from the scale indicate that therapists carry out feminist family therapy practices which are sensitive to equality of power; while low scores indicate that this sensitivity is not present in the conducted couple/family therapy.

## **DATA ANALYSIS**

The main purpose of this research is to develop a measurement tool that can be used to determine the views of couple/family therapists on power relations in practices carried out within the scope of couple/family therapy.

The research data were collected in March-April 2022. In the first and second applications, the research data were collected from the participants in the form of online data collection using Google's Google Forms application. While collecting the research data from the participants, the principle of voluntariness was taken into account, and the participants were informed that the data in question would only be evaluated for scientific purposes.

In accordance with the steps followed in the scale development process, the structure of the scale should be identified, and its reliability should be determined. Therefore, Kaiser-Meyer-Olkin (KMO) and Bartlett Sphericity tests were performed prior the exploratory factor analysis that is to be applied in order to obtain proof of construct validity with the data entered into the IBM-SPSS 22 program. These tests provide information about the conformance of the data for factor analysis and the multivariate normal distribution. Whether the structure that emerged as a result of the exploratory factor analysis was confirmed or not, was determined by the confirmatory factor analysis that was applied through the IBM-SPSS Amos 21 program. The fit index values that were obtained during the Confirmatory Factor Analysis (CFA) were tested whether they were at the accepted level. In addition to the validity proofs, in the study, proofs related to reliability were also tried to be obtained. There are various reliability determination methods. Among those, Cronbach Alpha reliability coefficient which provides information about reliability in terms of interval consistency and test-retest methods which provide information about reliability in terms of consistency between measurements were used. Moreover, in order to examine the contribution of the items to the reliability of the scale, item total correlations were calculated (Büyüköztürk, 2014; Özdamar, 2013).

## **RESULTS**

### **Psychometric Properties of the Power Equity Scale (Validity and Reliability)**

For the purposes of revealing construct validity evidence, discover factor structures or confirm previously revealed structures during scale development studies in behavioral sciences, factor analysis, which is one of the multivariate statistical methods, is used (Nunnally & Bernstein, 1994).

First, an exploratory factor analysis was applied on the data gathered from the experimental application in order to determine the structure of the scale. Prior to this analysis, firstly the Kaiser-Meyer-Olkin (KMO) and Bartlett Sphericity Tests were performed, which evaluated whether the data were appropriate for factor analysis. During the analysis, it was determined how much of the variance of the trait of interest (view on power relations in the practices carried out within the scope of couple/family therapy) was explained (Büyüköztürk, 2014; Özdamar, 2013).

Prior to the factor analysis, item total correlations were examined. Items with item total correlations below 0.300 and showing lack of contribution to the scale were excluded from the scale (Özdamar, 2013). Pursuant to this method followed, a total of 24 items were removed from the scale. Statistical information for the remaining 19 items is shown in Table 1. Various items in the scale whose validity and reliability studies were conducted in Turkish language in the form are as follows: “2. *I encourage respectful and collaborative communication and conflict resolution between partners.*”, “15. *I encourage both partners to share parental responsibilities and equal parenting, taking into account the work/family arrangement of the couples.*”, “3. *I encourage partners to equally value to each other’s career, work, life goals and/or activities.*”, “16. *I avoid blaming the mother within the framework of parental responsibility.*”.

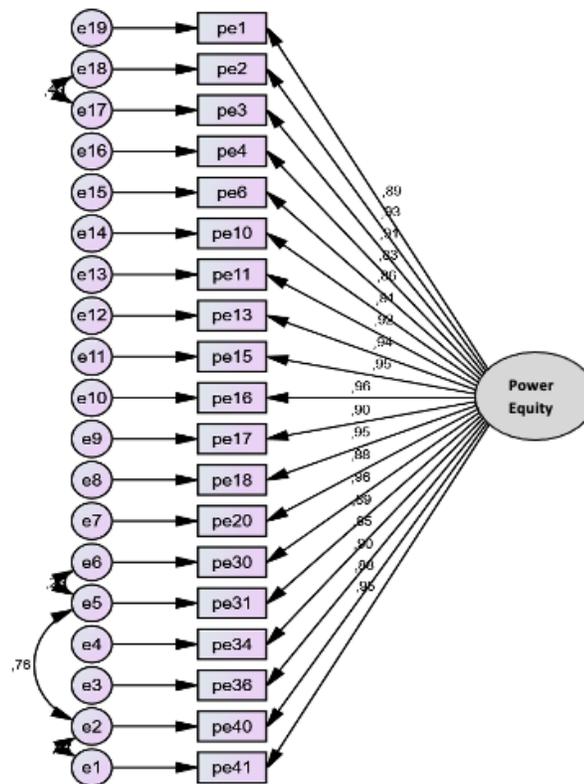
**Table 1: Exploratory Factor Analysis and Reliability Analysis Results**

Item Number	Item Total Correlation	Item Load Values
15	,930	,939
16	,928	,937
41	,920	,930
30	,917	,929
18	,916	,927
2	,892	,904
40	,890	,903
11	,888	,901
31	,874	,888
1	,869	,884
36	,867	,881
3	,863	,879
20	,851	,867
17	,839	,857
4	,821	,838
10	,797	,820
13	,787	,807
34	,786	,806
6	,775	,797
<b>KMO</b> = 0,960		
<b>Bartlett Test of Sphericity</b> ( $X^2$ ) = 11226,547; $sd=171$ , $p<0.01$		
<b>Variance Explained</b> = %77,405		
<b>Cronbach Alpha</b> = 0,983		

As seen in Table 1, the KMO value was determined as 0.960. The fact that this value is above 0.50 indicated that the data are suitable for factor analysis. The Bartlett Sphericity test result, on the other hand, showed  $X^2=11226,547$ ;  $sd=171$  ( $p<0.01$ ). As a result of this test, the statistical significance of the value obtained indicates that factor analysis can be performed. Conclusively, the findings of the exploratory factor analysis reveal that the item total correlations of the remaining 19 items in the scale ranged from 0.775 to 0.930. The explained variance value is 77,405%. This value is well above the acceptable level for scale development studies in the field of social sciences.

