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A FRAMEWORK FOR DEVELOPING CULTURAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY: A TUTORIAL

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ABSTRACT

Accredited academic and clinical education programs in speech-language pathology must reflect current knowledge, skills, technology, and scope of practice. The diversity of society must be reflected throughout the curriculum (CAA, 2014). We present a framework for infusing cultural and linguistic information throughout the curriculum to facilitate the development of cultural competency in graduate students. In addition to infusing culturally and linguistically diverse approaches into the graduate curriculum, we describe several examples of focused initiatives including a bilingual speech-language pathology track and opportunities for students to study abroad to conduct research and provide speech and language services in China and in the Dominican Republic. By infusing multicultural issues throughout the academic and clinical curricula, the framework that we present is designed to prepare speech-language pathologists to effectively serve all populations.

KEYWORDS*:* cultural competence, multicultural course, multiculturalism

At the core of providing appropriate and effective speech, language and hearing services is the individual who requires the services. These individuals cannot be viewed in isolation but within a context that considers their unique and diverse backgrounds. Cultural and linguistic diversity can result from many factors including race, ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability. The individuals served come from culturally and linguistically diverse populations; therefore, speech-language pathologists (SLPs), audiologists, as well as other healthcare professionals such as physicians and psychologists (American Psychological Association, 2002; 2004) must be trained to provide culturally competent services.

Cultural competence as applied to audiologists and SLPs is defined as sensitivity to cultural and linguistic differences that affect the identification, assessment, treatment and management of communication disorders/differences in persons (ASHA, 2004). Cultural competence is a developmental process, rather than an endpoint, that evolves over time and based on three critical elements: a) cultural awareness and attitudes, b) knowledge of other cultures, and c) application of skills (Franca & Harten, 2016; Lynch & Hanson, 2011; Mahendra et al., 2005). Lynch and Hanson (2011) suggested that understanding one's own culture is the first step for service providers to understand the cultures of the individuals they serve. Cultural awareness requires individuals to reflect upon their heritage, values, behaviors, and beliefs and how these may affect practice (Crowley, Guest, & Sudler, 2015; Lynch & Hanson, 2011). Another step is that service providers have to acquire knowledge about other cultures, including the impact of cultural factors on the acquisition of language (ASHA, 2016b; Lynch & Hanson, 2011; Mahendra et al., 2005). Finally, service providers must be able to apply the information they have learned to distinguish between a communication difference versus a communication disorder (ASHA, 2016b; Crowley et al., 2015; Mahendra et al., 2005)

The benefits of training SLPs and audiologists to be culturally competent include: a) improving the quality of services and health outcomes; b) eliminating long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds; c) responding to current projected demographic changes in the United States; and d) meeting legislative, regulatory and accreditation mandates (ASHA, 2011b; Goode & Dunne, 2003). However, when asked on the 2011 American Speech-Language-Hearing Association (ASHA) membership survey about how qualified they believed they were to address cultural and linguistic influences on service delivery and outcomes, the majority of SLPs rated themselves as a "3" (in the middle of a scale from 1 to 5 with 1 equating to not at all qualified and 5 to very qualified; ASHA, 2011a). Similar results were obtained on the 2014 and 2016 surveys of school-based SLPs (American Speech-Language-Hearing Association, 2016a). These results indicate that SLPs need opportunities and training to develop the knowledge and skills required to provide culturally competent services.

Given the need for training in cultural and linguistic diversity, the purpose of this tutorial is to describe a framework for preparing SLPs to effectively serve all populations by infusing multicultural issues throughout the academic and clinical curricula and providing examples of focused initiatives and travel abroad opportunities that are designed to further expand students' knowledge and skills. Next, we will discuss demographic imperatives, approaches to developing cultural competence, a framework for developing cultural competency in speech-language pathology students, and final thoughts and conclusions.

Demographic Imperatives

Speech-language pathologists and audiologists in the United States serve individuals with ever-increasing diversity. Garcia et al. (2004) suggest that population changes and the well-documented disparities in the health status of racial and ethnic minorities have created demographic imperatives for health professions to adapt training programs to serve the needs of diverse populations.

