

2025 Revisions to the 2017-Revised CAA Standards for Accreditation
(red underline text = additions/revisions | strikethrough text = deletions)

2017 Standard for Accreditation	Proposed Revisions to Standard	Rationale for Proposed Revision
<p>3.4A An effective audiology program is organized and delivered in such a manner that the diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice. • The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery. • The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services. • The program must provide evidence that students are given opportunities to identify and acknowledge: <ul style="list-style-type: none"> ○ The impact of how their own set of cultural and linguistic variables affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identify, national origin, race, religion, sex, sexual orientation, or veteran status. 	<p>3.4A An effective audiology program is organized and delivered in such a manner that the <u>tenets of person- and family-centered care</u> diversity, equity, and inclusion are reflected in the program, consistent with recognized standards of ethical practice and in accordance with applicable state and federal laws. and throughout academic and clinical education.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • The program must provide evidence that <u>the tenets of person- and family-centered care are taught in didactic courses.</u> • The program must provide evidence that <u>the tenets of person- and family-centered care are modeled throughout the clinical practicum experiences.</u> <p>New Definitions:</p> <p>Tenets of person- and family-centered care: The tenets of person and family centered care as defined in Standard 3.4 A/B include the following:</p> <ul style="list-style-type: none"> • <u>Respect for individual values and preferences:</u> services provided by audiology/speech-language pathology (AuD/SLP) professionals should be tailored and responsive to the individual's unique circumstances, culture, experiences, beliefs, and wishes. Students are given opportunities to reflect on their own unique circumstances, culture, experiences, beliefs, and wishes, and how those may differ from their clients/ patients. • <u>Informed decision-making:</u> persons receiving AuD/SLP services should be empowered to 	<p>Graduate programs accredited by the CAA are preparing students for entry into clinical practice in either audiology or speech-language pathology. Audiologists and Speech-Language Pathologists regularly provide services to a diverse population of individuals with cultural and linguistic expectations and histories that differ from their own. Building effective clinical relationships requires that clinicians be able to demonstrate cultural competence. Programs are expected to train students to provide necessary evaluation and treatment services using the principles of person- and family-centered care.</p> <p>The CAA's intent of this standard is to ensure that the graduate education program is providing student clinicians with opportunities and experiences in the academic and clinical curriculum to understand that their culture, background, and experiences may differ from their clients', and to be aware of how individual backgrounds can influence decisions about care.</p> <p>After a careful review of all comments received related to the proposed revisions, the CAA approved a definition of "tenets of person- and family-centered care" to guide programs into understanding the elements that are included within the intent of Standard 3.4</p>

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<ul style="list-style-type: none"> ○ The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. ○ The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. ○ The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services. ○ The impact of multiple languages and ability to explore approaches to addressing bilingual/ 	<p><u>make choices about their care, with clear explanations and support from AuD/ SLP service providers.</u></p> <ul style="list-style-type: none"> • <u>Integrated services:</u> AuD/SLP professionals should facilitate seamless information sharing and coordination of care efforts across different providers and settings as appropriate. • <u>Communication and education:</u> AuD/SLP professionals should facilitate clear and accessible information about care plans, treatment options, and potential outcomes to facilitate engagement and buy-in of the individual served. • <u>Access to care:</u> AuD/SLP professionals should ensure that individuals served can access the necessary services and support as appropriate, and include non-medical factors that impact health outcomes.¹ • <u>Involvement of family and friends:</u> AuD/SLP professions recognize the role of support networks in care and incorporate them into the care plan as appropriate. • <u>Emotional support, empathy, and respect:</u> AuD/SLP professionals provide services with empathy and respect for the individual served; services are delivered with respect, sensitivity, and appreciation of the person as an individual. • <u>Physical comfort:</u> AuD/SLP professionals address the physical needs of the individuals they are working with and provide a 	<p>A and the CAA's definition of person- and family-centered care.</p> <p>The revisions intend to provide clarity and reduce redundancy within the standard's Requirements for Review.</p>

¹ Centers for Disease Control (2025). Social Determinants of Health- Public Health Gateway. Retrieved from <https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>

