



Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Mental Health and Addictions



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ABSTRACT

In 2016, there were 44.7 million adults affected by mental illness, and 20.1 million people aged 12 years or older affected by substance use disorder. More than 8.2 million Americans are afflicted with co-occurring disorders or dual diagnosis, such as both a mental illness and an addiction. Registered dietitian nutritionists (RDNs) have an important role in the treatment of this population, as optimizing nutrition status improves cognitive and emotional functioning. The Behavioral Health Nutrition Dietetic Practice Group, with guidance from the Academy of Nutrition and Dietetics Quality Management Committee, has developed Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for RDNs in Mental Health and Addictions for three levels of practice: competent, proficient, and expert. The SOP uses the Nutrition Care Process and clinical workflow elements for care of individuals with mental illness and/or addictions. The SOPP describes six domains that focus on professionalism: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. Indicators outlined in the SOP and SOPP depict how these standards apply to practice. The SOP and SOPP are complementary resources for RDNs caring for individuals with, or specializing in, mental health and addictions and practicing in other mental health and addictions-related areas, including research. The SOP and SOPP are intended to be used by RDNs for self-evaluation to assure competent practice and for determining potential education and training needs for advancement to a higher practice level in a variety of settings.

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Editor's note: Figures 1 and 2 that accompany this article are available at www.jandonline.org.

THE BEHAVIORAL HEALTH Nutrition Dietetic Practice Group (BHN DPG) of the Academy of Nutrition and Dietetics (Academy), under the guidance of the Academy Quality Management Committee, has revised the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitians in Behavioral Health Care originally published in 2006.¹ The revised documents, Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian

Nutritionists (Competent, Proficient, and Expert) in Mental Health and Addictions, focus on two areas within behavioral health—mental health and addictions, and replace the 2006 Standards. Since the 2006 Behavioral Health Care Standards were published, two additional areas within behavioral health care have been published, the SOP and SOPP for Registered Dietitians in Intellectual and Developmental Disabilities² and the SOP and SOPP for Registered Dietitians in Disordered Eating and Eating Disorders.³ The 2018 SOP and SOPP for Registered Dietitian Nutritionists in Mental Health and Addictions build on the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs.⁴ The Academy of Nutrition and Dietetics/Commission on Dietetic Registration's (CDR) Code of Ethics, revised in 2018,⁵ along with the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP

for RDNs⁴ and Revised 2017 Scope of Practice for the RDN,⁶ guide the practice and performance of RDNs in all settings.

Scope of practice in nutrition and dietetics is composed of statutory and individual components, includes the code(s) of ethics (eg, Academy/CDR,

*Approved July 2018 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy) and the Executive Committee of the Behavioral Health Nutrition Dietetic Practice Group of the Academy. **Scheduled review date: December 2024.** Questions regarding the Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists in Mental Health and Addictions may be addressed to Academy Quality Management Staff—Dana Buelsing, MS, manager, Quality Standards Operations; and Sharon McCauley, MS, MBA, RDN, LDN, FADA, FAND, senior director, Quality Management at quality@eatright.org.*

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All registered dietitians are nutritionists—but not all nutritionists are registered dietitians. The Academy's Board of Directors and Commission on Dietetic Registration have determined that those who hold the credential Registered Dietitian (RD) may optionally use "Registered Dietitian Nutritionist" (RDN). The two credentials have identical meanings. In this document, the authors have chosen to use the term *RDN* to refer to both registered dietitians and registered dietitian nutritionists.

other national organizations, and/or employer code of ethics), and encompasses the range of roles, activities, practice guidelines, and regulations within which RDNs perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state.⁶ An RDN's statutory scope of practice can delineate the services an RDN is authorized to perform in a state where a practice act or certification exists. For more information see www.cdrnet.org/state-licensure-agency-list.

The RDN's individual scope of practice is determined by education, training, credentialing, experience, and demonstrating and documenting competence to practice. Individual scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. Professional advancement beyond the core education and supervised practice to qualify for the RDN credential provides RDNs practice opportunities, such as expanded roles within an organization based on training and certifications, if required; or additional credentials (eg, focus area CDR specialist certification, if applicable; Certified Nutrition Support Clinician [CNSC], Certified Case Manager [CCM], or Certified Professional in Healthcare Quality [CPHQ]). The Scope of Practice Decision Tool, an online interactive tool, guides an RDN through a series of questions to determine whether a particular activity is within his or her scope of practice (www.eatrightpro.org/scope). The tool is designed to assist an RDN to critically evaluate his or her personal knowledge, skill, experience, judgment, and

demonstrated competence using criteria resources.⁷

The Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, Hospital⁸ and Critical Access Hospital⁹ Conditions of Participation now allows a hospital and its medical staff the option of including RDNs or other qualified nutrition professionals within the category of "non-physician practitioners" eligible for ordering privileges for therapeutic diets and nutrition-related services if consistent with state law and health care regulations. RDNs in hospital settings interested in obtaining ordering privileges must review state laws (eg, licensure, certification, and title protection), if applicable and health care regulations to determine whether there are any barriers or state-specific processes that must be addressed. For more information, review the Academy's practice tips that outline the regulations and implementation steps for obtaining ordering privileges (www.eatrightpro.org/dietorders/). For assistance, refer questions to the Academy's State Affiliate organization.

Medical staff oversight of an RDN(s) occurs in one of two ways. A hospital has the regulatory flexibility to appoint an RDN(s) to the medical staff and grant the RDN(s) specific nutrition ordering privileges, or can authorize the ordering privileges without appointment to the medical staff. To comply with regulatory requirements, an RDN's eligibility to be considered for ordering privileges must be through the hospital's medical staff rules, regulations, and bylaws, or other facility-specific process.¹⁰ The actual privileges granted will be based on the RDN's knowledge, skills, experience, and specialist certification, if required, and demonstrated and documented competence.

The Long-Term Care Final Rule published October 4, 2016 in the *Federal Register* "allows the attending physician to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law" and permitted by the facility's policies.¹¹ The qualified professional must be acting within the scope of practice as defined by state law; and is under the supervision of the physician, which may include, for example, countersigning the orders written by

the qualified dietitian or clinically qualified nutrition professional. RDNs who work in long-term care facilities should review the Academy's updates on CMS that outline the regulatory changes to §483.60 Food and Nutrition Services (<https://www.eatrightpro.org/practice/quality-management/national-quality-accreditation-and-regulations/centers-for-medicare-and-medicaid-services>). Review the state's long-term care regulations to identify potential barriers to implementation; and identify considerations for developing the facility's processes with the medical director and for orientation of attending physicians. The CMS State Operations Manual, Appendix PP-Guidance for Surveyors for Long-Term Care Facilities contains the revised regulatory language (revisions are italicized and in red color).¹² CMS periodically revises the State Operations Manual Conditions of Participation; obtain the current information at www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf.

ACADEMY QUALITY AND PRACTICE RESOURCES

The Academy's Revised 2017 SOP in Nutrition Care and SOPP for RDNs⁴ reflect the minimum competent level of nutrition and dietetics practice and professional performance. The core standards serve as blueprints for the development of focus area SOP and SOPP for RDNs in competent, proficient, and expert levels of practice. The SOP in Nutrition Care is composed of four standards consistent with the Nutrition Care Process (NCP) and clinical workflow elements as applied to the care of patients/clients/populations in all settings.¹⁴ The SOPP consist of standards representing six domains of professional performance: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. The SOP and SOPP for RDNs are designed to promote the provision of safe, effective, efficient, and quality food and nutrition care and services; facilitate evidence-based practice; and serve as a professional evaluation resource.

These focus area standards for RDNs in mental health and addictions

provide a guide for self-evaluation and expanding practice, a means of identifying areas for professional development, and a tool for demonstrating competence in delivering mental health and addictions nutrition and dietetics services. They are used by RDNs to assess their current level of practice and to determine the education and training required to maintain currency in their focus area and advancement to a higher level of practice. In addition, the standards can be used to assist RDNs in general clinical practice with maintaining minimum competence in the focus area and by RDNs transitioning their knowledge and skills to a new focus area of practice. Like the Academy's core SOP in Nutrition Care and SOPP for RDNs,⁴ the indicators (ie, measurable action statements that illustrate how each standard can be applied in practice) (see [Figures 1 and 2](#), available at www.jandonline.org) for the SOP and SOPP for RDNs in Mental Health and Addictions were developed with input and consensus of content experts representing diverse practice and geographic perspectives. The SOP and SOPP for RDNs in Mental Health and Addictions were reviewed and approved by the Executive Committee of the BHN Dietetic Practice Group and the Academy Quality Management Committee.

THREE LEVELS OF PRACTICE

The Dreyfus model¹⁵ identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) (refer to [Figure 3](#)) during the acquisition and development of knowledge and skills. The first two levels are components of the required didactic education (novice) and supervised practice experience (advanced beginner) that precede credentialing for nutrition and dietetics practitioners. Upon successfully attaining the RDN credential, a practitioner enters professional practice at the competent level and manages his or her professional development to achieve individual professional goals. This model is helpful in understanding the levels of practice described in the SOP and SOPP for RDNs in Mental Health and Addictions. In Academy focus areas, the three levels of practice are represented as competent, proficient, and expert.

Competent Practitioner

In nutrition and dietetics, a competent practitioner is an RDN who is either just starting practice after having obtained RDN registration by CDR or an experienced RDN recently transitioning his or her practice to a new focus area of nutrition and dietetics. A focus area of nutrition and dietetics practice is a defined area of practice that requires focused knowledge, skills, and experience that applies to all levels of practice.¹⁶ A competent practitioner who has achieved credentialing as an RDN and is starting in professional employment consistently provides safe and reliable services by employing appropriate knowledge, skills, behavior, and values in accordance with accepted standards of the profession; acquires additional on-the-job skills; and engages in tailored continuing education to further enhance knowledge, skills, and judgment obtained in formal education.¹⁶ A general practice RDN can include responsibilities across several areas of practice, including, but not limited to: community, clinical, consultation and business, research, education, and food and nutrition management. An RDN new to mental health and addictions nutrition and dietetics practice may utilize resources (eg, Recorded Webinar: Nutrition-Focused Physical Examinations in Behavioral Health Treatment Environments; Recorded Webinar: Linking Mental Health to Nutrients and Nutritional Status; located at www.bhndpg.org/store/) and seek out more experienced practitioners to add depth and breadth to his or her knowledge, skills, and responsibilities in mental health and addictions nutrition and dietetics. Competent RDNs need to build knowledge regarding the types of mental illness and addictions, and the characteristics and behavior of individuals experiencing these conditions. RDNs competent to practice in this focus area need to understand the side effects of prescribed medications or illicit drug use and potential impact on nutritional needs, the nutrients that may cause or influence an altered mental state if deficient or in excess, and the dietary habits and medications that may lead to deficiencies or excess of nutrients.

Proficient Practitioner

A proficient practitioner is an RDN who is generally 3 or more years beyond

credentialing and entry into the profession and consistently provides safe and reliable service; has obtained operational job performance skills; and is successful in the RDN's chosen focus area of practice. The proficient practitioner demonstrates additional knowledge, skills, judgment, and experience in a focus area of nutrition and dietetics practice. An RDN may acquire specialist credentials, if available, to demonstrate proficiency in a focus area of practice.¹⁶ Proficient practitioners in mental health and addictions have 1) gained additional knowledge in the care and management of individuals with mental illness and/or an addiction; 2) work experience in delivering medical nutrition therapy, counseling and education to this population with complex needs; and 3) may have obtained additional credentials or focused skill development in counseling.

Expert Practitioner

An expert practitioner is an RDN who is recognized within the profession and has mastered the highest degree of skill in, and knowledge of, nutrition and dietetics. Expert-level achievement is acquired through ongoing critical evaluation of practice and feedback from others. The individual at this level strives for additional knowledge, experience, and training. An expert has the ability to quickly identify "what" is happening and "how" to approach the situation. Experts easily use nutrition and dietetics skills to become successful through demonstrating quality practice and leadership, and to consider new opportunities that build upon nutrition and dietetics.¹⁶ An expert practitioner may have an expanded or specialist role, or both, and may possess an advanced credential(s). Generally, the practice is more complex and the practitioner has a high degree of professional autonomy and responsibility. Experts identify needs and plan educational resources or events for mental health and addictions professionals regarding the bidirectional influence of nutrition and mental status. Experts also make RDNs and nutrition and dietetics technicians, registered (NDTRs) aware of developments in the field and their applicability in the workplace, as well as develop resources, records, and data

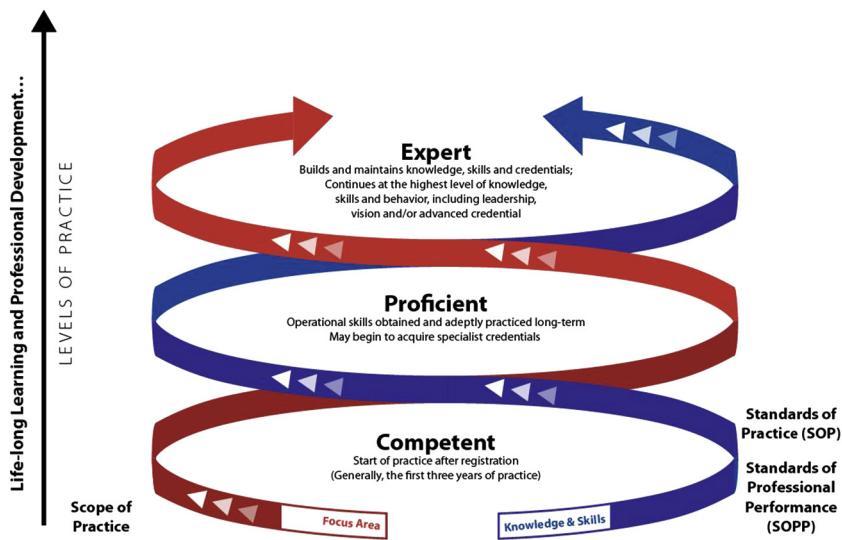
Standards of Practice are authoritative statements that describe practice demonstrated through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention (planning, implementation), outcomes monitoring and evaluation (four separate standards), and the responsibilities for which registered dietitian nutritionists (RDNs) are accountable. The Standards of Practice (SOP) for RDNs in Mental Health and Addictions presuppose that the RDN uses critical thinking skills; analytical abilities; theories; best available research findings; current accepted nutrition, dietetics, and medical knowledge; and the systematic holistic approach of the nutrition care process as they relate to the application of the standards. Standards of Professional Performance (SOPP) for RDNs in Mental Health and Addictions are authoritative statements that describe behavior in the professional role, including activities related to Quality in Practice; Competence and Accountability; Provision of Services; Application of Research; Communication and Application of Knowledge; and Utilization and Management of Resources (six separate standards).

SOP and SOPP are complementary standards and serve as evaluation resources. All indicators may not be applicable to all RDNs' practice or to all practice settings and situations. RDNs operate within the directives of applicable federal and state laws and regulations, as well as policies and procedures established by the organization in which they are employed. To determine whether an activity is within the scope of practice of an RDN, the practitioner compares his or her knowledge, skill, experience, judgment, and demonstrated competence with the criteria necessary to perform the activity safely, ethically, legally, and appropriately. The Academy's Scope of Practice Decision Tool, which is an online, interactive tool, is specifically designed to assist practitioners with this process.

The term **patient/client** is used in the SOP as a universal term as these Standards relate to direct provision of nutrition care and services. Patient/client could also mean client/patient, resident, participant, consumer, or any individual or group who receives mental health and addictions care and services. **Customer** is used in the SOPP as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides services. These services are provided to individuals ages 13 years and older. The SOP and SOPP are not limited to the clinical setting. In addition, it is recognized that the family and caregiver(s) of patient/clients of all ages, including individuals with special health care needs, play critical roles in overall health and are important members of the team throughout the assessment and intervention process. The term **appropriate** is used in the standards to mean: Selecting from a range of best practice or evidence-based possibilities, one or more of which would give an acceptable result in the circumstances.