Diversity of the Population of the United States

According to the U.S. Census Bureau (Colby & Ortman, 2015), the Hispanic or Latino Origin population is projected to increase by 115% from 17% in 2014 to 29% in 2060. This is in comparison to a 13% increase in the non-Hispanic or Latino origin population from 17% in 2014 to 29% in 2060. By 2060, the percentage of African-American or Blacks, American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander is projected to increase by at least 40%. Twenty-one percent of the U.S. population aged five or older speak a language other than English at home.

Some of the largest population shifts will be seen in children, those under 18 years of age. By 2044, it is projected that the U.S. population will be a majority-minority population where non-White Hispanics will comprise less than 50% of the population (Colby & Ortman, 2015). However, this shift has already occurred in the child population. In 2014, non-White Hispanic children comprised 52% of the child population and is expected to increase to 62% by the year 2060.

Diversity of Speech-Language Pathologists

While the U.S. population is experiencing significant demographic changes, the membership of ASHA does not reflect the racial and ethnic diversity of the U.S. population. ASHA (2017c) reported that the percentage of members who held Certificate of Clinical Competence (CCC) and identified themselves as Hispanic or Latino was 4.4%. The number of members with CCCs who identified themselves as African Americans or Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, or Multiracial was 3% or less for each of the reported groups. ASHA does not offer certification in bilingualism or accredited bilingual academic programs; however, the organization does provide a guidelines as to the required qualifications to be considered a bilingual service provider (American Speech-Language-Hearing Association, 2017a). ASHA (2017b) indicated that only 7% of certified members reported that they met the definition of a bilingual service provider.

The contrasting demographics between the U.S. population and the membership of ASHA in conjunction with the reports that the majority of SLPs rate themselves at a "3" or less on a five-point scale whether they are qualified to address cultural and linguistic influences on service delivery indicates the need to evaluate the training provided in academic programs (American Speech-Language-Hearing Association, 2016a; Crowley et al., 2015; Franca & Harten, 2016; Hammer, Detwiler, Detwiler, Blood, & Dean Qualls, 2004). In this report, the authors describe a model for developing cultural competence and how that model is implemented at their institution.

Approaches to Developing Cultural Competence

Accreditation Standards

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) accredited speech-language pathology program, states that a program's academic and clinical curriculum must be consistent with its mission and goals as well as provide students with opportunities to acquire and demonstrate skills matching the scope of practice in speech-language pathology, including understanding the linguistic and cultural bases of human communication and its disorders (CAA, 2014).

Additionally, as stated in CAA Standard III, the clinical education component of the curriculum should provide students with access to a client/patient base that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups. The program should ensure that each student is exposed to a variety of populations across the life span and from culturally and linguistically diverse backgrounds (CAA, 2014). The students' journey towards cultural competence in speech-language pathology begins at the university.

Models Used to Address Cultural Competency

While CAA and ASHA certification standards require training in cultural competence, academic programs vary widely in how they approach educating and training students in cultural and linguistic diversity (Franca & Harten, 2016; Mahendra et al., 2005; Stockman, Boult, & Robinson, 2008). One model is to offer a dedicated multicultural course and the expectation is that this course will address cultural and linguistic diversity. Yet, one class taught in isolation from other aspects of the academic curriculum and clinical practicum is not optimal (Franca & Harten, 2016; Horton-Ikard, Munoz, Thomas-Tate, & Keller-Bell, 2009; Stockman, Boult, & Robinson,

2004; Stockman et al., 2008). Another model, a general model of infusion is to infuse multicultural content across the academic curriculum without a dedicated course to multiculturalism (Stockman et al., 2004; Stockman et al., 2008). Accredited programs are not required to offer courses focusing on multicultural or multilingual issues and many do not (ASHA, 2014). Though the inclusion of a dedicated course on multicultural issues has been found to be effective, there are still pedagogical challenges (Franca & Harten, 2016; Horton-Ikard et al., 2009; Stockman et al., 2004).

A third model is to develop cultural competence to address cultural and linguistic diversity within the academic and clinical practice and a dedicated course on multicultural issues. Stockman et al. (2004) proposed an *integral fusion model* which views communication as a dynamic process that occurs within cultural contexts. The infusion of multicultural/multilingual information is not considered additive (e.g., an additional topic to be discussed) or subtractive (e.g., replacing other course content) but provides a context for the provision of services. Thus, cultural diversity is considered a relevant factor during the instruction of concepts, knowledge, and skills in each course and clinical practicum. Cultural diversity is not viewed as an inherently separate topic from other relevant topics in the course, a perspective consistent with infusion models (Stockman, Boult, & Robinson, 2004, 2008). The graduate coursework in each topic area infuses discussions and/or assignments that address sociocultural factors as appropriate for the course.