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<p>multilingual individuals requiring services, including understanding the difference between audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.</p> <ul style="list-style-type: none"> The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs. 	<p><u>comfortable environment for therapeutic interactions.</u></p> <ul style="list-style-type: none"> <u>Continuity of care:</u> AuD/SLP professionals facilitate smooth transitions between different care settings and providers to promote consistent and effective care as needed. <u>Accountability:</u> AuD/SLP professionals deliver evidence-based, ethical care that aligns with the individual's goals and preferences. <p>Person- and family-centered care:</p> <p>* For the purposes of programmatic accreditation, the CAA defines "person- and family-centered care" as the following:</p> <p>Audiologists and speech-language pathologists provide services to a wide population of individuals that could include those with cultural and linguistic expectations, differences, and histories with which the service provider may not be familiar.</p> <p>Effective clinical relationships require service providers to understand and respect values, attitudes, beliefs, circumstances, experiences, modes of communication, and mores that differ from their own. It also requires service providers to consider and respond with respect to these differences in planning, implementing, and evaluating individualized health education programs, assessments, and interventions.</p>	

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	<p>Person- and family-centered care as it is referenced in these standards refers to, "integrated ... services delivered in a setting and manner that is responsive to individuals and their goals, values, and preferences, in a system that supports good provider-patient communication and empowers individuals receiving care and providers to make effective care plans together."²</p> <ul style="list-style-type: none"> • diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice. • The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery. • The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services. • The program must provide evidence that students are given opportunities to identify and acknowledge: 	

² Centers for Medicare & Medicaid Services. (2025). CMS Innovation Center Key Concepts. Retrieved from <https://www.cms.gov/priorities/innovation/key-concepts/person-centered-care>

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	<ul style="list-style-type: none"> ○ The impact of how their own set of cultural and linguistic variables affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identify, national origin, race, religion, sex, sexual orientation, or veteran status. ○ The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. ○ The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. ○ The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these 	

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	<p>determinants relate to clinical services.</p> <ul style="list-style-type: none"> ○ The impact of multiple languages and ability to explore approaches to addressing bilingual/ multilingual individuals requiring services, including understanding the difference between audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities. ○ The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs. 	

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<p>3.4B An effective speech-language pathology program is organized and delivered in such a manner that the diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.</p> <p><i>Requirement for Review:</i></p>	<p>3.4B An effective speech-language pathology program is organized and delivered in such a manner that the <u>tenets of person- and family-centered care</u> diversity, equity, and inclusion are reflected in the program, consistent with recognized standards of ethical practice and in accordance with applicable state and federal</p>	<p>Graduate programs accredited by the CAA are preparing students for entry into clinical practice in either audiology or speech-language pathology. Audiologists and Speech-Language Pathologists regularly provide services to a diverse population of individuals with cultural and</p>

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<ul style="list-style-type: none"> The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice. The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery. The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services. The program must provide evidence that students are given opportunities to identify and acknowledge: <ul style="list-style-type: none"> The impact of how their own set of cultural and linguistic variables affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identify, national origin, race, religion, sex, sexual orientation, or veteran status. The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, 	<p>laws, and throughout academic and clinical education.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> The program must provide evidence that the tenets of person- and family-centered care are taught in didactic courses. The program must provide evidence that the tenets of person- and family-centered care are modeled throughout the clinical practicum experiences. <p>New Definitions:</p> <p>Tenets of person- and family-centered care: The tenets of person and family centered care as defined in Standard 3.4 A/B include the following:</p> <ul style="list-style-type: none"> <u>Respect for individual values and preferences:</u> services provided by audiology/speech-language pathology (AuD/SLP) professionals should be tailored and responsive to the individual's unique circumstances, culture, experiences, beliefs, and wishes. Students are given opportunities to reflect on their own unique circumstances, culture, experiences, beliefs, and wishes, and how those may differ from their clients/ patients. <u>Informed decision-making:</u> persons receiving AuD/SLP services should be empowered to make choices about their care, with clear explanations and support from AuD/ SLP service providers. <u>Integrated services:</u> AuD/SLP professionals should facilitate seamless information sharing and coordination of care efforts across 	<p>linguistic expectations and histories that differ from their own. Building effective clinical relationships requires that clinicians be able to demonstrate cultural competence. Programs are expected to train students to provide necessary evaluation and treatment services using the principles of person- and family-centered care.</p> <p>The CAA's intent of this standard is to ensure that the graduate education program is providing student clinicians with opportunities and experiences in the academic and clinical curriculum to understand that their culture, background, and experiences may differ from their clients', and to be aware of how individual backgrounds can influence decisions about care.</p> <p>After a careful review of all comments received related to the proposed revisions, the CAA approved a definition of "tenets of person- and family-centered care" to guide programs into understanding the elements that are included within the intent of Standard 3.4 A and the CAA's definition of person- and family-centered care.</p> <p>The revisions intend to provide clarity and reduce redundancy within the previous standard's Requirements for Review.</p>