Each standard is equal in relevance and importance and includes a definition, a rationale statement, indicators, and examples of desired outcomes. A standard is a collection of specific outcome-focused statements against which a practitioner's performance can be assessed. The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. Indicators are measurable action statements that illustrate how each specific standard can be applied in practice. Indicators serve to identify the level of performance of competent practitioners and to encourage and recognize professional growth.

Standard definitions, rationale statements, core indicators, and examples of outcomes found in the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs have been adapted to reflect three levels of practice (competent, proficient, and expert) for RDNs in mental health and addictions (see figure below). In addition, the core indicators have been expanded to reflect the unique competence expectations for the RDN providing mental health and addictions related care and/or services.



Adapted from the *Dietetics Career Development Guide*. For more information, please visit www.eatrightPRO.org/futurepractice

Figure 3. Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Mental Health and Addictions

systems to contribute knowledge to the facility or to the broader field. Expert practitioners may have obtained certifications or credentials, such as the National Certified Addiction Counselor (www.naadac.org/certification) and the National Certified Counselor (www.nbcc.org/Certification/NCC).

These Standards, along with the Academy/CDR Code of Ethics,⁵ answer the questions: Why is an RDN uniquely qualified to provide mental health and addictions nutrition and dietetics services? What knowledge, skills, and competencies does an RDN need to demonstrate for the provision of safe, effective, and quality mental health and addictions care and service at the competent, proficient, and expert levels?

OVERVIEW

The Academy's Behavioral Health Nutrition Dietetic Practice Group encompasses four key areas of nutrition practice: addictions, mental health, intellectual and developmental disabilities, and disordered eating and eating disorders. These SOP and SOPP focus specifically on mental health and addictions (see [Figure 4](#) for definitions).

Mental illness includes a wide range of psychiatric diagnoses, including anxiety disorder, bipolar disorder, dementia, depression, obsessive-compulsive disorder, schizophrenia, as well as other disorders listed in the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*.¹⁷ In 2016, mental illness of any type affected 44.7 million adults aged 18 and older in the past year.¹⁸ Addiction is characterized by behaviors that include one or more of the following: impaired control over illicit or prescribed drugs and/or alcohol use, compulsive use and/or continued use despite harm and cravings.¹⁹ Addictions may also refer to behaviors such as disordered eating or gambling. Substance use disorder (alcohol or illicit drugs) was reported in 2016 to affect 20.1 million people aged 12 years or older in the past year.¹⁸ In addition, more than 8.2 million Americans are afflicted with co-occurring disorders or dual diagnoses, such as both a mental illness and an addiction.^{18,21}

RDNs, with their unique skill set, have an important role to play in the treatment of this population.

Optimizing nutritional status improves cognitive and emotional functioning for individuals with mental illness and/or addictions.²²⁻²⁸ RDNs may be employees or consultants to organizations and programs serving the mental health or addictions populations. These include psychiatric hospitals, mental health or behavioral health units in acute care or long-term care settings, outpatient programs of hospitals, university student health centers, rehabilitation/recovery treatment centers, community health centers/clinics, and transitional community after care settings, as well as private practice.

In organizations with nutrition services, RDNs serve as core members of the interprofessional team that plans and coordinates the overall treatment approach for patients/clients to support management of mental illness and/or recovery from alcohol and/or drug abuse.²⁹⁻³⁴ The interprofessional team may include RDNs, psychiatrists, psychologists, social workers, nurses, nurse practitioners, physician assistants, pharmacists, mental health technicians, substance abuse counselors, therapists (eg, occupational, physical, vocational, and recreational),

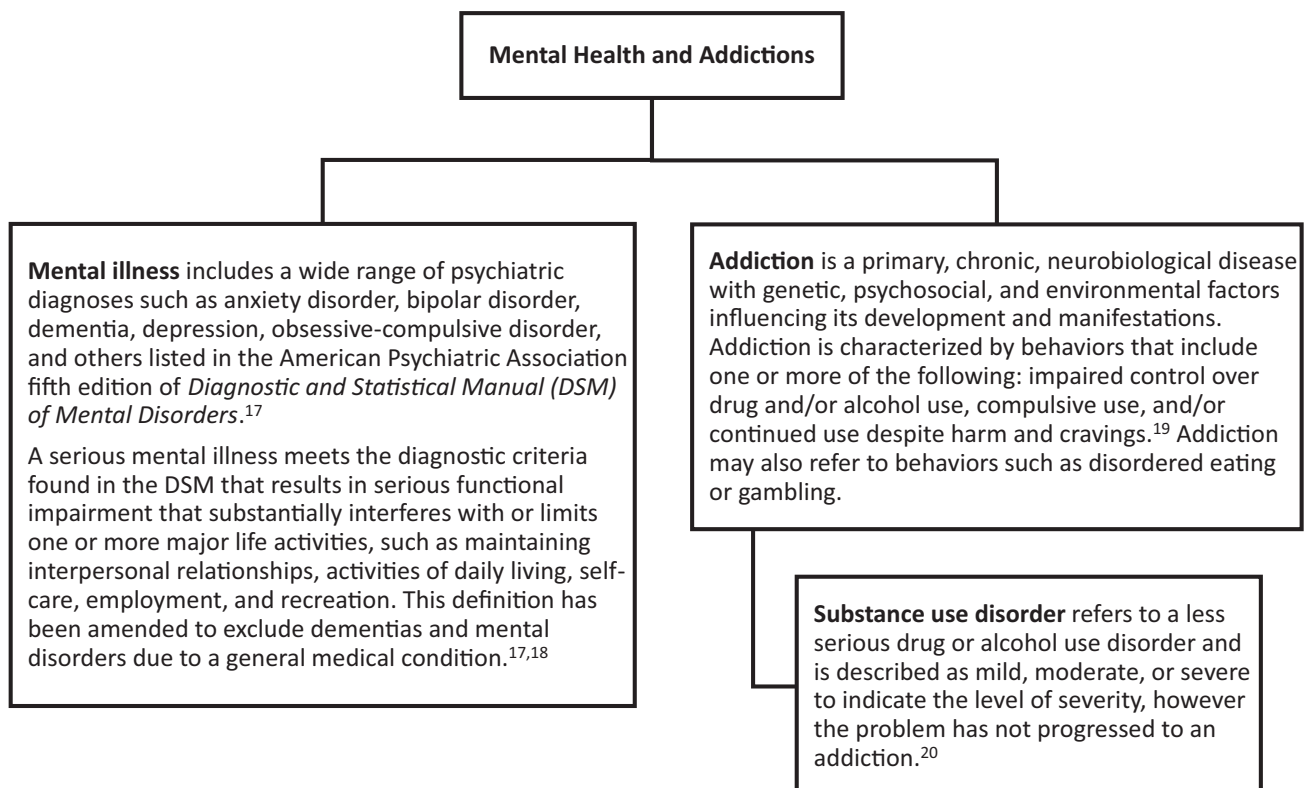


Figure 4. Mental health and addictions definitions.

and foodservice representatives. The RDN has a role in helping achieve treatment goals and supporting a healthy lifestyle and recovery. As interprofessional care is core to the treatment of individuals with mental health and addictions, an RDN must recognize the boundaries of nutrition counseling vs psychotherapy and when referral to another team member is necessary.³⁵

Individuals with a mental illness and/or an addiction may have comorbidities (eg, malnutrition,²⁹ cardiovascular disease, swallowing disability due to a stroke, or Wernicke's encephalopathy due to alcoholism) that need to be addressed. Nutrition screening on admission to the hospital/program, followed by a nutrition assessment by the RDN, identifies comorbidities impacted by nutrition, nutrition risk factors (eg, unplanned weight loss, food insecurity, disordered eating or an eating disorder, and/or nutrition knowledge deficits), and individual preferences to consider in support of a healthy lifestyle and prevention of relapse. The nutrition plan may require the RDN to modify the standard menus for creating a person-centered, individualized meal plan (eg, carbohydrate control for diabetes, reduced sodium), order or recommend medical food and/or dietary supplements, or food texture or liquid modifications for dentition and/or a swallowing disability.

In mental health or addictions treatment settings that provide foodservice for the patient/client population, visitors, and staff, an RDN may serve as the department director or manager. Standard foodservice systems operations are used (eg, food purchasing, preparation, and service; food safety; and sanitation) with patients/clients receiving tray or cafeteria service, and separate cafeteria or coffee shop service available for visitors and staff. Patient/client service is tailored to the characteristics and needs of the population, as the foodservice environment must accommodate the various stages of recovery. In a mental health or addictions inpatient facility that treats individuals in recovery, a patient/client may require a period of detoxification, quiet time, or other needs, such as a more isolated meal service, as their illness may prevent them from eating in a cafeteria setting. The menus and snacks offered need to support the medical needs of the

population as well as offer regular meals and snacks with healthful food selections.^{32,33,36} These include complex carbohydrates, foods rich in n-3 fatty acids, fruits and vegetables, products with limited added sugar, and non-caffeinated beverages.^{32,33,36} Sweets and caffeine may be foods of choice to curb cravings for individuals in recovery that contribute to undesired weight gain, sleep disturbances, depression, and relapse.^{32,33,36} A staff or consultant RDN providing nutrition services needs to collaborate with the foodservice manager on the food offerings and accommodating special dietary needs of patients/clients.

For transitions of care planning, discharge needs are identified to support recovery. Individuals are referred to a community mental health clinic/provider for continued care and are connected to needed resources in the community, such as meal programs, food pantries, and support groups. Examples of empowering the individual to have healthful food and beverage choices in the community include referral to other providers for support and education, teaching the individual or advocates about basic nutrition or special diet guidelines,^{28,33,34} conducting basic cooking classes with a focus on nutrition, and assisting the individual with how to shop and budget for nutritious foods.³⁷

Further resources for RDNs working in mental health and addictions areas may be found on the BHN DPG website. BHN has resources for practitioners in mental health and addictions, such as live and recorded webinars for a variety of settings, publications, links to organizations, and other resources that can be found at: www.bhndpg.org/about/membership-benefits/resources-2/.

ACADEMY REVISED 2018 SOP AND SOPP FOR RDNs (COMPETENT, PROFICIENT, AND EXPERT) IN MENTAL HEALTH AND ADDICTIONS

An RDN can use the Academy Revised 2018 SOP and SOPP for RDNs (Competent, Proficient, and Expert) in Mental Health and Addictions (see [Figures 1 and 2](#), available at www.jandonline.org, and [Figure 3](#)) to:

- identify the competencies needed to provide mental health

and addictions nutrition and dietetics care and services;

- self-evaluate whether he or she has the appropriate knowledge, skills, experience, and judgment to provide safe, effective, and quality mental health and addictions nutrition and dietetics care and service for their level of practice;
- identify the areas in which additional knowledge, skills, and experience are needed to practice at the competent, proficient, or expert level of mental health and addictions nutrition and dietetics practice;
- provide a foundation for public and professional accountability in mental health and addictions nutrition and dietetics care and services;
- support efforts for strategic planning, performance improvement, outcomes reporting, and assist management in the planning and communicating of mental health and addictions nutrition and dietetics services and resources;
- enhance professional identity and skill in communicating the nature of mental health and addictions nutrition and dietetics care and services;
- guide the development of mental health and addictions nutrition and dietetics-related education and continuing education programs, job descriptions, practice guidelines, protocols, clinical models, competence evaluation tools, and career pathways; and
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in mental health and addictions nutrition and dietetics, and the understanding of the full scope of this focus area of practice.

APPLICATION TO PRACTICE

All RDNs, even those with significant experience in other practice areas, must begin at the competent level when practicing in a new setting or new focus area of practice. At the competent level, an RDN in mental health and addictions is learning the principles that underpin this focus area and is developing knowledge,

skills, judgment, and gaining experience for safe and effective mental health and addictions nutrition and dietetics practice. This RDN, who may be new to the profession or may be an experienced RDN, has a breadth of knowledge in nutrition and dietetics and may have proficient or expert knowledge/practice in another focus area. However, the RDN new to the focus areas of mental health and addictions must accept the challenge of becoming familiar with the body of knowledge and available resources to support and ensure quality mental health and addictions-related nutrition and dietetics practice.

At the proficient level, an RDN has developed a more in-depth understanding of mental health and addictions nutrition and dietetics practice, and is better equipped to adapt and apply evidence-based guidelines and best practices than at the competent level. This RDN is able to modify practice according to unique situations. For example, RDNs may make substitutions for a patient with paranoia towards some foods, or integrate reported symptoms related to alcohol intake, a history of bariatric surgery, and postpartum depression. The RDN at the proficient level has the option of acquiring a specialist credential(s). Examples of certifications are the Licensed Mental Health Counselor, Mental Health Counselor (described by the American Counseling Association and Association for Creativity in Counseling at www.counseling.org/knowledge-center/clearinghouses), the National Certified Addiction Counselor, Level I (NCAC I) and Level II (NCAC II), and others described by The Association for Addiction Professionals.

At the expert level, the RDN thinks critically, reflecting breadth of knowledge and experience, and demonstrates a more intuitive understanding of mental health and addictions nutrition and dietetics care and service, displays a range of highly developed clinical and technical skills, and formulates judgments acquired through a combination of education, experience, and critical thinking. Essentially, practice at the expert level requires the application of composite nutrition and dietetics knowledge, with practitioners drawing not only on their practice experience, but also on the experience of the mental health

and addictions RDNs in various disciplines and practice settings. Expert RDNs, with their extensive experience and ability to see the significance and meaning of mental health and addictions nutrition and dietetics within a contextual whole, are fluid and flexible, and have considerable autonomy in practice. They not only develop and implement mental health and addictions nutrition and dietetics services, they also manage, drive, and direct care for individuals and/or groups; conduct and collaborate in research and advocacy; accept organization leadership roles; engage in scholarly work; guide interprofessional teams; and lead the advancement of mental health and addictions nutrition and dietetics practice.

Indicators for the SOP and SOPP for RDNs in Mental Health and Addictions are measurable action statements that illustrate how each standard can be applied in practice (Figure 1 SOP and Figure 2 SOPP, available at www.jandonline.org). Within the SOP and SOPP for RDNs in Mental Health and Addictions, an "X" in the competent column indicates that an RDN who is caring for patients/clients is expected to complete this activity and/or seek assistance to learn how to perform at the level of the standard. A competent RDN in mental health and addictions could be an RDN starting practice after registration or an experienced RDN who has recently assumed responsibility to provide mental health and addictions nutrition care for patients/clients. This could include patients/clients with poor nutrition related to reduced food intake secondary to alcohol or recreational drug use, or individuals with excessive intake of some nutrients related to use of numerous dietary supplements.

An "X" in the proficient column indicates that an RDN who performs at this level has a more in-depth understanding of mental health and addictions nutrition and dietetics and has the ability to modify or guide nutrition therapy to meet the needs of patients/clients in various situations (eg, history of bariatric surgery, trauma).

An "X" in the expert column indicates that the RDN who performs at this level possesses a comprehensive understanding of mental health and addictions nutrition and dietetics and a highly developed range of skills and

judgments acquired through a combination of experience and education. The expert RDN builds and maintains the highest level of knowledge, skills, and behaviors, including leadership, vision, and credentials.

Standards and indicators presented in Figure 1 and Figure 2 (available at www.jandonline.org) in boldface type originate from the Academy's Revised 2017 SOP in Nutrition Care and SOPP for RDNs⁴ and should apply to RDNs in all three levels. Additional indicators not in boldface type developed for this focus area are identified as applicable to all levels of practice. Where an "X" is placed in all three levels of practice, it is understood that all RDNs in mental health and addictions are accountable for practice within each of these indicators. However, the depth with which an RDN performs each activity will increase as the individual moves beyond the competent level. Several levels of practice are considered in this document; thus, taking a holistic view of the SOP and SOPP for RDNs in Mental Health and Addictions is warranted. It is the totality of individual practice that defines a practitioner's level of practice and not any one indicator or standard.