Framework for Developing Cultural Competency

Examples from the framework used to address cultural competence in an accredited SLP program in the Southeast will be described in this section. This framework consists of a) establishing a plan to address cultural competence, b) providing a dedicated multicultural course, c) infusing of multicultural/multilingual content across academic courses and clinical practicum, and d) specialized opportunities.

Programmatic Planning

A multipronged approach is used to address and facilitate the development cultural competency in the graduate students. First, the program's student recruitment strategy includes activities to expose potential students from diverse backgrounds to the field of communication disorders and to foster relationships with undergraduate programs with traditionally underrepresented populations. This is consistent with research that suggests one way to develop cultural competence is through professional and personal interactions and activities (Lubinski & Matteliano, 2008) and it addresses demographic imperatives outlined previously.

Dedicated Multicultural Course

A dedicated course provides an eclectic view of multicultural issues pertinent to culturally responsive clinical practice in speech-language pathology. Particular attention is given to African American, Hispanic/Latino American, Asian and Pacific American, Native American, and Middle Eastern/Arab American cultural and ethnic groups. In addition to providing an overview of diverse cultural issues, this class discusses health care disparities, multicultural educational practices, incidence and prevalence of disorders, communication differences versus disorders, dialect, English language learners, bilingualism, non-bias assessment, and culturally sensitive service delivery.

As multicultural issues are not limited to the profession of speech-language pathology, this course infuses resources from a variety of disciplines including health care, early childhood development, multicultural education, counseling, psychology, anthropology, and socio-linguistics. It is the intent of this class to equip students as future certified speech-language pathologists to be promoters of equality, justice, and humane conditions in schools and throughout society. To this end, course content further addresses issues of leadership, policies, economics, and legislation.

Specific goals of the course are to facilitate each student's growth in 1) personal and professional sensitivity to and appreciation for cultural and linguistic differences; 2) basic knowledge of those factors which contribute to communicative differences and disorders within and across diverse cultural, ethnic and linguistic groups; and 3) basic knowledge of the practical implications of cultural and linguistic differences in the delivery of communication disorders services to a multicultural population.

Over the course of the semester, students work to increase their knowledge of multicultural service delivery issues in general and specific to a cultural group of interest. Their final project requires the students to demonstrate their application of best practices and delivery of culturally appropriate services pertaining to assigned case studies (e.g. Mexican American woman with right brain deficit). A series of questions (Wallace, 1997) guides them through the clinical decision making process necessary for case management. As a group/team the students are required to systematically address this series of questions leading to a course of action and plan of intervention that is culturally responsive and evidence based. Each group presents their case study in a "grand rounds" format using current citations reflecting evidence-based practice.

Infusion of Multicultural/Multilingual Content

Example from a graduate course on literacy. This course focuses on literacy (reading and writing) among children with communication disorders and addresses early pre-literacy assessment in the home and community, early grades, and secondary education. Prevention, assessment and intervention for written language and spoken language are emphasized. All class discussions include a multicultural focus.

Several student learning outcomes are directly related to diversity such as 1) administer informal and formal literacy assessment measures based on procedures provided with the assessments and the use of culturally appropriate techniques; 2) analyze videos for pragmatic difficulties in conversation, narrative abilities and cultural differences, and problems with executive function; and 3) discuss literature on reading assessment and intervention among exceptional children from culturally and linguistically diverse backgrounds to distinguish between techniques which may be useful for children with various disabilities including learning disabilities, autism, Down's syndrome, and hearing impairment.

Diversity is incorporated into the course in both in-class and out-of-class activities. At the beginning of the course, students complete self-assessment activities. For example, students complete a rating scale describing how comfortable they feel providing language and literacy services for students from diverse backgrounds. Students circle the terms "Comfortable, Somewhat Comfortable, or Uncomfortable" to describe how they feel. Results are tallied and discussed in class. Students are encouraged to describe why they may feel comfortable, somewhat comfortable or uncomfortable.