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<p>gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.</p> <ul style="list-style-type: none"> ○ The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. ○ The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services. ○ The impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference between audiological and cultural perspectives of being d/Deaf and 	<p><u>different providers and settings as appropriate.</u></p> <ul style="list-style-type: none"> • <u>Communication and education:</u> AuD/SLP professionals should facilitate clear and accessible information about care plans, treatment options, and potential outcomes to facilitate engagement and buy-in of the individual served. • <u>Access to care:</u> AuD/SLP professionals should ensure that individuals served can access the necessary services and support as appropriate, and include non-medical factors that impact health outcomes.³ • <u>Involvement of family and friends:</u> AuD/SLP professions recognize the role of support networks in care and incorporate them into the care plan as appropriate. • <u>Emotional support, empathy, and respect:</u> AuD/SLP professionals provide services with empathy and respect for the individual served; services are delivered with respect, sensitivity, and appreciation of the person as an individual. • <u>Physical comfort:</u> AuD/SLP professionals address the physical needs of the individuals they are working with and provide a comfortable environment for therapeutic interactions. • <u>Continuity of care:</u> AuD/SLP professionals facilitate smooth transitions between different care settings and providers to promote consistent and effective care as needed. 	

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<p>acknowledge Deaf cultural identities.</p> <ul style="list-style-type: none"> The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs. 	<ul style="list-style-type: none"> <u>Accountability</u>: AuD/SLP professionals deliver evidence-based, ethical care that aligns with the individual's goals and preferences. <p>Person- and family-centered care:</p> <p>* For the purposes of programmatic accreditation, the CAA defines "person- and family-centered care" as the following:</p> <p>Audiologists and speech-language pathologists provide services to a wide population of individuals that could include those with cultural and linguistic expectations, differences, and histories with which the service provider may not be familiar.</p> <p>Effective clinical relationships require service providers to understand and respect values, attitudes, beliefs, circumstances, experiences, modes of communication, and mores that differ from their own. It also requires service providers to consider and respond with respect to these differences in planning, implementing, and evaluating individualized health education programs, assessments, and interventions.</p> <p>Person- and family-centered care as it is referenced in these standards refers to, "integrated ... services delivered in a setting and manner that is responsive to individuals and their goals, values, and preferences, in a system that supports good provider-patient communication</p>	

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	<p><u>and empowers individuals receiving care and providers to make effective care plans together."</u>⁴</p> <ul style="list-style-type: none"> ● diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice. ● The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery. ● The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services. ● The program must provide evidence that students are given opportunities to identify and acknowledge: <ul style="list-style-type: none"> ○ The impact of how their own set of cultural and linguistic variables affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, 	

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	<p align="center">race, religion, sex, sexual orientation, or veteran status.</p> <ul style="list-style-type: none"> ○ The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. ○ The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. ○ The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services. ○ The impact of multiple languages and ability to explore approaches to addressing bilingual/ multilingual individuals requiring services, 	

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	<p>including understanding the difference between audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.</p> <p>○ The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.</p> <p>○</p>	