RDNs should review the SOP and SOPP in Mental Health and Addictions at determined intervals to evaluate their individual focus area knowledge, skill, and competence. Consistent self-evaluation is important because it helps identify opportunities to improve and enhance practice and professional performance. This self-appraisal also enables mental health and addictions RDNs to better utilize these Standards as part of the *Professional Development Portfolio* recertification process,³⁸ which encourages CDR-credentialed nutrition and dietetics practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. CDR's updated system implemented with the 5-year recertification cycle that began in 2015 incorporates the use of essential practice competencies for determining professional development needs.³⁹ In the new three-step process, the credentialed practitioner accesses an online Goal Wizard (step 1), which uses a decision algorithm to identify essential practice competency goals

Role	Examples of use of SOP and SOPP documents by RDNs in different practice roles ^a
Clinical practitioner, psychiatric hospital or acute care psychiatric unit	An RDN working in a psychiatric hospital reports seeing more patients/clients with a psychiatric disorder complicated by drug and/or alcohol addictions. The RDN reviews available resources to guide nutrition services and medical nutrition therapy for these individuals. The RDN refers to the Revised 2018 Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for RDNs in Mental Health and Addictions to evaluate current knowledge, skills, experience, and competence for identifying areas to strengthen. The RDN consults with a colleague working with individuals with addictions in a community mental health center for information and recommendations for continuing education options.
Clinical practitioner, post-acute/long-term care	An RDN consultant for a long-term care facility notices an increase in the number of new residents with a psychiatric disorder. The RDN refers to the SOP and SOPP in Mental Health and Addictions to enhance knowledge and skills for guiding assessment and plan of care decision making for these individuals. The RDN reviews the resources identified in the SOP and SOPP article and figures to identify areas for continuing education. The RDN consults with an RDN colleague who provides care for individuals with mental illnesses for appropriate diet orders and type of adjustments that may be needed for menus and dining options to support a resident's nutritional needs.
Clinical nutrition manager	A clinical nutrition manager (CNM) who oversees RDNs in a large psychiatric hospital considers the SOP and SOPP for Mental Health and Addictions for developing job descriptions, work assignments, assisting staff in evaluating competence and additional knowledge and/or skills needs in mental health and addictions nutrition care and services. The CNM recognizes the SOP and SOPP along with other applicable focus area SOP and SOPP (eg, diabetes care) as important tools for staff to use in assessing their own competence, identifying personal performance plans, and guiding quality improvement data monitoring and evaluation to optimize patient/client outcomes.
Food and nutrition services manager	A new food and nutrition services manager in an addictions treatment facility uses the resources identified in the SOP and SOPP in Mental Health and Addictions and other relevant focus area SOP and/or SOPP to identify practice expectations when working with individuals with addictions. The RDN learns further information to assist with design/redesign of foodservice systems and menu and snack offerings in support of meeting the nutritional needs of the client population.
Community-based support program practitioner	An RDN working in a community-based flexible support program provides consultations for participants with mental illnesses and other medical diagnoses who present with nutrition-related problems. The RDN reviews the SOP and SOPP for RDNs in Mental Health and Addictions and other relevant focus area SOP SOPP periodically to evaluate knowledge, skills and competence level for providing care to program participants. The SOP and SOPP are used as a resource for developing approaches in nutrition care, and guiding quality improvement projects to maximize participant and program outcomes.
Telehealth practitioner	An RDN working in telehealth whose nutrition consultations include individuals with mental illness considers the SOP and SOPP in Mental Health and Addictions when determining expertise needed. The RDN identifies knowledge areas and resources to support care for individuals with mental illness, for communications with referring practitioner, and to strengthen professional counseling and education skills. The RDN reviews all relevant state laws and regulations, the Academy of Nutrition and Dietetics telehealth resources, and organizational policies and procedures regarding the practice of telehealth, noting differences for providing patient/client services to those not residing within the same state as the RDN.
<i>(continued on next page)</i>	

Figure 5. Role Examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Mental Health and Addiction.

Role	Examples of use of SOP and SOPP documents by RDNs in different practice roles ^a
University Health Center practitioner	An RDN in a university student health center who provides counseling for nutrition and healthy lifestyle notes an increasing number of students being referred for poor nutrition because of alcohol and/or substance abuse. The RDN reviews the SOP and SOPP in Mental Health and Addictions for resources to guide nutrition assessments and develop interventions/plans of care. Review of indicators showed areas for increased knowledge, skills, and experience that were needed. The RDN consults with the interprofessional team on medical and nutrition management plans, and for recommendations on continuing education options.
Private practice practitioner	An RDN working in a private practice setting whose nutrition consultations include individuals with mental illness and/or addictions considers the SOP and SOPP in Mental Health and Addictions when determining knowledge, skills and expertise needed. The RDN collaborates with the referring provider and, with client's permission, other health care professionals guiding client's treatment plan to incorporate addressing nutrition needs. The RDN uses the SOP and SOPP to identify resources for personal development and to support care for clients with mental illness and/or addictions.

^aFor each role, the RDN updates the professional development plan to include applicable essential practice competencies for mental health and/or addictions nutrition care and services to support needed knowledge and skills, such as effective counseling techniques, pharmacology for common drugs of abuse, and potential nutrition-related impact(s).

Figure 5. (continued) Role Examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Mental Health and Addiction.

and performance indicators relevant to the RDN's area(s) of practice (essential practice competencies and performance indicators replace the learning need codes of the previous process). The Activity Log (step 2) is used to log and document continuing professional education during the 5-year period. The Professional Development Evaluation (step 3) guides self-reflection and assessment of learning and how it is applied. The outcome is a completed evaluation of the effectiveness of the practitioner's learning plan and continuing professional education. The self-assessment information can then be used in developing the plan for the practitioner's next 5-year recertification cycle. For more information, see www.cdrnet.org/competencies-for-practitioners.

RDNs are encouraged to pursue additional knowledge, skills, and training, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the legal scope of practice, as defined by state law. RDNs are expected to practice only at the level at which they are competent, and this will vary depending on education, training, and experience.⁴⁰ RDNs should collaborate with other RDNs in mental health and addictions as learning opportunities and to promote

consistency in practice and performance and continuous quality improvement. See Figure 5 for role examples of how RDNs in different roles, at different levels of practice, may use the SOP and SOPP in Mental Health and Addictions.

In some instances, components of the SOP and SOPP for RDNs in Mental Health and Addictions do not specifically differentiate between proficient-level and expert-level practice. In these areas, it remains the consensus of the content experts that the distinctions are subtle, captured in the knowledge, experience, and intuition demonstrated in the context of practice at the expert level, which combines dimensions of understanding, performance, and value as an integrated whole.⁴¹ A wealth of knowledge is embedded in the experience, discernment, and practice of expert-level RDN practitioners. The experienced practitioner observes events, analyzes them to make new connections between events and ideas, and produces a synthesized whole. The knowledge and skills acquired through practice will continually expand and mature. The SOP and SOPP indicators are refined with each review of these Standards as expert-level RDNs systematically record and document

their experiences, often through use of exemplars. Exemplary actions of individual mental health and addictions RDNs in practice settings and professional activities that enhance patient/client/population care and/or services, can be used to illustrate outstanding practice models.

FUTURE DIRECTIONS

Emerging evidence-based research regarding neurotransmitters, the microbiome, the gut-brain axis, and psychobiotics will offer diagnostic and treatment options that support nutrition as a core component. These options may lead to effective treatments and improved quality of life for individuals with mental health disorders and addictions.^{24,25,32,42} While acute and psychiatric hospitals, and long-term care settings have regulations that address food and nutrition services and the role for RDNs, no such regulations or standards on nutrition exist currently for substance abuse treatment settings. RDNs need to advocate for consistent availability of nutrition services and insurance coverage to benefit the health status of individuals in substance abuse treatment for improved outcomes.^{32,43} In addition, RDNs have a critical skill set to use in private practice with

individuals with mental illness or addictions. RDNs need to gain the necessary knowledge and skills when dealing with complex issues. Increased recognition of the importance of nutrition in mental health and addictions treatment will offer RDNs in community and private practice settings opportunities to contribute their expertise in this growing practice area. RDNs who work with clients over longer periods of time addressing mental health and addictions are able to develop supportive sustained collaborative relationships and achieve positive outcomes.⁴⁴

The SOP and SOPP for RDNs in Mental Health and Addictions are innovative and dynamic documents. Future revisions will reflect changes and advances in practice, changes to dietetics education standards, regulatory changes, and outcomes of practice audits. Continued clarity and differentiation of the three practice levels in support of safe, effective, and quality practice in mental health and addictions remains an expectation of each revision to serve tomorrow's practitioners and their patients, clients, and customers.

SUMMARY

RDNs face complex situations every day. Addressing the unique needs of each situation and applying standards appropriately is essential to providing safe, timely, person-centered quality care and service. All RDNs are advised to conduct their practice based on the most recent edition of the Code of Ethics, the Scope of Practice for RDNs and the SOP in Nutrition Care and SOPP for RDNs. The SOP and SOPP for RDNs in Mental Health and Addictions are complementary documents and are key resources for RDNs at all knowledge and performance levels. These standards can and should be used by mental health and addictions RDNs to consistently improve and appropriately demonstrate competency and value as providers of safe, effective, and quality nutrition and dietetics care and services. These standards also serve as a professional resource for self-evaluation and professional development for RDNs specializing in mental health and addictions nutrition and dietetics practice. Just as a professional's self-evaluation and

continuing education process is an ongoing cycle, these standards are also a work in progress and will be reviewed and updated every 7 years.

Current and future initiatives of the Academy, as well as advances in mental health and addictions nutrition care and services, will provide information to use in future updates and in further clarifying and documenting the specific roles and responsibilities of RDNs at each level of practice. As a quality initiative of the Academy and the BHN Dietetic Practice Group, these standards are an application of continuous quality improvement and represent an important collaborative endeavor.

These standards have been formulated for use by individuals in self-evaluation, practice advancement, development of practice guidelines and specialist credentials, and as indicators of quality. These standards do not constitute medical or other professional advice, and should not be taken as such. The information presented in the standards is not a substitute for the exercise of professional judgment by the nutrition and dietetics practitioner. These standards are not intended for disciplinary actions, or determinations of negligence or misconduct. The use of the standards for any other purpose than that for which they were formulated must be undertaken within the sole authority and discretion of the user.

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AUTHOR CONTRIBUTIONS

Each author contributed to editing the components of the article (eg, article text and figures) and reviewed all drafts of the manuscript. K. Russell authored first draft of [Figures 1 and 2](#), T. Anderson Girard authored first draft of role examples and article, R. Leyse-Wallace contributed literature search, and reviewed, with input, all interim submissions. All authors read, reviewed, and submitted perspective on all segments of the revision. T. Anderson Girard, K. Russell, and R. Leyse-Wallace collected the data. T. Anderson Girard and K. Russell wrote the first draft with contributions from R. Leyse-Wallace. All authors reviewed and commented on subsequent drafts of the manuscript.

Standards of Practice for Registered Dietitian Nutritionists in Mental Health and Addictions

Standard 1: Nutrition Assessment

The registered dietitian nutritionist (RDN) uses accurate and relevant data and information to identify nutrition-related problems.

Rationale:

Nutrition screening is the preliminary step to identify individuals who require a nutrition assessment performed by an RDN. Nutrition assessment is a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provides the foundation for nutrition diagnosis. It is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of patient/client or community needs. Nutrition assessment is conducted using validated tools based in evidence, the five domains of nutrition assessment, and comparative standards. Nutrition assessment may be performed via in-person, or facility/practitioner assessment application, or Health Insurance Portability and Accountability Act (HIPAA)-compliant video conferencing telehealth platform.

Indicators for Standard 1: Nutrition Assessment

Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
<i>Each RDN:</i>				Competent	Proficient	Expert
1.1	<i>Patient/client/population history: Assesses current and past information related to personal, medical, family, and psychosocial/social history</i>			X	X	X
	1.1A	Evaluates medical and nutritional history		X	X	X
		1.1A1	Reviews information from nutrition screening for application to nutrition assessment	X	X	X
		1.1A2	Reviews existing individualized service plans or plans of care addressing patient's/client's nutritional concerns and any progress made toward achieving established goals, and assesses patient's/client's level of understanding of nutrition concerns	X	X	X
	1.1B	Evaluates reports and evidence of: gastrointestinal discomfort, pain, difficulty chewing, and/or swallowing		X	X	X
	1.1C	Evaluates medical and family history for mental health disorders, addictions, and comorbidities		X	X	X
	1.1D	Evaluates for medical and disease conditions common in: a) addictions (eg, Wernicke-Korsakoff syndrome, esophageal varices, intermittent lactose intolerance, gastroesophageal reflux disease, peptic ulcer disease, hepatic cirrhosis/necrosis, withdrawal syndrome) b) mental illnesses (eg, somatic complaints, chemical dependency, delirium, disordered eating/eating disorder (DE/ED), electrolyte imbalance, over/under hydration, pre-/post-bariatric surgery) c) dual diagnosis (eg, Prader-Willi syndrome, head/neck injuries, phenylketonuria, and other inborn errors of metabolism) d) comorbidities commonly found in mental health and addictions populations (eg, diabetes, metabolic syndrome, cardiovascular and respiratory disorders, hyperlipidemia, human immunodeficiency virus/acquired immunodeficiency syndrome, hepatitis C, tuberculosis, nicotine dependency, osteoporosis, irritable bowel syndrome)			X	X

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Figure 1. Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
1.2	Anthropometric assessment: Assesses anthropometric indicators (eg, height, weight, body mass index [BMI], waist circumference, arm circumference), comparison to reference data (eg, percentile ranks/z-scores), and individual patterns and history			X	X	X
	1.2A	Uses age-appropriate standard procedures and equipment for height, weight, calculation of BMI, waist circumference, amputation adjustments		X	X	X
	1.2B	Evaluates developmental history (eg, growth history, developmental milestones)		X	X	X
	1.2C	Identifies and interprets trends in anthropometric indices taking into consideration cultural diversity		X	X	X
	1.2D	Evaluates abdominal girth in the presence of ascites, aerophagia			X	X
	1.2E	Uses in-depth knowledge of body composition and nutritional physiology				X
1.3	Biochemical data, medical tests, and procedure assessment: Assesses laboratory profiles (eg, acid–base balance, renal function, endocrine function, inflammatory response, vitamin/mineral profile, and lipid profile), and medical tests and procedures (eg, gastrointestinal study and metabolic rate)			X	X	X
	1.3A	Evaluates consultation reports for nutrition implications (eg, psychological testing, dental consults, speech/occupational/physical therapy evaluations, physician consultative reports)		X	X	X
		1.3A1	Includes the World Health Organization Disability Assessment Schedule 2 (WHODAS 2.0)		X	X
	1.3B	Uses biochemical data to evaluate nutritional status in relation to mental illness and addictions		X	X	X
		1.3B1	Comprehensive blood panels	X	X	X
		1.3B2	Vitamin/mineral deficiency/toxicity		X	X
		1.3B3	Heavy metal toxicity		X	X
		1.3B4	Essential fatty acids		X	X
1.4	Nutrition-focused physical examination (NFPE) may include visual and physical examination: Obtains and assesses findings from NFPE (eg, indicators of vitamin/mineral deficiency/toxicity, edema, muscle wasting, subcutaneous fat loss, altered body composition, oral health, feeding ability, [suck/swallow/breathe], appetite, and affect)			X	X	X
	1.4A	Conducts NFPE that includes, but is not limited to: evaluate for evidence of oral, perioral, and skin-related abnormalities; notes patient/client reports of alterations in taste, smell, and dentition/chewing ability; considers vital signs (blood pressure, temperature, and rate of respiration) as reported by others		X	X	X

(continued on next page)