Students discuss the dynamic aspect of culture and language that applies to everyone (ASHA, 2011b) as well as focusing on specific cultural and linguistic influences on children's reading activities. For example, students discuss the influence of culture on their own literacy experiences when they were children (e.g. book reading activities with their parents). Students discuss the influence of culture on the literacy experiences of children from low-income backgrounds and those from middle-income families. For instance, children from low-income backgrounds may experience literacy activities less often in the form of book reading activities than children from middle-income families (Hammer, 2001; Nelson, 2010). Another example of student discussion regarding the influence of culture involves the use of choice making. In Western cultures children may be provided choices more often, and may be encouraged to choose which book to read, whereas in other cultures that may be more parent-directed such as in Latin American cultures, a child may simply be given a book to read and not offered a choice (Elleseff, 2012, March 6). The importance of recognizing the values and preferences of the children and families that are served is emphasized (Nelson, 2010). Students share examples of literacy interventions they use with children and families from diverse backgrounds in their practicum settings (e.g., the use of culturally sensitive books and materials).

Students participate in the administration and discussion of various literacy assessment activities, including alternative assessment procedures. For example, students demonstrate knowledge of linguistic differences and the ability to apply their knowledge by forming small groups to analyze children's oral readings for the use of morphosyntactic patterns of African American English (LeMoine, 2001; Washington & Craig, 2001) and Spanish-influenced English (Kayser, 2002). Alternative assessment methods involving the use of informal measures (Castro, Ayankoya, & Kasprzak, 2011) such as these are particularly useful for children from culturally and linguistically diverse backgrounds.

Several out-of-class activities and assignments also focus on diversity. For example, students review and discuss journal articles that highlight research involving children

from culturally and linguistically diverse backgrounds and with various disabilities. Students are provided experiences with other cultures through participation in community programs and study abroad activities. Students also participate in literacy research and in presentations with professors and other students at local and national conferences. This creates the opportunity for students to dialogue with diverse audiences on issues related to providing language and literacy services to children and families from culturally and linguistically diverse backgrounds.

All class discussions include cultural and linguistic diversity as a focus, and there are specific objectives and activities related to diversity as well. Diversity is discussed as it applies to students enrolled in the course and the children and families that they serve. Opportunities to address diversity occur during classroom discussions and activities and in activities and assignments outside of the classroom.

Example of an adult clinical practicum. One of the group therapy programs provided by the graduate program's speech and hearing clinic is a neurogenic aphasia group. The purpose for the group is to not only provide clinic hours for graduate level speech-language pathology students but to provide a vehicle for neurogenic clients to interact in a culturally/age sensitive communication friendly environment. Often this population has experienced extensive one on one individual therapy, but not group interaction. By incorporating group therapy, clients are able to communicate and relate to others on a different level. Elman (2007) talks about the growth of group aphasia treatments, more out of necessity than other factors. These groups promote interaction among its members, which helps to rebuild communities and improves health.

Group participants vary in age, ranging from 50 to 83 years of age, and marital status, most being single or divorced. Severity levels also vary. Most participants are at least 2 years post injury and one was 15 years post injury. Another participant was less than 1 year post injury. All of the participants are African American, including as many as 5 females in a low functioning group and 5 men in a high functioning group. The clinical supervisor administers a screening process for participants that includes screening for communication level, personality, and ability to attend. Individuals who may otherwise meet the criteria may not be eligible to participate due to the inability to attend the meetings due to transportation or other issues.

The participants in the group represent a cross-section of socioeconomic statuses. Since the program started, 50% have been college educated/professionally employed including a schoolteacher, accountant, nurse, and minister. Further, 40% have been business entrepreneurs, 20% have served in the armed forces, and 10% have had blue-collar jobs or were unemployed at the time of their injury.

Referrals to come from a variety of sources including community programs, local rehabilitation hospitals, and "word of mouth". Participants currently receive free speech services and can remain in the program until the client or circumstances require that they discontinue. More than 50% of NAG participants have family and/or friends that have taken an active role in their rehabilitation process.

The serviced delivery format varies but generally consists of one hour of individual speech, language and/or cognitive therapy and one hour of group therapy. The groups are broadly categorized as high functioning and low functioning. Group size ranges from three to five participants per group with a focus on facilitating communication exchanges between the participants and student clinicians.