The Cronbach Alpha reliability coefficient value obtained from the scale as proof of the internal consistency is 0.983. As a result of the test-retest method applied to determine the consistency between the measurements of the scale, the correlation value between the scores obtained from the two applications was determined as 0.98. For the reliability coefficient, values above 0.70 are considered high reliability (Özdamar, 2013) and in general they are deemed to be sufficient (Büyüköztürk, 2014). Based on these fact, one can argue that the Power Equality Scale has high reliability level.

The confirmatory factor analysis (CFA) was performed to determine whether the structure of the Power Equity Scale was confirmed, which was determined according to the exploratory factor analysis results. The model that emerged as a result of the analysis is given in Figure-1.



**Figure 1: Power Equity Scale Confirmatory Factor Analysis Model (Standardized Values)**

When Figure-1 is examined, the values of chi-square and degrees of freedom that were obtained as a result of the DFA were  $\chi^2=426,37$ , (sd=148,  $p<.01$ ) and  $\chi^2/sd=2,88$ .

The fact that this  $\chi^2/sd$  rate that is obtained is below 3 indicates for a perfect fit (Jöreskog & Sörbom, 1993; Kline, 2005; Sümer, 2000). In this study, it can be stated that the fit between the model determined as a result of CFA and the data, corresponds to a perfect fit. Other fit index values that were determined are shown in Table 2.

**Table 2: The Fit Index Values Determined After DFA A DFA**

$\chi^2$	df	$\chi^2/sd$	RMSEA	GFI	RMR	SRMR	NNFI	CFI	NFI	IFI	FI	FI
26,37	48	,88	,046	,87	,065	,024	,95	,97	,95	,95	,95	,96

One can argue that one of the most widely used fit indices in CFA is Root Mean Square Error of Approximation (RMSEA). RMSEA index of 0.05 and lower in CFA reveals a model-data fit. It is also likely to argue that this value can be acceptable up to 0,08. The facts that the Adjusted Goodness of Fit Index (AGFI) value in the CFA is higher than 0.80, Root Mean Square Residual (RMR) value is higher than “0.10” and Standardized RMR value is lower than “0.08” corresponds to a model that is acceptable in terms of compatibility with the real data. The facts that in the CFA, the values of Non Normed Fit Index (NNFI), Comparative Fit Index (CFI), Normed Fit Index (NFI) and Incremental Fit Index (IFI) are 0,95 and above is another indication that the model-data fit corresponds to a perfect fit (Anderson & Gerbing, 1984; Bentler, 1990; Browne & Cudeck, 1993; Çokluk et al., 2010; Hu & Bentler, 1999; Sümer, 2000; Şimşek, 2007; Marsh et al., 1988; Vieira, 2011).

The main purpose of the CFA is to determine the level of compatibility of a previously set model with the data obtained (Sümbüloğlu & Akdağ, 2009). Accordingly, considering the fit indices obtained as a result of CFA, one can state that the single dimensional structure of the Power Equity Scale is confirmed.

## CONCLUSION

In this study, the development of the Power Equity Scale and the determination of its psychometric properties were performed. The scale was applied to the first study group consisting of 404 couple/family therapists. Following the application, exploratory factor analysis was performed and a single factor and 19 item final scale was found. In order to determine the consistency of the scale between the measurements, the scale was reapplied to a group of 42 couple/family therapists who participated in the trial (pilot) application, with three weeks intervals. Test-retest reliability analysis was performed on the data obtained from two applications of 42 people.

For the purpose of determining whether the single factor structure consisting of 19 items determined as a result of the exploratory factor analysis was confirmed, the scale was applied to a different group of couple/family therapists consisting of 143 people. After the application, confirmatory factor analysis was performed. The Cronbach Alpha reliability coefficient obtained from the scale is 0.983. In consequence of the test-retest method applied to determine the consistency between the measurements of the scale, the correlation value between the score obtained from the two applications was determined as 0.98. Hence one can argue, that being the case, the Power Equity Scale (PES) has high reliability level.

In conclusion, the facts that the items that create the Power Equity Scale have the desired specifications, the reliability and validity of this scale are high and that this Scale shows that it can be used to evaluate the own practices of mental health professionals who have or will carry out practices related to couple/family therapy in Turkey.

The present study had a few limitations, many of which should be addressed in future research and validation of the study. Should not be forgotten that scale development studies are a labor intensive and time-consuming process. For this very reason, scale development processes are often carried out with a limited number of study groups. Therefore, the analyses performed to determine the psychometric properties (proof of validity and reliability) of the developed scale are also limited to the data obtained from those groups. From this perspective, it is recommended to conduct new validity and reliability studies so that this new Scale can be used in different groups. In addition to this, different proofs of validity and reliability can be collected in order to increase the validity-reliability proofs of the scale.

In addition to its research utility, the Power Equity Scale has a potential for effective use in couple/family therapy. This scale will enable couple/family therapists to get to know themselves better and also ensure to evaluate their counseling practices in the context of gender and power equity. Moreover, one can argue that the form can be used for the evaluation of education by institutions providing education in the field of social work, psychological counseling and guidance and other mental health, by carrying out validity and reliability studies on different groups. It may be beneficial to use the scale together with different evaluations and measures (homophobia, biphobia, transphobia, sexism, gender). When used with other measures, the therapist can create an effective therapy environment by determining their current attitudes and behaviors in the therapy process.

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