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient*, *client*, *customer*, *individual*, *person*, *participant*, *group*, or *population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	1.4B	Evaluates body composition measures (eg, fat and muscle stores, anthropometrics)		X	X	X
	1.4C	Evaluates clinical signs of fluid imbalance (eg, edema, ascites, pulmonary congestion, skin turgor with dehydration, fatigue, muscle cramps, dark urine, rapid weight changes with fluid overload or loss, constipation)		X	X	X
	1.4D	Evaluates clinical signs of undernutrition (eg, dry, brittle, or thinning hair and nails, irritability, inability to concentrate)		X	X	X
	1.4E	Evaluates clinical signs of malnutrition (eg, hypothermia, bradycardia, lanugo, muscle wasting, tooth erosion, bony protrusions, parotid gland enlargement, gastrointestinal distress) in the context of mental illness and addictions			X	X
1.5	Food and nutrition–related history assessment (ie, dietary assessment)–Evaluates the following components:					
	1.5A	Food and nutrient intake including the composition and adequacy, meal and snack patterns, and appropriateness related to food allergies and intolerances		X	X	X
		1.5A1	Assesses food and beverage intake for macro- and micronutrient sufficiency or excess	X	X	X
		1.5A2	Assesses for variations in patterns of intake commonly found in mental health and addiction disorders or conditions (eg, polydipsia, self-restriction, bingeing, purging, abuse of appetite suppressants [diet pills, caffeine, nicotine], oral defensiveness, food/fluid avoidance due to paranoia, hallucinations, or delusions, excessive or inadequate intake related to mania or depression, post-traumatic stress disorder, anxiety)		X	X
		1.5A3	Assesses for variations in timing of food and fluid intake common in mental health and addictions disorders or conditions (eg, persons with chemical dependency eating only once a day or not at all; persons with dementia who forget to eat or forget to stop eating; night-time eating contributing to sleep disturbances and obesity)		X	X
	1.5B	Food and nutrient administration, including current and previous diets and diet prescriptions and food modifications, eating environment, and enteral and parenteral nutrition administration		X	X	X
		1.5B1	Assesses influences on eating patterns (eg, budget, time, food preferences) and responsibilities related to meal planning, purchasing, and preparation	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>						
		1.5B2	Assesses social environment (eg, living situation and the influence of others on eating and food and beverage choices)	X	X	X
		1.5B3	Assesses lifestyle practices (eg, food episodes, structure, location, and timing of meals and snacks)	X	X	X
		1.5B4	Assesses level of support needed for self-directed food selection, attainment, preparation, and intake (eg, support of care providers, adaptive equipment, literacy tools)		X	X
	1.5C	Medication and dietary supplement use, including prescription and over-the-counter medications, and integrative and functional medicine products		X	X	X
		1.5C1	Evaluates potential interactions between nutrients/nutritional status and prescribed medications, over-the-counter and illicit drugs, dietary supplements, including herbals, functional medicine products, bioactive substances, caffeine	X	X	X
		1.5C2	Evaluates drug/food and dietary supplement/food interactions (eg, St John's wort, valerian root, kava kava, grapefruit juice); refer to database resources (eg, Natural Medicine Comprehensive Database: http://naturaldatabase.therapeuticresearch.com/home.aspx)	X	X	X
		1.5C3	Evaluates nutrition-related side effects of common mental health and addictions medications (eg, weight gain, fluid retention, dry mouth, excessive thirst, constipation, altered glucose and/or lipid metabolism, reduced calorie needs, gastrointestinal discomfort, anorexia, increased appetite)		X	X
		1.5C4	Evaluates drug-food/nutrient interactions of common mental health and addictions medications (eg, monoamine oxidase inhibitors, Antabuse, lithium)		X	X
		1.5C5	Evaluates use of illicit drugs and potential complications (eg, ascites, Wernicke-Korsakoff syndrome, oral-dental conditions, vitamin/mineral deficiencies)		X	X
		1.5C6	Incorporates and applies in-depth knowledge of drug-food/nutrient and drug—dietary supplement interactions and associated pharmacokinetics and pharmacodynamics			X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

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Each RDN:				Competent	Proficient	Expert
	1.5D	Knowledge, beliefs, and attitudes (eg, understanding of nutrition-related concepts, emotions about food/nutrition/health, body image, preoccupation with food and/or weight, readiness to change nutrition- or health-related behaviors, and activities and actions influencing achievement of nutrition-related goals)		X	X	X
		1.5D1	Assesses food preparation skills and knowledge	X	X	X
		1.5D2	Assesses patient/client and/or family/caregiver reports of food cravings (eg, fats, simple carbohydrates)	X	X	X
		1.5D3	Listens for and notes eating beliefs and convictions (eg, food combinations, orthorexia, food is poisoned)		X	X
		1.5D4	Documents patient/client reports of triggers for maladaptive behaviors		X	X
		1.5D5	Notes behavioral mediators (or antecedents) related to dietary intake (eg, attitudes, self-efficacy, knowledge, intentions, motivations, readiness and willingness to change, perceived social support, and feelings about living with a mental illness)		X	X
		1.5D6	Notes readiness of patient/client to receive selected nutrition interventions, considering patient's/client's cognitive, emotional, developmental, and behavioral readiness to benefit from planned interventions		X	X
	1.5E	Food security defined as factors affecting access to a sufficient quantity of safe, healthful food and water, as well as food/nutrition-related supplies		X	X	X
		1.5E1	Evaluates psychosocial, socioeconomic, functional, and behavioral factors related to food access, selection, preparation, and understanding of health condition	X	X	X
		1.5E2	Notes observations of health care professionals and/or patient/client/family and social services reports: <ul style="list-style-type: none"> • living situation (eg, independent, semi-independent, group home) • barriers to adequate food access (eg, homelessness, transportation, finances, lack of or poor food preparation skills) 	X	X	X
		1.5E3	Investigates non-apparent barriers or conflicts that would interfere with food access, selection, preparation		X	X

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Indicators for Standard 1: Nutrition Assessment						
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Each RDN:				Competent	Proficient	Expert
	1.5F	Physical activity, cognitive and physical ability to engage in developmentally appropriate nutrition-related tasks (eg, self-feeding and other activities of daily living), instrumental activities of daily living (eg, shopping, food preparation), and breastfeeding		X	X	X
		1.5F1	Evaluates nutrition-related tasks the patient/client is able to perform independently, with assistance, and is able to do, but is not doing routinely	X	X	X
		1.5F2	Observes ability to complete activities of daily living (eg, self-feeding, grocery shopping, cooking)	X	X	X
		1.5F3	Notes observations and/or reports of excessive activity or non-activity (eg, pacing, wandering, excessive sleeping)	X	X	X
		1.5F4	Observes for presence of, or risks for, depression, cognitive decline, anxiety, delusions		X	X
	1.5G	Other factors affecting intake and nutrition and health status (eg, cultural, ethnic, religious, lifestyle influencers, psychosocial and social determinants of health)		X	X	X
		1.5G1	Considers risk of harm to self and possible interaction with nutrition care	X	X	X
		1.5G2	Evaluates impact of substance use disorder (eg, alcohol, tobacco, drugs) on ability to care for self	X	X	X
		1.5G3	Notes significant recent stressors and any influence on food intake (eg, change of caregiver, loss of significant other)	X	X	X
		1.5G4	Uses validated assessment instruments to assess level of developmental function (eg, activities of daily living) and mental status		X	X
		1.5G5	Evaluates symptoms suggesting a negative health event (eg, delirium tremens, withdrawal, seizures, overdose or toxic use, dehydration)		X	X
		1.5G6	Evaluates risk/history of DE/ED, and related factors (eg, medication adjustments, food intake, physical activity, weight history, food texture issues, psychiatric diagnosis)		X	X
		1.5G7	Evaluates other behaviors or factors that may delay the patient's/client's progress toward nutritional independence (eg, history of trauma, ⁴⁵ refusal of food, motivation)		X	X

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Each RDN:				Competent	Proficient	Expert
		1.5G8	Notes involvement and/or preoccupation with religious/cultural factors that may influence nutrition (eg, religious fasting, food avoidance)		X	X
1.6	Comparative standards: Uses reference data and standards to estimate nutrient needs and recommended body weight, BMI, and desired growth patterns			X	X	X
	1.6A	Identifies the most appropriate reference data and/or standards (eg, international, national, state, institutional, and regulatory) based on practice setting and patient-/client-specific factors (eg, age and disease state)		X	X	X
1.7	Physical activity habits and restrictions: Assesses physical activity, history of physical activity, and physical activity training			X	X	X
	1.7A	Evaluates reports of current level of physical activity relative to Physical Activity Guidelines for Americans		X	X	X
	1.7B	Evaluates physical activity in context of current mental health and addictions treatment plan		X	X	X
	1.7C	Evaluates physical activities patient/client enjoys, but is not doing routinely		X	X	X
	1.7D	Evaluates for atypical physical activities (eg, non-ambulatory, athletes, compulsivity)			X	X
1.8	Collects data and reviews collected and/or documented data by the nutrition and dietetics technician, registered (NDTR), other health care practitioner(s), patient/client, or staff for factors that affect nutrition and health status			X	X	X
	1.8A	Obtains and integrates data from members of the interprofessional ^a treatment team		X	X	X
1.9	Uses collected data to identify possible problem areas for determining nutrition diagnoses			X	X	X
1.10	Documents and communicates:			X	X	X
	1.10A	Date and time of assessment		X	X	X
	1.10B	Pertinent data (eg, medical, social, behavioral)		X	X	X
	1.10C	Comparison to appropriate standards		X	X	X
	1.10D	Patient/client/population perceptions, values and motivation related to presenting problems		X	X	X

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Indicators for Standard 1: Nutrition Assessment				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>						
	1.10E	Changes in patient/client/population perceptions, values and motivation related to presenting problems		X	X	X
	1.10F	Reason for discharge/discontinuation or referral if appropriate		X	X	X
		1.10F1	Provides pertinent nutrition information to contribute to coordination of transitions of care (eg, post discharge follow-up, transfer to another care setting)	X	X	X

- Examples of Outcomes for Standard 1: Nutrition Assessment**
- Appropriate assessment tools and procedures are used in valid and reliable ways
 - Appropriate and pertinent data are collected
 - Effective interviewing methods are used
 - Data are organized and in a meaningful framework that relates to nutrition problems
 - Use of assessment data leads to the determination that a nutrition diagnosis/problem does or does not exist
 - Problems that require consultation with or referral to another provider are recognized
 - Documentation and communication of assessment are complete, relevant, accurate, and timely

Standard 2: Nutrition Diagnosis
 The registered dietitian nutritionist (RDN) identifies and labels specific nutrition problem(s)/diagnosis(es) that the RDN is responsible for treating.
Rationale:
 Analysis of the assessment data leads to identification of nutrition problems and a nutrition diagnosis(es), if present. The nutrition diagnosis(es) is the basis for determining outcome goals, selecting appropriate interventions, and monitoring progress. Diagnosing nutrition problems is the responsibility of the RDN.

Indicators for Standard 2: Nutrition Diagnosis				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>						
2.1	Diagnoses nutrition problems based on evaluation of assessment data and identifies supporting concepts (ie, etiology, signs, and symptoms)			X	X	X
	2.1A	Evaluates and integrates complex assessment data consisting of physical, behavioral, psychosocial, and environmental nutrition assessment findings that impact nutritional status to identify nutrition diagnosis(es) and the etiology(ies)		X	X	X
	2.1B	Evaluates multiple factors that impact nutrition diagnosis(es) to identify the major cause(s) likely to respond to intervention(s)			X	X

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Indicators for Standard 2: Nutrition Diagnosis					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	2.1C	Uses complex information related to food and nutrient intake and clinical complications in relationship to their management within the treatment environment			X
2.2	Prioritizes the nutrition problem(s)/diagnosis(es) based on severity, safety, patient/client needs and preferences, ethical considerations, likelihood that nutrition intervention/plan of care will influence the problem, discharge/transitions of care needs, and patient/client/advocate^b perception of importance		X	X	X
	2.2A	Uses evidence-based protocols and guidelines to prioritize nutrition diagnoses in order of urgency	X	X	X
	2.2B	Uses experience, critical thinking skills and judgment to determine nutrition diagnosis hierarchy for patients/clients with complex needs		X	X
	2.2C	Determines the nutrition diagnosis hierarchy for disease states and complications to incorporate into nutrition protocols and guidelines, and guides discussions with interprofessional team			X
2.3	Communicates the nutrition diagnosis(es) to patients/clients/advocates, community, family members or other health care professionals when possible and appropriate		X	X	X
	2.3A	Uses the most appropriate communication method (eg, written, oral, low literacy) to share information	X	X	X
2.4	Documents the nutrition diagnosis(es) using standardized terminology and clear, concise written statement(s) (eg, using Problem [P], Etiology [E], and Signs and Symptoms [S] [PES statement(s)] or Assessment [A], Diagnosis [D], Intervention [I], Monitoring [M], and Evaluation [E] (ADIME statement(s)))		X	X	X
2.5	Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available		X	X	X
	2.5A	Uses most current information that may impact nutrition diagnosis(es), revises if needed, and communicates change to interprofessional team, patient/client/family/caregiver as appropriate in a timely manner	X	X	X

Examples of Outcomes for Standard 2: Nutrition Diagnosis	
<ul style="list-style-type: none"> • Nutrition diagnostic statements accurately describe the nutrition problem of the patient/client and/or community in a clear and concise way • Documentation of nutrition diagnosis(es) is relevant, accurate, and timely • Documentation of nutrition diagnosis(es) is revised as additional assessment data become available 	
<i>(continued on next page)</i>	

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Standard 3: Nutrition Intervention/Plan of Care

The registered dietitian nutritionist (RDN) identifies and implements appropriate, person-centered interventions designed to address nutrition-related problems, behaviors, risk factors, environmental conditions, or aspects of health status for an individual, target group, or the community at large.

Rationale:

Nutrition intervention consists of two interrelated components—planning and implementation.

- Planning involves prioritizing the nutrition diagnoses, conferring with the patient/client and others, reviewing practice guidelines, protocols and policies, setting goals, and defining a specific nutrition intervention strategy.
- Implementation is the action phase that includes carrying out and communicating the intervention/plan of care, continuing data collection, and revising the nutrition intervention/plan of care strategy, as warranted, based on change in condition and/or the patient/client/population response.

An RDN implements the interventions or assigns components of nutrition intervention/plan of care to professional, technical, and support staff in accordance with knowledge/skills/judgment, applicable laws and regulations, and organization policies. The RDN collaborates with or refers to other health care professionals and resources. The nutrition intervention/plan of care is ultimately the responsibility of the RDN.