The student clinicians represent a range of demographics including African Americans, Caucasians, Hispanics, Native Americans, and both genders. Students are required to attend an orientation at the beginning of the clinical practicum during which students are given evidence-based reading assignments and culturally appropriate materials created by the clinical supervisor. This orientation includes training on cultural diversity, special considerations when working with older populations, and appropriate accommodations for individuals with disabilities.

Examples of pediatric clinical practicums. Graduate students provide services in a variety of public school systems. During the first year of the program, students have the opportunity to provide services at an urban traditional elementary school and an urban charter school. Sixty-two percent of all children in DPS and 82%

of the children at the traditional elementary school qualified for the free and reduced lunch in the 2012-2013 school year (DPS, 2013). The student population at this elementary school is 57% Black and 33% Hispanic (DPS, 2013). End-of-Grade Test results indicated the overall pass rate for third to fifth graders on reading was 19% and 27% for math (NC DPI, 2014). Approximately seven percent of economically disadvantaged children and less than five percent of children with limited English Proficiency or children with disabilities passed both reading and math End-of-Grade Tests (NC DPI, 2014).

Another school setting for the graduate students is a charter Title I urban school for children kindergarten to eighth grade. End-of-Grade Test results indicate the overall pass rate for third to eighth graders on reading was 16% and 9% for math (NC DPI, 2014). Six percent of economically disadvantaged students and less than five percent of children with limited English Proficiency at the charter school passed both reading and math End-of-Grade Tests (NC DPI, 2014). During the 2011-2012 academic years, 97% of the population was reported to be African American while five percent (3%) was reported to be Hispanic or Caucasian (Healthy Start Academy, n.d.).

These two school clinical experiences provide an opportunity for graduate students to understand the complexities of working with children who do not reflect the same socioeconomic status as the majority of the graduate students. Children from diverse cultural backgrounds who are considered at risk and who have been diagnosed with disabilities, such as those who receive speech and language services in these school settings, require intervention strategies that consider flexible instructional and assessment methods in order to reach those from different cultural backgrounds (Smith & LeConte, 2009). Evidence-based practices that are effective for children from socioculturally diverse backgrounds include use of a continual assessment system to determine progress, setting high but realistic expectations, peer tutoring, developing a depth of knowledge about the children and their families, and supporting family and community involvement (Friend & Bursuck, 2012; McLesky, Rosenberg, & Westling, 2013). Cultural competence empowers future SLPs to work effectively in multi- and cross-cultural situations (Keengwe, 2010; Rounds, Weil, & Bishop, 1994). The clinical experience at the charter school typically starts with designing an environment that reflects the culture and community of the children who will be served. Graduate students create a clinical setting that is diverse in race, ethnicity, age, and educational stimuli; creating a learning space that will be culturally responsive for all clients. Clinical materials and activities are carefully chosen with an understanding that diversity and multiculturalism have not always been viewed as important when books, games, and assessment materials were designed. All activities are explored and presented in a manner that respects the cultural beliefs of the children served.

The use of spoken and nonverbal language is examined for unintentional, embedded messages when speaking, interacting, and writing about children. Graduate students are encouraged to conscientiously build and maintain rapport with families, which requires the awareness of language that may have negative connotations. The clinical placements in public school settings serve as a microcosm of a larger population of children. These settings require graduate students to demonstrate culturally competent, professional disposition and behaviors necessary to effectively serve students from varying cultural backgrounds (Keengwe, 2010). Further, the belief is that the provision of services in a culturally responsive manner will facilitate the communication not only in the school setting but will also generalize to other settings in the child's community.

Specialized Opportunities

The program offers international service learning opportunities in conjunction with curriculum specialization. Three specialization curriculum tracks for students to further develop their cultural competence in various service provision areas are provided: a) provision of bilingual services, b) children with developmental disabilities from culturally and socioeconomically diverse backgrounds, and c) the use of assistive technology with a focus on underserved populations. Each specialty track has its own admission criteria, required coursework, and clinical practicum experiences. Further, the program offers international service learning opportunities so that students can engage in global service provision.