Indicators for Standard 3: Nutrition Intervention/Plan of Care				The “X” signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>				Competent	Proficient	Expert
<i>Plans the Nutrition Intervention/Plan of Care:</i>						
3.1	Addresses the nutrition diagnosis(es) by determining and prioritizing appropriate interventions for the plan of care			X	X	X
	3.1A	Prioritization may include consideration of:				
		3.1A1	Medical conditions	X	X	X
		3.1A2	Urgency of the issue/evidence of abnormal nutrition (eg, history of unhealthy weight loss/gain, prolonged poor nutritional intake)	X	X	X
		3.1A3	Comorbid diseases or conditions	X	X	X
		3.1A4	Actual or risk of acute complications	X	X	X
		3.1A5	Patient’s/client’s available resources and support	X	X	X
		3.1A6	Patient’s/client’s ability and willingness to implement and adhere to nutrition care plan	X	X	X
		3.1A7	Mental health and addictions disorders (eg, schizophrenia, bipolar disorder, depression, intellectual and developmental disabilities [IDD], DE/ED, substance use disorder)		X	X
		3.1A8	Maladaptive behaviors (eg, hoarding, pica)		X	X
		3.1A9	Challenges that impact nutrition status (eg, genetic disorders, sensory processing disorders, pica)		X	X
<i>(continued on next page)</i>						

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Indicators for Standard 3: Nutrition Intervention/Plan of Care				The "X" signifies the indicators for the level of practice		
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Each RDN:				Competent	Proficient	Expert
3.2	Bases intervention/plan of care on best available research/evidence and information, evidence-based guidelines, and best practices			X	X	X
	3.2A	Consults nationally developed adult and pediatric evidence-based practice guidelines and position papers (eg, Academy of Nutrition and Dietetics [Academy] position and practice papers, Academy Evidence Analysis Library, and Adult and Pediatric Nutrition Care Manuals) for guidelines for control or improvement of the disease or conditions as defined and supported in the literature		X	X	X
		3.2A1	Evaluates and applies the most appropriate practice guidelines for the patient's/client's diagnosis(es), nutritional needs, and other factors (eg Evidence Analysis Library, Nutrition Care Manual, Substance Abuse and Mental Health Services Administration, Association for Addiction Professionals)	X	X	X
		3.2A2	Tailors plan of care based on the individual's needs and response to intervention	X	X	X
		3.2A3	Recognizes when it is appropriate and safe to deviate from established guidelines		X	X
		3.2A4	Contributes to or directs the development of intervention guidelines			X
	3.2B	Incorporates scientific, clinical, and humanistic knowledge and skills in clinical decision making and practice			X	X
	3.2C	Applies knowledge, skills, and practice experiences in communications, information management, problem solving, and resource utilization to guide interventions and interactions with interprofessional team				X
3.3	Refers to policies and procedures, protocols, and program standards			X	X	X
	3.3A	Adheres to federal, state, and local laws and regulations related to care of patients/clients with mental health and addictions disorders		X	X	X
	3.3B	Adheres to departmental/organizational program policies, procedures, guidelines, and protocols		X	X	X
3.4	Collaborates with patient/client/advocate/population, caregivers, interprofessional team, and other health care professionals			X	X	X
	3.4A	Serves as an integral member of the interprofessional team		X	X	X
		3.4A1	Recognizes specific knowledge and skills of other providers, and collaborates to provide comprehensive care		X	X

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Indicators for Standard 3: Nutrition Intervention/Plan of Care						
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Each RDN:				Competent	Proficient	Expert
		3.4A2	Teaches clinical practice skills and rationales for nutrition interventions to students, colleagues, and interprofessional team members			X
	3.4B	Considers individual and family/caregiver knowledge, self-management skills, behavior/habits, and willingness to implement nutrition interventions to achieve goals		X	X	X
	3.4C	Collaborates with the patient/client, including family, caregiver, interprofessional team, and other health care practitioners as needed in all aspects of nutrition care and patient/client-centered interventions and planning		X	X	X
	3.4D	Refers patient/client to appropriate health care provider for problems outside scope of practice		X	X	X
3.5	Works with patient/client/population, advocate, and caregivers to identify goals, preferences, discharge/transitions of care needs, plan of care, and expected outcomes			X	X	X
	3.5A	Encourages patient/client to play an active role in goal setting for behavior change		X	X	X
	3.5B	Develops expected outcomes in observable and measurable terms that are clear, concise, patient-/client-centered, and tailored to what is reasonable for the patient's/client's circumstances, and specific in relation to treatments and outcomes; seeks assistance as needed		X	X	X
	3.5C	Identifies potential barriers to successful implementation of plan (eg, patient compliance, food availability and preparation issues, social support, readiness to change)			X	X
	3.5D	Develops and implements strategies to address lapses in commitment or behaviors, and identifies recovery strategies			X	X
	3.5E	Anticipates how nutrition intervention may minimize treatment-related side effects, treatment delays, and the need for increased level of care (eg, hospital admission)				X
3.6	Develops the nutrition prescription and establishes measurable patient-/client-focused goals to be accomplished			X	X	X
	3.6A	Engages the patient/client in establishing nutrition prescription and plans for execution of interventions		X	X	X
		3.6A1	Considers behavioral and environmental influences on nutritional intake		X	X
		3.6A2	Considers impacts of nutrition and appetite on behavior and readiness to learn		X	X

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Each RDN:				Competent	Proficient	Expert
	3.6B	Tailors nutrition prescription by taking into consideration factors affecting nutrition status (eg, health risks associated with overweight and obesity, addictions, mental health, comorbidities, such as disordered eating, intellectual and developmental disabilities, and living situation)		X	X	X
		3.6B1	Reviews pharmacotherapy plan to evaluate for potential impact on nutrition prescription		X	X
		3.6B2	Uses critical thinking and synthesis skills to guide decision making in complicated, unpredictable, and dynamic situations		X	X
		3.6B3	Considers emerging/alternative treatment strategies that are supported by scientific evidence (evidence-based research, guidelines, and information)			X
	3.6C	<i>Addictions</i> —Includes consideration of the following when developing the nutrition prescription:				
		3.6C1	Types of maladaptive substance use	X	X	X
		3.6C2	Contraindications for alcohol consumption (eg, medication interaction, commitment to abstinence, history of substance use disorder, peri-conception, pregnant, or lactating, children and adolescents, specific medical conditions)	X	X	X
		3.6C3	Nutrition in the prevention of developmental disabilities (eg, maternal nutrition, abstaining from alcohol and drugs, pica)	X	X	X
		3.6C4	Effects of chemical dependency on physical health (eg, ascites, osteoporosis, peptic ulcer disease, esophageal reflux disease; cancers of the mouth, esophagus, stomach, bowel; heart disease, pancreatitis, altered glucose regulation, liver cirrhosis/necrosis, dyslipidemia, lactose intolerance, malnutrition)	X	X	X
		3.6C5	Stage of detoxification or recovery from substance use disorder		X	X
		3.6C6	Effects of substance use disorder on mental and brain health (eg, altered mood, encephalopathy, neuropathy, dementia)		X	X
		3.6C7	Nutrition for recovery and relapse prevention		X	X
		3.6C8	Appropriate use of vitamin, mineral, and other nutritional supplements (eg, thiamin and digestive enzymes) in recovery		X	X

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		3.6C9	Use of addictive substances acting as appetite suppressants (eg, caffeine, nicotine, and other addictive stimulants)		X	X
		3.6C10	Necessity for, as well as the psychological and health effects of, nutrition intervention		X	X
		3.6C11	Community/prevention programs specific to substance use disorder that provide nutrition-related support		X	X
	3.6D	<i>Mental Health</i> —Includes consideration of the following when developing the nutrition prescription:				
		3.6D1	Nutrient imbalances associated with changes in mental functioning (eg, vitamin B-12 deficiency in depression, thiamin deficiency in dementia, lithium-electrolyte imbalance)		X	X
		3.6D2	Altered energy requirements associated with changes in activity patterns, sleep patterns, medications		X	X
		3.6D3	Altered hydration status (eg, polydipsia/water intoxication, dehydration, medication toxicity)		X	X
		3.6D4	Influence of mood and thought disorders in food selection and meal structuring		X	X
		3.6D5	Loss of appetite and poor self-care as symptoms of mental illness (vegetative or negative symptoms)		X	X
		3.6D6	Personality disorders (eg, borderline, antisocial, avoidant, narcissistic, passive-aggressive, and dependent personality features) that may impact nutrition		X	X
	3.6E	<i>Comorbidities and/or dual diagnosis(es) of DE/ED, IDD</i> —Includes consideration of the following when developing the nutrition prescription:				
		3.6E1	Physiological consequences of eating disorders (eg, dental erosion, osteoporosis, esophageal erosion/tears/bleeding, delayed growth and sexual development, hair loss, muscle atrophy, dermatitis, mental confusion, reduced hormone production, bradycardia, cardiac arrest, dehydration, hypotension, weakness, hypothermia, death)	X	X	X
		3.6E2	Need for alternative feeding methods or dining setting, rehabilitation evaluation/treatment	X	X	X

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Each RDN:				Competent	Proficient	Expert
		3.6E3	Prevention of, or need to address potential for, refeeding syndrome	X	X	X
		3.6E4	Impairments of oral structure and function		X	X
		3.6E5	Oral hygiene and overcoming oral defensiveness		X	X
		3.6E6	Food and fluid textures to optimize safety and acceptance		X	X
		3.6E7	Realistic weight goals considering the impact of any skeletal abnormalities, psychiatric medications, actual or potential for physical activity, behaviors unique to the patient/client		X	X
		3.6E8	Psychological consequences of disordered eating (eg, depression, substance use disorder, self-harm)		X	X
		3.6E9	Patient/client distortions in body image and food portions		X	X
		3.6E10	Environmental/cultural/media literacy factors influencing disordered eating		X	X
	3.6F	Considers impact of living situation information on addressing nutrition needs and design of nutrition prescription		X	X	X
		3.6F1	Healthful content of food choices, frequency, and schedule of meals	X	X	X
		3.6F2	Daily routines that interfere with nutritional intake	X	X	X
		3.6F3	Access to food and nutrition services (eg, access to grocery store, funds to purchase, living situation where meals can be prepared)	X	X	X
		3.6F4	Access to mental health and/or addictions services in the continuum of care (eg, transportation, community support clubhouse programs, mental health outreach programs)		X	X
		3.6F5	Policies/regulations that influence access to food and nutrition services		X	X
3.7	Defines time and frequency of care including intensity, duration, and follow-up			X	X	X
	3.7A	Identifies time and frequency of care based on individual needs, established goals and outcomes, and expected response to intervention(s)		X	X	X
	3.7B	Considers severity of nutritional issues, and/or pending medical and/or behavioral/psychiatric interventions that are influenced by or may influence nutrition status			X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 3: Nutrition Intervention/Plan of Care					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	3.8C	Develops guidelines for timing of intervention(s) and follow-up based on organization guidelines, research, and best practices			X
3.8	Uses standardized terminology for describing interventions		X	X	X
3.9	Identifies resources and referrals needed		X	X	X
	3.9A	Identifies: <ul style="list-style-type: none"> tools to assist patient/client with self-management of nutrition status resources to support patient/client/family/caregiver with behavior change goals (eg, support groups, health care services, meal programs, community outreach programs) 	X	X	X
	3.9B	Identifies and facilitates referrals as needed for physical assistance (eg, adaptive equipment, speech therapy, occupational therapy, physical therapy, dental services, home care)	X	X	X
	3.9C	Identifies and facilitates referrals as needed for: <ul style="list-style-type: none"> behavioral services (eg, psychotherapist, pastoral counseling, community-based support groups including 12-step groups, The National Alliance on Mental Illness) educational adjuncts (eg, Cooperative Extension nutrition program, community education programs) financial resources (eg, state or federal food assistance programs [eg, SNAP {Supplemental Nutrition Assistance Program} or WIC {Special Supplemental Nutrition Assistance Program for Women, Infants, and Children}], community meal programs, food pantries) 	X	X	X
<i>Implements the Nutrition Intervention/Plan of Care:</i>					
3.10	Collaborates with colleagues, interprofessional team, and other health care professionals		X	X	X
	3.10A	Collaborates with physician and interprofessional team to use approved protocols or similar documents consistent with facility/program policies	X	X	X
	3.10B	Collaborates for guidance or assistance or refers to other members of the interprofessional team when need is outside scope of practice of RDN (eg, psychiatrist, psychologist, social worker, occupational therapist, speech therapist, RDN with expertise in DE/ED)	X	X	X
	3.10C	Facilitates and fosters active communication, learning, partnerships, and collaboration with the interprofessional team		X	X
	3.10D	Leads or directs the interprofessional team and others as appropriate			X
<i>(continued on next page)</i>					

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 3: Nutrition Intervention/Plan of Care				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>				Competent	Proficient	Expert
3.11	Communicates and coordinates the nutrition intervention/plan of care			X	X	X
	3.11A	Reviews nutrition goals, interventions, and referrals/resources necessary to meet goals in nutrition plan of care and communicates with patient/client, caregivers, interprofessional team, other health care or community settings)		X	X	X
	3.11B	Collaborates with the interprofessional team and other agencies to coordinate nutrition care after discharge (eg, caregivers, family)		X	X	X
	3.11C	Ensures communication of nutrition plan of care and transfer of nutrition-related data between care settings as needed		X	X	X
	3.11D	Coordinates care for the patient/client with multiple diagnoses or repeat admissions with other members of the interprofessional team (eg, physician, psychiatrist, psychologist, social worker, behavioral therapist)			X	X
3.12	Initiates the nutrition intervention/plan of care			X	X	X
	3.12A	Uses approved clinical privileges, physician/non-physician practitioner^c-driven orders (ie, delegated orders), protocols, or other facility-specific processes for order writing or for provision of nutrition-related services consistent with applicable specialized training, competence, medical staff, and/or organizational policy		X	X	X
		3.12A1	Implements, initiates, or modifies orders for therapeutic diet, nutrition-related pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, food texture modifications, enteral and parenteral nutrition, intravenous fluid infusions, laboratory tests, medications, and education and counseling)	X	X	X
		3.12A2	Manages nutrition support therapies (eg, formula selection, rate adjustments, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition)	X	X	X
		3.12A3	Initiates and performs nutrition-related services (eg, bedside swallow screenings, inserting and monitoring nasogastric feeding tubes, and indirect calorimetry measurements, or other permitted services)	X	X	X
	3.12B	Individualizes nutrition and mental health- and addictions-related interventions to the setting and patient/client		X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 3: Nutrition Intervention/Plan of Care								
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice				
Each RDN:				Competent	Proficient	Expert		
	3.12C	Uses a variety of educational and behavioral approaches, tools, and materials as appropriate		X	X	X		
	3.12D	Integrates proficient-level experience and clinical judgment skills to guide and tailor interventions (eg, selects from a range of possibilities with additional consideration of the patient/client learning style, readiness, and willingness to change) <ul style="list-style-type: none"> • adapts general nutrition educational tools to individualized learning style and method of communication • incorporates stages of behavior change as a guide to assess the patient's/client's readiness to learn and adjusts counseling style accordingly • uses appropriate behavior change theories (eg, motivational interviewing, behavior modification, modeling) to facilitate self-management/self-care strategies • encourages greater independence in food choices and empowers the patient/client to take control of their health as they move toward a less structured environment • uses critical thinking and synthesis skills for combining multiple intervention approaches as appropriate 			X	X		
	3.12E	Exercises advanced diagnostic reasoning and judgment (eg, reflecting the holistic focus of mental health and addictions as complex disorders)				X		
	3.12F	Draws on experiential knowledge and current body of expert knowledge about the patient/client population to individualize the strategy/plan of care for complex interventions in complicated, unpredictable, and dynamic situations				X		
3.13	Assigns activities to NDTR and other professional, technical, and support personnel in accordance with qualifications, organizational policies/protocols, and applicable laws and regulations					X	X	X
	3.13A	Supervises professional, technical, and support personnel				X	X	X
		3.13A1	Provides support personnel with information and guidance to complete assigned activities		X	X	X	
3.14	Continues data collection					X	X	X
	3.14A	Uses measurable, standardized indicators based on goals and outcomes and documents using prescribed/standardized format for recording data		X	X	X		

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 3: Nutrition Intervention/Plan of Care					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
3.15	Documents:				
	3.15A	Date and time	X	X	X
	3.15B	Specific and measurable treatment goals and expected outcomes	X	X	X
	3.15C	Recommended interventions	X	X	X
	3.15D	Patient/client/advocate/caregiver/community receptiveness	X	X	X
	3.15E	Referrals made and resources used	X	X	X
	3.15F	Patient/client/advocate/caregiver/community comprehension	X	X	X
	3.15G	Barriers to change	X	X	X
	3.15H	Other information relevant to providing care and monitoring progress over time	X	X	X
	3.15I	Plans for follow-up and frequency of care	X	X	X
	3.15J	Rationale for discharge or referral if applicable	X	X	X

Examples of Outcomes for Standard 3: Nutrition Intervention

- Goals and expected outcomes are appropriate and prioritized
- Patient/client/advocate/population, caregivers, and interprofessional teams collaborate and are involved in developing nutrition intervention/plan of care
- Appropriate individualized patient-/client-centered nutrition intervention/plan of care, including nutrition prescription, is developed
- Nutrition intervention/plan of care is delivered and actions are carried out as intended
- Discharge planning/transitions of care needs are identified and addressed
- Documentation of nutrition intervention/plan of care is:
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - Timely
 - Comprehensive
 - Accurate
 - Dated and timed

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Standard 4: Nutrition Monitoring and Evaluation

The registered dietitian nutritionist (RDN) monitors and evaluates indicators and outcomes data directly related to the nutrition diagnosis, goals, preferences, and intervention strategies to determine the progress made in achieving desired results of nutrition care and whether planned interventions should be continued or revised.

Rationale:

Nutrition monitoring and evaluation are essential components of an outcomes management system in order to assure quality, patient-/client-/population-centered care and to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. Through monitoring and evaluation, the RDN identifies important measures of change or patient/client/ population outcomes relevant to the nutrition diagnosis and nutrition intervention/plan of care; describes how best to measure these outcomes; and intervenes when intervention/plan of care requires revision.

Indicators for Standard 4: Nutrition Monitoring and Evaluation				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>						
4.1	Monitors progress:			X	X	X
	4.1A	Assesses patient/client/advocate/population understanding and compliance with nutrition intervention/plan of care		X	X	X
		4.1A1	Verifies patient's/client's understanding of nutrition intervention by having the patient/client/family/caregiver verbalize and/or demonstrate understanding	X	X	X
	4.1B	Determines whether the nutrition intervention/plan of care is being implemented as prescribed		X	X	X
		4.1B1	Investigates barriers to implementation of nutrition intervention	X	X	X
		4.1B2	Evaluates nutrition intervention in the face of complex clinical situations		X	X
4.2	Measures outcomes:			X	X	X
	4.2A	Selects the standardized nutrition care measurable outcome indicator(s)		X	X	X
		4.2A1	Uses indicators that are S.M.A.R.T. (specific, measurable, attainable, realistic, and timely)	X	X	X
	4.2B	Identifies positive or negative outcomes, including impact on potential needs for discharge/transitions of care		X	X	X
	4.2C	Checks intended effects and potential adverse effects of pharmacological and nonpharmacological treatment (eg, change in weight and glycemic control associated with antipsychotic medication)		X	X	X
4.3	Evaluates outcomes:			X	X	X
	4.3A	Compares monitoring data with nutrition prescription and established goals or reference standard		X	X	X
		4.3A1	Monitors and analyzes clinical data to improve patient/client outcomes; seeks assistance as needed	X	X	X
<i>(continued on next page)</i>						

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 4: Nutrition Monitoring and Evaluation				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	4.3A2	Reviews and understands data based on experience, clinical judgment, and/or identifies criteria to which the indicator(s) is compared			X	X
	4.3A3	Compares and analyzes the data for each problem area to nutrition prescription/goal using experience and clinical judgment skills, and incorporates additional consideration of progress with mental health and addictions treatment plan, the patient's/client's learning style, readiness, and willingness to change			X	X
	4.3A4	Analyzes data considering the complexity of problems and correlates one problem to another (eg, using expert clinical judgment skills reflecting on the holistic focus of mental health and addictions as complex disorders)				X
	4.3A5	Conducts comprehensive data analysis to identify trends in collaboration with interprofessional team				X
	4.3A6	Benchmarks data sets from program participants to national, state, and local public health data sets (eg, Healthy People 2010 Leading Health Indicators, Health Plan Employer Data and Information Set, National Quality Forum Behavioral Health Measures, Hospital-Based Inpatient Psychiatric Services Core Measures)				X
	4.3B	Evaluates impact of the sum of all interventions on overall patient/client/population health outcomes and goals		X	X	X
	4.3B1	Evaluates positive and negative outcomes in context of overall treatment plan, including impact on potential needs for discharge/transitions of care		X	X	X
	4.3C	Evaluates progress or reasons for lack of progress related to problems and interventions		X	X	X
	4.3C1	Uses most appropriate measures for evaluation of goal attainment (eg, changes in food intake, anthropometrics, or biochemical data)		X	X	X
	4.3C2	Identifies patient/client factors that facilitate or impede progress (eg, emotional, social, cognitive, behavioral, environmental, motivators, and incentives to change and/or consequences to change)		X	X	X
	4.3C3	Uses multiple resources to assess progress (eg, laboratory and other clinical data, self-monitoring tools, changes in body weight/composition) relative to effectiveness of plan		X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient*, *client*, *customer*, *individual*, *person*, *participant*, *group*, or *population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 4: Nutrition Monitoring and Evaluation						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		4.3C4	Identifies changes to patient's/client's cognitive, physical, environmental status and implications of subsequent changes to medical treatment that could interfere with the nutrition plan of care		X	X
		4.3C5	Identifies problems beyond scope of nutrition care that are interfering with the interventions to review with interprofessional team			X
	4.3D	Evaluates evidence that the nutrition intervention/plan of care is maintaining or influencing a desirable change in the patient/client/population behavior or status		X	X	X
		4.3D1	Accesses appropriate sources for evidence of problems or adherence (eg, food choices, food logs, laboratory results, objective data, NFPE)	X	X	X
		4.3D2	Uses direct observation, interviews, and/or other factors specific to the patient/client (eg, social, cognitive, environmental) that can explain lack of response or could influence response to nutrition intervention	X	X	X
		4.3D3	Consults with the interprofessional team and other health care practitioners	X	X	X
	4.3E	Supports conclusions with evidence		X	X	X
		4.3E1	Demonstrates that prescribed nutrition intervention is successful/unsuccessful through documentation of clinical, cognitive, and psychosocial indicators	X	X	X
		4.3E2	Uses current evidence-based literature to support conclusions		X	X
4.4	Adjusts nutrition intervention/plan of care strategies, if needed, in collaboration with patient/client/population/advocate/caregiver and interprofessional team			X	X	X
	4.4A	Improves or adjusts intervention/plan of care strategies based upon outcomes data, trends, best practices, and comparative standards		X	X	X
		4.4A1	Modifies intervention(s) as appropriate to address individual patient/client needs and preferences or priorities; seeks assistance as needed	X	X	X
		4.4A2	Arranges for additional resources, or more intensive resources, to fulfill the nutrition prescription and achieve treatment goals in collaboration with interprofessional team as needed		X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient*, *client*, *customer*, *individual*, *person*, *participant*, *group*, or *population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Indicators for Standard 4: Nutrition Monitoring and Evaluation						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		4.4A3	Tailors tools and methods to ensure desired outcomes that reflect the patient's/client's social, physical, and environmental factors		X	X
		4.4A4	Uses experience and expertise to identify additional resources and/or avenues of therapy to enhance effectiveness or follow through of intervention			X
4.5	Documents:			X	X	X
	4.5A	Date and time		X	X	X
	4.5B	Indicators measured, results, and the method for obtaining measurement		X	X	X
	4.5C	Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)		X	X	X
	4.5D	Factors facilitating or hampering progress		X	X	X
	4.5E	Other positive or negative outcomes		X	X	X
	4.5F	Adjustments to the nutrition intervention/plan of care, if indicated		X	X	X
	4.5G	Future plans for nutrition care, nutrition monitoring and evaluation, follow-up, referral, or discharge		X	X	X

Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation	
<ul style="list-style-type: none"> • The patient/client/community outcome(s) directly relate to the nutrition diagnosis and the goals established in the nutrition intervention/plan of care. Examples include, but are not limited to: <ul style="list-style-type: none"> ○ Nutrition outcomes (eg, change in knowledge, behavior, food, or nutrient intake) ○ Clinical and health status outcomes (eg, change in laboratory values, body weight, blood pressure, risk factors, signs and symptoms, clinical status, infections, complications, morbidity, and mortality) ○ Patient-/client-/population-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, functional ability) ○ Health care utilization and cost-effectiveness outcomes (eg, change in medication, special procedures, planned/unplanned clinic visits, preventable hospital admissions, length of hospitalizations, prevented or delayed nursing home admissions, morbidity, and mortality) • Nutrition intervention/plan of care and documentation is revised, if indicated • Documentation of nutrition monitoring and evaluation is: <ul style="list-style-type: none"> ○ Specific ○ Measurable ○ Attainable ○ Relevant ○ Timely ○ Comprehensive ○ Accurate ○ Dated and Timed 	<p><i>(continued on next page)</i></p>

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

^a**Interprofessional:** The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physician, nurses, dietitian nutritionists, physician assistants, pharmacists, psychologists, social workers, and occupational and physical therapists), depending on the needs of the patient/client. Interprofessional could also mean interdisciplinary or multidisciplinary.

^b**Advocate:** An *advocate* is a person who provides support and/or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms¹³ and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation⁸).

^c**Non-physician practitioner:** A *non-physician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian, or qualified nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.^{8,9} The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and long-term care facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements, or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.^{11,12}

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The terms *patient, client, customer, individual, person, participant, group, or population* are used interchangeably with the actual term used in a given situation, depending on the setting and the population receiving care or services.

Standards of Professional Performance for Registered Dietitian Nutritionists in Mental Health and Addictions
Standard 1: Quality in Practice
 The registered dietitian nutritionist (RDN) provides quality services using a systematic process with identified ethics, leadership, accountability, and dedicated resources.
Rationale:
 Quality practice in nutrition and dietetics is built on a solid foundation of education and supervised practice, credentialing, evidence-based practice, demonstrated competence, and adherence to established professional standards. Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
1.1	Complies with applicable laws and regulations as related to his/her area(s) of practice		X	X	X
	1.1A	Complies with state licensure laws and regulations, including telehealth (http://www.telehealthresourcecenter.org/toolbox-module/licensure-and-scope-practice) and continuing education requirements	X	X	X
1.2	Performs within individual and statutory scope of practice and applicable laws and regulations		X	X	X
	1.2A	Adheres to the practice boundaries related to nutrition vs mental health/psychotherapy or addictions counseling unless qualified through additional credentials (eg, National Certified Counselor, National Certified Addiction Counselor) and state-specific regulations	X	X	X
1.3	Adheres to sound business and ethical billing practices applicable to the role and setting		X	X	X
	1.3A	Complies with appropriate billing codes for payer and type of nutrition visit applicable to setting	X	X	X
1.4	Uses national quality and safety data (eg, National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division, National Quality Forum, Institute for Healthcare Improvement) to improve the quality of services provided and to enhance customer-centered services		X	X	X
	1.4A	Uses nationally standardized and consensus-based behavioral health performance measures (eg, American Psychiatric Association Mental Health Performance Measures, SAMHSA ^a National Behavioral Health Quality Framework) in design and evaluation of nutrition care and services; seeks assistance if needed	X	X	X
	1.4B	Leads efforts to maximize mental health and addictions nutrition services using national quality and safety data		X	X
	1.4C	Leads organization's/program's interprofessional team review and application of national consensus-based standards and measures in performance monitoring process			X

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Figure 2. Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
1.5	Uses a systematic performance improvement model that is based on practice knowledge, evidence, research, and science for delivery of the highest quality services		X	X	X
	1.5A	Uses the organization/department performance improvement process to measure performance against desired outcomes	X	X	X
	1.5B	Leads the development of performance improvement criteria to monitor effectiveness of services		X	X
	1.5C	Collaborates with the interprofessional ^b team to create and evaluate systems, processes, and programs that support the organization's/ program's and mental health and addictions and nutrition-related objectives			X
	1.5D	Directs the development and management of systems, processes, and programs in mental health and/or addictions nutrition-related care for continuous quality assurance and performance improvement			X
1.6	Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, quality, person-centeredness, equity, timeliness, and efficiency of practice		X	X	X
	1.6A	Involves colleagues and others, as applicable, in systematic outcomes management	X	X	X
	1.6A1	Participates in and coordinates interprofessional efforts to evaluate and improve mental health and/or addictions patient/client population outcomes		X	X
	1.6A2	Leads interprofessional efforts to promote and measure quality of mental health and addictions nutrition care and services			X
	1.6B	Defines expected outcomes	X	X	X
	1.6B1	Identifies evidence-based nutrition-specific care and service outcomes and related processes to measure		X	X
	1.6B2	Determines the desired nutrition-specific outcomes for the patient/client population through direct evaluation, benchmarking, and evaluation of environmental trends			X
	1.6C	Uses indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)	X	X	X
	1.6D	Measures quality of services in terms of structure, process, and outcomes	X	X	X
	1.6D1	Participates in organization and local, state, and national quality improvement initiatives	X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		1.6D2	Develops and/or uses systematic processes to collect and organize data	X	X	X
		1.6D3	Uses defined outcomes and related processes to measure as part of the outcomes management program	X	X	X
		1.6D4	Uses aggregated data to evaluate current performance measurement process against expected outcomes observed to determine if changes are required		X	X
		1.6D5	Leads the development of clinical, operational, and financial measures related to mental health and addictions nutrition-related care and services			X
	1.6E	Incorporates electronic clinical quality measures to evaluate and improve care of patients/clients at risk for malnutrition or with malnutrition (www.eatrightpro.org/emeasures)		X	X	X
		1.6E1	Ensures that screening for nutrition risk is a component of assessment using evidence-based screening tools for the setting and/or population	X	X	X
	1.6F	Documents outcomes and patient-reported outcomes (eg, PROMIS⁶)		X	X	X
		1.6F1	Documents and reports outcomes to appropriate individuals and groups; seeks assistance if needed	X	X	X
		1.6F2	Evaluates patient/client and service outcomes using identified metrics to reinforce current practices or implement changes in practice(s)		X	X
		1.6F3	Synthesizes and shares effectiveness outcomes on programs and services with the mental health and addictions communities			X
	1.6G	Participates in, coordinates, or leads program participation in local, regional, or national registries and data warehouses used for tracking, benchmarking, and reporting service outcomes		X	X	X
	1.6H	Collaborates with RDN colleagues in local/regional mental health/addictions treatment programs to collect data for documenting and reporting outcomes of nutrition interventions			X	X
	1.6I	Leads local, state, and national quality initiative efforts to support mental health and addictions nutrition and related services				X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
1.7	Identifies and addresses potential and actual errors and hazards in provision of services or brings to attention of supervisors and team members as appropriate			X	X	X
	1.7A	Evaluates and ensures safe nutrition care delivery; seeks assistance as needed		X	X	X
		1.7A1	Collaborates with pharmacist to contribute to the awareness of potential drug–food/nutrient and drug –dietary supplement (eg, vitamin mineral, herbal) interactions; and to educate patients/clients/families and interprofessional team	X	X	X
		1.7A2	Refers patients/clients to appropriate services when error/hazard is outside of the RDN's scope of practice	X	X	X
	1.7B	Collaborates with the interprofessional team to identify, address, and prevent errors in the delivery of mental health and addictions nutrition services (eg, food allergy/intolerance vs food aversion)		X	X	X
		1.7B1	Develops safety alert systems to monitor key indicators of mental health and addictions patients'/clients' medical conditions		X	X
	1.7C	Maintains awareness of problematic product names and error prevention recommendations provided by ISMP ^d (www.ismp.org), FDA ^e (www.fda.gov), and USP ^f (www.usp.org)			X	X
	1.7D	Recognizes possible drug–nutrient interactions and potential interactions between prescribed treatments and integrative and functional medicine therapies			X	X
	1.7E	Develops best practices to identify, address, and prevent errors and hazards in the delivery of mental health and addictions food and nutrition services				X
1.8	Compares actual performance to performance goals (ie, Gap Analysis, SWOT Analysis [Strengths, Weaknesses, Opportunities, and Threats], PDCA Cycle [Plan-Do-Check-Act], DMAIC [Define, Measure, Analyze, Improve, Control])			X	X	X
	1.8A	Reports and documents action plan to address identified gaps in care and/or service performance		X	X	X
	1.8B	Compares individual performance to established goals and expected outcomes		X	X	X
	1.8C	Compares departmental/organizational performance to established goals and outcomes; and to national programs and standards			X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	1.8D	Leads in benchmarking of mental health and addictions nutrition care based on health and population-based indicators (eg, https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health)			X
1.9	Evaluates interventions and workflow process(es) and identifies service and delivery improvements		X	X	X
	1.9A	Uses evaluation data and/or collaborates with interprofessional team to identify organizational/departmental improvements		X	X
	1.9B	Leads the development, testing, and redesign of program evaluation systems			X
1.10	Improves or enhances patient/client/population care and/or services working with others based on measured outcomes and established goals		X	X	X
	1.10A	Adjusts services and programs based on data and review of current evidence-based information (eg, practice guidelines and quality improvement data for mental health and addictions) in collaboration with interprofessional team	X	X	X
	1.10B	Leads the evaluation and revision of nutrition systems, processes, and programs to ensure mental health and/or addictions evidence-based practices and organizational policies and procedures are followed			X

Examples of Outcomes for Standard 1: Quality in Practice	
<ul style="list-style-type: none"> • Actions are within scope of practice and applicable laws and regulations • National quality standards and best practices are evident in customer-centered services • Performance improvement systems specific to program(s)/service(s) are established and updated as needed; are evaluated for effectiveness in providing desired outcomes data and striving for excellence in collaboration with other team members • Performance indicators are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.) • Aggregate outcomes results meet pre-established criteria • Quality improvement results direct refinement and advancement of practice 	
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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Standard 2: Competence and Accountability

The registered dietitian nutritionist (RDN) demonstrates competence in and accepts accountability and responsibility for ensuring safe, quality practice and services.