La Conexion Bilingue (The Bilingual Connection) Track. This provides a combination of specialized coursework and practicum training to address the needs to serve Hispanic and/or Spanish-speaking children and adults with communication disorders. Graduate student clinicians who speak native to near-native proficiency in Spanish are eligible to become specialists in the assessment and treatment of monolingual/bilingual Spanish-speaking children and adults. Participants on this track are required to complete additional coursework including a course on bilingualism and Spanish Phonetics as well as 50 hours of bilingual clinical practicum experience. Hablemos! serves Spanish-speaking preschool children in their first/native language of Spanish. Assessment and intervention services are provided in Spanish and English. Graduate students may be placed in an off-campus practicum setting that serves a Spanish-speaking population if available. Further, due to the demographics of the student population and faculty, the bilingual clinic has extended its service provision to include Mandarin Chinese.

Children with developmental disabilities from diverse backgrounds specialty. The primary objectives of this specialty track are to 1) prepare highly-qualified SLPs through an interdisciplinary program focused on improving the outcomes for children with disabilities; and 2) increase the number of culturally competent SLPs to provide services to children from socioculturally diverse populations. It is an interdisciplinary project with a special education graduate program where students complete graduate coursework on children with developmental disabilities, special education law, learning style differences, and disparities in the educational system. Students participate in specialized clinical practice with a high percentage of students from culturally, linguistically, and economically diverse backgrounds. This is the first year of funding for this project.

Assistive and Augmentative Communication Specialty. This track prepares students to work with culturally and linguistically diverse children and their families in the areas of early intervention and assistive technology services. Students take a range of required and elective courses and seminars that infuse multicultural issues (e.g. literacy and low incidence disabilities) as well as special topics in diversity (e.g. working with CLD families). Students are further required to engage in research and/or grant writing to hone leadership and research skills by engaging in mentored student initiated research projects and professional presentations.

Students are required to complete a minimum of 50 hours of specialized training with one semester in either the bilingual clinic or an inclusive therapeutic preschool clinic which serves toddlers to preschool age children ranging from typically developing to children with dual diagnoses and complex communication needs. Students also provide parent consultation and training of families from diverse language and cultural backgrounds.

International service learning experiences. The program offers its students opportunities to participate in service learning experiences in different countries. Academic and clinical faculty have created a global immersion course which focuses on providing services internationally and prepares the students for the service learning experiences. The experiences vary depending upon the nature of the opportunity but generally include providing the local communities with information and materials regarding communication disorders, interacting with local families, educators and community agencies to provide preventative services, and conducting assessments upon request. Students have participated in service learning experiences in China and the Dominican Republic.

Discussion and Conclusions

Speech-language pathologists and audiologists have the responsibility to work toward achieving cultural competence. The ability to understand the needs of culturally and linguistically diverse learners is critical for a client's success and is now more urgent given the rapid and dramatic change of the population of the United States (Choate, 2004; McLesky et al., 2013). Children and adults with communication disorders who are culturally and linguistically diverse encompass a wide range of differences that may include ethnicity, socioeconomic status, ability, disability, gender, religion, and language (Choate, 2004). ASHA has long recognized the need for its members to be culturally competent. It has produced a variety of resources and developed policy documents for serving culturally and linguistically diverse populations such as the *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide*

Culturally and Linguistically Appropriate Services (ASHA, 2004) and *Cultural Competence in Professional Service Delivery* (2011b).

The framework presented represents best practices in its use of an integral infusion model by infusing multicultural/multilingual instruction throughout the curriculum and offering a specific course on multicultural issues (Horton-Ikard, Munoz, Thomas-Tate, & Keller-Bell, 2009; Stockman, Boult, & Robinson, 2008). The development of cultural and linguistic competence as a SLP is a dynamic process and provides graduate students with clinical experiences to implement and demonstrate culturally appropriate communication, knowledge, and skills. Through required coursework, specialized electives and seminars, and diverse clinical practicum settings, graduate students have the opportunity to learn and implement culturally sensitive, evidence-based practices. This is evidenced by the students' ability to identify appropriate intervention and assessment strategies, use culturally appropriate communication with clients and their families, and provide services integrating the client's beliefs based on his or her unique needs as evaluated by clinical supervisors.

This framework presents a model of a program aimed to prepare culturally competent scholars to provide services to an increasingly diverse and global society. It is designed with the understanding that the development of cultural competence occurs with cultural humility, the continual process of self-evaluation, self-reflection and an appreciation of the perspective of the client and significant stakeholders (Tervalon & Murray-Garcia, 1998) .

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