Rationale:

Competence and accountability in practice includes continuous acquisition of knowledge, skills, experience, and judgment in the provision of safe, quality customer-centered service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
2.1	Adheres to the code(s) of ethics (eg, Academy/Commission on Dietetics Registration (CDR), other national organizations, health care professional organizations, and/or employer code of ethics)		X	X	X
2.2	Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-evaluation, and professional development		X	X	X
	2.2A	Integrates applicable focus area(s) SOP and/or SOPP into practice (www.eatrightpro.org/sop)	X	X	X
	2.2B	Uses SOP and SOPP for RDNs in Mental Health and Addictions to: <ul style="list-style-type: none"> • assess performance at the appropriate level of practice • develop and implement a professional development plan to improve the quality of practice and performance and to advance practice 	X	X	X
	2.2C	Develops corporate/organizational policies, guidelines, human resource materials (eg, job descriptions, career ladders, care and service activities for each performance level) using the SOP and SOPP for RDNs in Mental Health and Addictions		X	X
2.3	Demonstrates and documents competence in practice and delivery of customer-centered service(s)		X	X	X
	2.3A	Manages change effectively, demonstrating knowledge of the change process	X	X	X
	2.3B	Demonstrates attributes, such as assertiveness, enhanced listening, and conflict resolution skills		X	X
	2.3C	Documents examples of expanded professional responsibility reflective of a proficient or expert practice role		X	X
2.4	Assumes accountability and responsibility for actions and behaviors		X	X	X
	2.4A	Identifies, acknowledges, and corrects errors	X	X	X
	2.4B	Knows and complies with policies, procedures, and other organizational standards applicable to role and responsibilities	X	X	X
	2.4C	Develops and implements policies and procedures that ensure staff accountability and responsibility		X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 2: Competence and Accountability						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
2.5	Conducts self-evaluation at regular intervals			X	X	X
	2.5A	Identifies needs for professional development		X	X	X
		2.5A1	Evaluates role and responsibilities at the organizational and/or systems level to identify areas for continuing education to strengthen knowledge/skills or qualifications for new roles		X	X
	2.5B	Evaluates current level of practice to: <ul style="list-style-type: none"> • identify needs for professional development based on self-evaluation considering evidence-based guidelines, best practices, and research in mental health and/or addictions • assure quality of current practice, and advance level of practice to achieve career goals 		X	X	X
2.6	Designs and implements plans for professional development			X	X	X
	2.6A	Develops plan and documents professional development activities in career portfolio (eg, organizational policies and procedures, credentialing agency[ies])		X	X	X
2.7	Engages in evidence-based practice and uses best practices			X	X	X
	2.7A	Integrates evidence-based practice and research evidence in delivering quality care using SAMHSA, NIMH, ^g NIAAA, ^h Academy ⁱ resources, Academy EAL, ^j position papers, and best practices		X	X	X
	2.7B	Develops skill in accessing and critically analyzing research		X	X	X
	2.7C	Advocates for the advancement of evidence-based knowledge for the profession (eg, research, presentations, publications)		X	X	X
	2.7D	Participates in research activities and publication of results to advance evidence and best practices in mental health and addictions nutrition practice			X	X
	2.7E	Serves as an author of mental health and/or addictions-related evidence-based publications			X	X
	2.7F	Contributes expertise and critical thinking skills as a reviewer of original research and/or evidence-based guidelines relevant to mental health and addictions nutrition practice				X
	2.7G	Uses and guides others in applying planned change principles to integrate research into practice				X
2.8	Participates in peer review of others as applicable to role and responsibilities			X	X	X
	2.8A	Engages in peer review activities consistent with setting, responsibilities, and patient/client population (eg, peer evaluation, peer supervision, clinical chart review, performance evaluations)		X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
<i>Each RDN:</i>			Competent	Proficient	Expert
	2.8B	Conducts scholarly review of professional articles, chapters, books, programs, and guidelines		X	X
	2.8C	Leads/serves on editorial board for review of professional articles, chapters, and books			X
2.9	Mentors and/or precepts others		X	X	X
	2.9A	Participates in mentoring students and interns and serves as a preceptor for dietetic interns/students; seeks guidance as needed	X	X	X
	2.9B	Develops mentor/mentee programs for nutrition and dietetics practitioners and health professionals of other disciplines		X	X
	2.9C	Mentors competent- and proficient-level RDNs and non-nutrition professionals (eg, medical students/residents, advanced practice nurses, pharmacists)			X
2.10	Pursues opportunities (education, training, credentials, certifications) to advance practice in accordance with laws and regulations and requirements of practice setting		X	X	X
	2.10A	Serves on committees with the Academy and dietetics practice groups to develop programs, tools, and resources in support of assisting the RDN to obtain relevant certifications/credentials		X	X
	2.10B	Leads efforts to develop or advance education, training, and credential opportunities in mental health and/or addictions			X

Examples of Outcomes for Standard 2: Competence and Accountability	
<ul style="list-style-type: none"> • Practice reflects <ul style="list-style-type: none"> ◦ Code(s) of ethics (eg, Academy/CDR, or other national organizations, and/or employer code of ethics) ◦ Scope of Practice, Standards of Practice, and Standards of Professional Performance ◦ Evidence-based practice and best practices ◦ CDR Essential Practice Competencies and Performance Indicators • Practice incorporates successful strategies for interactions with individuals/groups from diverse cultures and backgrounds • Competence is demonstrated and documented • Services provided are safe and customer-centered • Self-evaluations are conducted regularly to reflect commitment to lifelong learning and professional development and engagement • Professional development needs are identified and pursued • Directed learning is demonstrated • Relevant opportunities (education, training, credentials, certifications) are pursued to advance practice • CDR recertification requirements are met 	
<i>(continued on next page)</i>	

Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Standard 3: Provision of Services

The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations and needs, and the mission, vision, principles, and values of the organization/business.

Rationale:

Quality programs and services are designed, executed, and promoted based on the RDN's knowledge, skills, experience, judgment, and competence in addressing the needs and expectations of the organization/business and its customers.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
3.1	Contributes to or leads in development and maintenance of programs/ services that address needs of the customer or target population(s)			X	X	X
	3.1A	Aligns program/service development with the mission, vision, principles, values, and service expectations and outputs of the organization/business		X	X	X
		3.1A1	Participates in strategic planning for the acquisition and utilization of internal and external resources for mental health and addictions nutrition programs (ie, program planning, staffing, marketing, budgeting, billing, if applicable)		X	X
		3.1A2	Develops and manages nutrition programs tailored to the needs of the organization and the patient/client populations		X	X
		3.1A3	Designs, provides justification, promotes, and seeks executive commitment to new services that will meet organization and department/program goals for mental health and addictions nutrition services			X
		3.1A4	Contributes to and leads business and strategic planning with interprofessional team to identify programs and services that address the needs of the patient/client population served by the organization			X
	3.1B	Uses the needs, expectations, and desired outcomes of the customers/populations (eg, patients/clients, families, community, decision makers, administrators, client organization[s]) in program/ service development		X	X	X
		3.1B1	Adheres to the practice boundaries related to nutrition vs mental health/psychotherapy or addictions counseling; seeks assistance if needed	X	X	X
		3.1B2	Develops mental health and addictions-specific community/ prevention nutrition-related programs (eg, education, treatment, or service) incorporating behavior change theory, self-concept, lifestyle functions, and systematic evaluation of learning		X	X
<i>(continued on next page)</i>						

Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.1B3	Develops, evaluates, and ensures programs/services meet/ address the customer characteristics, health status, and nutrition needs of mental health and/or addictions population			X	X
	3.1B4	Collaborates with local and regional programs that support and optimize provision of mental health and addictions nutrition services (eg, NAMI, ^k NIMH)			X	X
	3.1C	Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment		X	X	X
	3.1C1	Advocates for staffing that supports the customer population care and education needs, census/case load, goals, and programs and services			X	X
	3.1D	Proposes programs and services that are customer-centered, culturally appropriate, and minimize disparities		X	X	X
3.2	Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services			X	X	X
	3.2A	Contributes to or designs referral systems that promote access to qualified, credentialed nutrition and dietetics practitioners		X	X	X
	3.2A1	Receives referrals for services from and makes referrals to other nutrition or health care professionals to address identified customer needs		X	X	X
	3.2A2	Participates in or designs process to receive or make referrals to other providers that address the needs of the customer population (eg, social worker, pharmacist, case manager)			X	X
	3.2A3	Designs, directs, and coordinates referral process and systems				X
	3.2B	Refers customers to appropriate providers when requested services or identified needs exceed the RDN's individual scope of practice		X	X	X
	3.2B1	Builds relationships with other health care practitioners to facilitate collaboration and making referrals that meet customer needs		X	X	X
	3.2B2	Establishes and maintains networks to support the overall care and recovery of customers transitioning to home or another care or community setting			X	X
	3.2B3	Supports referral resources with curriculum and training regarding the types of complex nutrition needs of customers with mental illness and addictions				X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.2C	Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes		X	X	X
		3.2C1	Tracks data to evaluate efficiency and effectiveness of the nutrition referral processes	X	X	X
		3.2C2	Collaborates with the interprofessional team and other health care providers to review data and update the nutrition referral process and tools when needed		X	X
		3.2C3	Manages and/or leads the review and revision process for nutrition referrals and tools in collaboration with the interprofessional team and others as needed			X
3.3	Contributes to or designs customer-centered services			X	X	X
	3.3A	Assesses needs, beliefs/values, goals, resources of the customer, and social determinants of health		X	X	X
		3.3A1	Recognizes the influences that culture, health literacy, and socioeconomic status have on health/illness experiences and the customer population's use of and access to health care services	X	X	X
		3.3A2	Participates in or conducts needs assessment in collaboration with interprofessional team and community stakeholders to identify needs of the customer population and services that are available		X	X
		3.3A3	Incorporates behavior change strategies and counseling theories in program/service design		X	X
		3.3A4	Leads in utilizing, evaluating, and communicating the effectiveness of different theoretical frameworks for interventions (eg, health belief model, social cognitive theory/social learning theory, stages of change [ie, transtheoretical theory])			X
	3.3B	Uses knowledge of the customer's/target population's health conditions, cultural beliefs, and business objectives/services to guide design and delivery of customer-centered services		X	X	X
		3.3B1	Adapts practice to meet the needs of an ethnically and culturally diverse population (eg, using translators, conducting culturally appropriate assessments, selecting appropriate levels of intensity of cultural interventions, adapting education/counseling approaches and materials, adapting content to teaching modality)	X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.3B2	Identifies and connects customers and support networks with established resources and services within the specific ethnic/cultural community		X	X	X
	3.3B3	Participates in or plans, develops, and implements systems of care and services reflecting needs of the population (health conditions, ethnic/cultural characteristics)			X	X
	3.3B4	Pursues and collaborates with additional resources to positively influence health-related decision making within the customer's specific ethnic/cultural community			X	X
	3.3C	Communicates principles of disease prevention and behavioral change appropriate to the customer or target population		X	X	X
	3.3C1	Identifies and considers customer-specific characteristics that influence delivery of mental health and addictions nutrition education and care		X	X	X
	3.3C2	Designs tools to communicate disease prevention and behavioral change principles			X	X
	3.3D	Collaborates with the customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes		X	X	X
	3.3D1	Designs mental health and addictions nutrition plans of care systems according to customers' care needs and priorities, desired outcomes with consideration of and input from other health care practitioners/caregivers		X	X	X
	3.3D2	Confirms that mental health and addictions nutrition plans of care are reflective of evidence-based approaches		X	X	X
	3.3D3	Incorporates systems to support customers in stages of readiness to change by establishing realistic goals		X	X	X
	3.3D4	Participates in or initiates development of guidelines and tools to guide customers and/or their support networks (eg, family, caregivers) in health-related shared decision making and goal setting for maximizing outcomes			X	X
	3.3E	Involves customers in decision making		X	X	X
	3.3E1	Uses appropriate tools, such as deep listening, motivational interviewing, and cognitive behavioral therapy to involve customers in directing their mental health and addictions nutrition care			X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
3.4	Executes programs/services in an organized, collaborative, cost-effective, and customer-centered manner			X	X	X
	3.4A	Collaborates and coordinates with peers, colleagues, stakeholders, and within interprofessional teams		X	X	X
		3.4A1	Serves as a consultant for issues related to nutrition for mental health and addictions		X	X
		3.4A2	Directs efforts to improve collaboration between customers and other care providers			X
	3.4B	Uses and participates in or leads in the selection, design, execution, and evaluation of customer programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interprofessional programs, community education, and grant management)		X	X	X
		3.4B1	Plans and implements mental health and addictions nutrition programs and services that reflect evidence-based guidelines and best practices		X	X
		3.4B2	Uses or develops nutrition screening guidelines, programs, and recommendations relevant to the patient/client population		X	X
		3.4B3	Implements and manages organization and/or community-based nutrition programs for mental health and addictions populations consistent with recognized practice guidelines		X	X
		3.4B4	Reviews and applies community/prevention program indicators and national, state, and local public health and population-based indicators (eg, Healthy People 2020 Leading Health Indicators, HEDIS, ¹ Behavioral Health Quality Improvement measure sets) to benchmark against organization/program outcomes for positive impact on program planning and development			X
		3.4B5	Leads team on program/service review, identifying changes, and process revisions as needed			X
	3.4C	Uses and develops or contributes to selection, design, and maintenance of policies, procedures (eg, discharge planning/transitions of care), protocols, standards of care, technology resources (eg, HIPAA[™]-compliant telehealth platforms), and training materials that reflect evidence-based practice in accordance with applicable laws and regulations		X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
		3.4C1	Collaborates with interprofessional team to inform and seek input on the design and evaluation of nutrition policies, procedures, and services for meeting needs of customer population (eg, screening for nutrition risk, discharge/transitions of care process, process for team reporting observations on patient/client response to nutrition care or educational needs)		X	X
		3.4C2	Leads department and interprofessional process of developing, monitoring, evaluating, and improving the protocols, guidelines, and practice tools			X
	3.4D	Uses and participates in or develops processes for order writing and other nutrition-related privileges, in collaboration with the medical staff,ⁿ or medical director (eg, post-acute care settings, dialysis center, public health, community, free-standing clinic settings), consistent with state practice acts, federal and state regulations; organization policies; and medical staff rules, regulations, and bylaws		X	X	X
		3.4D1	Uses and participates in or leads development of processes for privileges or other facility-specific processes related to (but not limited to) implementing physician/non-physician practitioner^o-driven delegated orders or protocols, initiating or modifying orders for therapeutic diets, medical foods/nutrition supplements, dietary supplements, enteral and parenteral nutrition, laboratory tests, medications, and adjustments to fluid therapies or electrolyte replacements	X	X	X
			3.4D1i Adheres to setting-specific medical director protocol or medical staff bylaws, rules, and regulations that address ordering privileges or delegated orders for diet order writing	X	X	X
			3.4D1ii Contributes to organization/medical staff process for identifying RDN privileges to support mental health and addictions care and services (eg, diet orders, medical food/nutritional supplements, vitamin and mineral supplements)		X	X
			3.4D1iii Negotiates and/or establishes nutrition privileges at organization/systems level for new advances in practice			X

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Figure 2. *(continued)* Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
		3.4D2	Uses and participates in or leads development of processes for privileging for provision of nutrition-related services, including (but not limited to) initiating and performing bedside swallow screenings, inserting and monitoring nasoenteric feeding tubes, providing home enteral nutrition or infusion management services (eg, ordering formula and supplies), and indirect calorimetry measurements	X	X	X
		3.4D3	Establishes collaborative practice with other health care providers at organization or systems level (eg, participate in treatment team meetings, and/or a disease management program, case management)		X	X
	3.4E	Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices		X	X	X
		3.4E1	Develops tools to monitor adherence to billing regulations and ethical billing practices		X	X
	3.4F	Communicates with the interprofessional team and referring party consistent with the HIPAA rules for use and disclosure of customer's personal health information (PHI)		X	X	X
		3.4F1	Develops process and tools to monitor adherence to HIPAA rules and/or address breaches in the protection of PHI		X	X
3.5	Uses professional, technical, and support personnel appropriately in the delivery of customer-centered care or services in accordance with laws, regulations, and organization policies and procedures			X	X	X
	3.5A	Assigns activities, including direct care to patients/clients, consistent with the qualifications, experience, and competence of professional, technical, and support personnel		X	X	X
		3.5A1	Determines capabilities/expertise of support staff in working with customer population to determine tasks that may be delegated		X	X
	3.5B	Supervises professional, technical, and support personnel		X	X	X
		3.5B1	Trains professional, technical, and support personnel and evaluates their competence/skills		X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
3.6	Designs and implements food delivery systems to meet the needs of customers			X	X	X
	3.6A	Collaborates in or leads the design of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations (ie, health care patients/clients, employee groups, visitors to retail venues, schools, child and adult day care centers, community feeding sites, farm to institution initiatives, local food banks)		X	X	X
		3.6A1	Participates in foodservice planning and delivery for health care and community settings that provide mental health and addictions services	X	X	X
		3.6A2	Develops mental health and addictions nutrition-related guidelines for foodservice system planning and delivery		X	X
		3.6A3	Evaluates effectiveness of foodservice planning and delivery for patients/clients with mental illness and addictions to identify areas for improvement		X	X
		3.6A4	Serves as consultant to organizational leadership in determining services to be provided			X
	3.6B	Participates in, consults/collaborates with, or leads the development of menus to address health, nutritional, and cultural needs of target population(s) consistent with federal, state, or funding source regulations or guidelines		X	X	X
		3.6B1	Participates in the development of master menus and snack options with modifications to address health and nutrition needs of mental health and addictions populations served by the setting ^{32,33}	X	X	X
		3.6B2	Directs the development of menus, recipes, and foodservice operations consistent with role and setting		X	X
	3.6C	Participates in, consults/collaborates with, or leads interprofessional process for determining medical foods/nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies, and delivery systems for target population(s)		X	X	X
		3.6C1	Designs structured best practice programs to fund and provide enteral/parenteral nutrition support			X
3.7	Maintains records of services provided			X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services							
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice			
Each RDN:				Competent	Proficient	Expert	
	3.7A	Documents according to organization policies, procedures, standards, and systems, including electronic health records			X	X	X
	3.7B	Implements data management systems to support interoperable data collection, maintenance, and utilization			X	X	X
		3.7B1	Contributes to the design of the electronic health record system for capturing data needed in documenting nutrition care and monitoring outcomes			X	X
		3.7B2	Advocates for and participates in the development of clinical, operational, and financial databases upon which mental health and addictions nutrition care-sensitive outcomes can be derived, reported, and used for improvement				X
		3.7B3	Seeks opportunities to contribute expertise to national mental health or addictions-related bioinformatics projects as applicable/requested				X
	3.7C	Uses data to document outcomes of services (ie, staff productivity, cost–benefit, budget compliance, outcomes, quality of services) and provide justification for maintenance or expansion of services			X	X	X
		3.7C1	Analyzes and uses data to communicate value of nutrition services in relation to customer population and organization outcomes/goals			X	X
	3.7D	Uses data to demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations			X	X	X
		3.7D1	Collects data and documents outcomes and compares against targets and evidence-based/best practices, standards, laws, and regulations		X	X	X
		3.7D2	Determines impact of data to the organizations and provides specific to mental health and addictions care settings; participates in development of sustainable plan of compliance			X	X
		3.7D3	Prepares and presents analysis of nutrition care service and outcomes data for organization and accrediting bodies				X
3.8	Advocates for provision of quality food and nutrition services as part of public policy			X	X	X	
	3.8A	Communicates with policy makers regarding the benefit–cost of quality food and nutrition services			X	X	X
		3.8A1	Advocates with state and national congressional representatives regarding benefit of mental health and addictions nutrition care services on health care costs (eg, responds to Academy Action Alerts and other calls to action via Action Center, letters, emails, and/or phone calls)		X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>						
	3.8A2	Interacts and serves as a resource with legislators, payers, and policy makers to contribute and influence mental health and addictions care and services (eg, providing testimony at legislative and regulatory hearings and meetings)			X	X
	3.8B	Advocates in support of food and nutrition programs and services for populations with special needs and chronic conditions		X	X	X
	3.8B1	Participates in patient/client advocacy activities		X	X	X
	3.8B2	Advocates for policies that reduce discrimination based on disability related to mental illness and addictions		X	X	X
	3.8B3	Leads advocacy activities (eg, authors article(s), delivers presentations on topics, networks)			X	X
	3.8B4	Leads the development of public policy related to mental health and addictions nutrition services at the regional or national level				X
	3.8C	Advocates for protection of the public through multiple avenues of engagement (eg, legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)		X	X	X

Examples of Outcomes for Standard 3: Provision of Services
<ul style="list-style-type: none"> • Program/service design and systems reflect organization/business mission, vision, principles, values, and customer needs and expectations • Customers participate in establishing program/service goals and customer-focused action plans and/or nutrition interventions (eg, in-person or via telehealth) • Customer-centered needs and preferences are met • Customers are satisfied with services and products • Customers have access to food assistance • Customers have access to food and nutrition services • Foodservice system incorporates sustainability practices addressing energy and water use, and waste management • Menus reflect the cultural, health, and/or nutritional needs of target population(s) and consideration of ecological sustainability • Evaluations reflect expected outcomes and established goals • Effective screening and referral services are established or implemented as designed • Professional, technical, and support personnel are supervised when providing nutrition care to customers • Ethical and transparent financial management and billing practices are used per role and setting
<i>(continued on next page)</i>

Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Standard 4: Application of Research
 The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.
Rationale:
 Application, participation, and generation of research promote improved safety and quality of nutrition and dietetics practice and services.

Indicators for Standard 4: Application of Research					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
4.1	Reviews best available research/evidence and information for application to practice		X	X	X
	4.1A	Understands basic research design and methodology	X	X	X
	4.1B	Reads major peer-reviewed publications in mental health and addictions and nutrition; uses evidence-based guidelines, practice guidelines, and related resources	X	X	X
	4.1C	Demonstrates understanding of current research, trends, and epidemiologic surveys in mental health and addictions nutrition, and related areas and applies to professional practice as appropriate	X	X	X
	4.1D	Identifies key clinical and management questions and uses systematic methods to apply research and evidence-based guidelines to answer questions and inform decisions		X	X
	4.1E	Promotes the use of evidence-based tools/resources (eg, Academy EAL, practice guidelines) as a basis for stimulating awareness and integration of current evidence into practice		X	X
4.2	Uses best available research/evidence and information as the foundation for evidence-based practice		X	X	X
	4.2A	Demonstrates adherence to evidence-based practice guidelines (eg, SAMHSA, NIMH, NIAAA, Academy EAL, Academy) to provide safe, effective quality care for individuals with mental illness and addictions; seeks guidance as needed	X	X	X
	4.2B	Demonstrates adherence to evidence-based practice to reduce variation in practice patterns (eg, considers the best available research on nutrition-related prevention of relapses/exacerbations in mental health and addictions nutrition care)		X	X
	4.2C	Analyzes and applies the available scientific literature in situations where evidence-based practice guidelines for mental health and addictions nutrition care are not established		X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 4: Application of Research					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	4.2D	Uses advanced training, available research, and emerging theories to manage complex cases in mental health and addictions nutrition care (eg, dialectical behavioral therapy, cognitive behavioral therapy, motivational interviewing)			X
4.3	Integrates best available research/evidence and information with best practices, clinical and managerial expertise, and customer values		X	X	X
	4.3A	Develops familiarity with and accesses commonly used sources of evidence in identifying applicable courses of action for patient/client care and services (eg, NQF ^P mental illness resources, SAMHSA)	X	X	X
4.4	Contributes to the development of new knowledge and research in nutrition and dietetics		X	X	X
	4.4A	Participates in efforts to extend research into practice through journal clubs, professional supervision, and the Academy's Research workgroups	X	X	X
	4.4B	Participates in practice-based research networks (eg, Academy Research workgroups) and the development and/or implementation of practice-based research		X	X
	4.4C	Develops Academy EAL questions in mental health and addictions nutrition care		X	X
	4.4D	Authors original research papers and book chapters to advance evidence and best practices			X
	4.4E	Identifies and initiates research relevant to mental health and addictions as the principal or co-investigator in collaborative research or interprofessional teams that examine relationships related to nutrition and mental health and addictions care and outcomes			X
	4.4F	Serves as advisor, preceptor, and/or committee member for graduate level research			X
	4.4G	Provides analysis of evidence-based guidelines, best practices, and practice experience to generate new knowledge in mental health and addictions nutrition care and services			X
4.5	Promotes application of research in practice through alliances or collaboration with food and nutrition and other professionals and organizations		X	X	X
	4.5A	Identifies research issues/questions and participates in studies related to mental health and addictions care services	X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 4: Application of Research					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	4.5B	Collaborates with interprofessional and/or interorganizational teams to perform and disseminate nutrition research related to mental health and addictions		X	X
	4.5C	Leads interprofessional and/or interorganizational collaborative research activities			X

Examples of Outcomes for Standard 4: Application of Research	
<ul style="list-style-type: none"> Evidence-based practice, best practices, clinical and managerial expertise, and customer values are integrated in the delivery of nutrition and dietetics services Customers receive appropriate services based on the effective application of best available research/evidence and information Best available research/evidence and information is used as the foundation of evidence-based practice 	

Standard 5: Communication and Application of Knowledge	
The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications.	
Rationale:	
The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services.	

Indicators for Standard 5: Communication and Application of Knowledge					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
5.1	Communicates and applies current knowledge and information based on evidence		X	X	X
	5.1A	Demonstrates critical thinking and problem-solving skills when communicating with others	X	X	X
	5.1A1	Demonstrates ability to review and apply evidence-based guidelines when communicating and disseminating information		X	X
	5.1A2	Demonstrates flexibility and innovation to effectively communicate and apply complex ideas		X	X
	5.1A3	Demonstrates the ability to convey complex concepts to other health care practitioners, patients/clients, and the public when communicating and disseminating information			X
	5.1B	Identifies and uses relevant mental health/addictions nutrition care and education publications in practice	X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
5.1C	Interprets regulatory, accreditation, and reimbursement programs and standards for organizations and providers that are specific to mental health and addictions care and education (eg, CMS, ^q TJC, ^r CARF, ^s NCQA, ^t HFAP, ^u NIMH); seeks assistance if needed			X	X	X
5.1D	Evaluates public health trends and epidemiological reports related to mental health and addictions prevalence, prevention, and treatment, as well as underlying etiologies and applies data in clinical practice, professional activities, and work settings				X	X
5.1E	Oversees the process of interpretation, distribution, and communication of evidence-based research in behavioral health and education initiatives to mental health and addictions nutrition practice				X	X
5.1F	Consults as an expert on complex mental health and addictions nutrition issues with other health care professionals, organizations, and the community					X
5.2	Selects appropriate information and the most effective communication method or format that considers customer-centered care and the needs of the individual/group/population			X	X	X
5.2A	Uses communication methods (ie, oral, print, one-on-one, group, visual, electronic, and social media) targeted to various audiences			X	X	X
	5.2A1	Adapts communications with customers to consider health literacy, culture, preferred language, educational level, and hearing or vision disabilities		X	X	X
5.2B	Uses information technology to communicate, disseminate, manage knowledge, and support decision making			X	X	X
	5.2B1	Identifies and uses web-based/electronic practice tools/resources and electronic health records within the worksite as appropriate		X	X	X
	5.2B2	Develops and updates web-based/electronic mental health and addictions nutrition and patient/client or professional education tools and resources			X	X
	5.2B3	Leads the design and development of individual- and system-specific approaches that effectively convey nutrition information to diverse audiences addressing a variety of mental health and addictions nutrition-related conditions				X
	5.2B4	Provides mental health and addictions nutrition expertise to national informatics projects (eg, national databases)				X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice			
Each RDN:			Competent	Proficient	Expert	
5.3	Integrates knowledge of food and nutrition with knowledge of health, culture, social sciences, communication, informatics, sustainability, and management			X	X	X
	5.3A	Uses and applies current and emerging knowledge of mental health and addictions nutrition, when considering a customer's health status, behavior barriers, communication skills, and interprofessional team involvement; seeks guidance as needed		X	X	X
	5.3B	Participates in and/or leads the integration of scientific knowledge and experience in mental health and addictions nutrition into practice for complex problems or in new research methodologies			X	X
5.4	Shares current, evidence-based knowledge, and information with various audiences			X	X	X
	5.4A	Guides customers, families, students, and interns in the application of knowledge and skills		X	X	X
	5.4A1	Contributes to and/or coordinates the educational and professional development of RDNs and Nutrition and Dietetics Technicians, Registered, students/interns, and health care practitioners in other fields, through formal and informal teaching activities, preceptorships, and mentorship			X	X
	5.4A2	Develops formal, structured mentor and preceptorship programs in mental health and addictions nutrition care and education				X
	5.4B	Assists individuals and groups to identify and secure appropriate and available educational and other resources and services		X	X	X
	5.4B1	Identifies and recommends current, evidence-based mental health and addictions nutrition educational resources (eg, Academy, Behavioral Health Nutrition Dietetic Practice Group [https://www.bhndpg.org], NIMH, US Department of Agriculture Choose My Plate)		X	X	X
	5.4B2	Establishes systematic process to identify, track, and update resources available to patients/clients and interprofessional team			X	X
	5.4B3	Leads individuals and groups in efforts to identify and secure appropriate and available resources and services (eg, outpatient, community)			X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	5.4C	Uses professional writing and verbal skills in all types of communications		X	X	X
		5.4C1	Demonstrates professional writing and oral communication skills with the ability to translate complex scientific and policy information to the public	X	X	X
	5.4D	Reflects knowledge of population characteristics in communication methods		X	X	X
		5.4D1	Considers culture, literacy, and communication styles in dialogue, written communications, and educational activities for all audiences (eg, patients/clients, organization staff/leaders, community stakeholders)		X	X
5.5	Establishes credibility and contributes as a food and nutrition resource within the interprofessional health care and management team, organization, and community			X	X	X
	5.5A	Promotes the use of evidence-based guidelines and the Academy's EAL with the interprofessional team and others to integrate food, nutrition, and lifestyle behaviors with mental health and addictions treatment		X	X	X
	5.5B	Consults with physicians and other health care professionals (eg, psychologists, social workers, nurses, physical/occupational/recreational therapists, addictions counselors)		X	X	X
	5.5C	Participates in and leads interprofessional collaborations at the organization and systems level			X	X
	5.5D	Contributes nutrition-related expertise and serves as lead collaborator for national projects and professional organizations (eg, Academy practice groups, NIMH, SAMHSA, NQF)				X
5.6	Communicates performance improvement and research results through publications and presentations			X	X	X
	5.6A	Presents evidence-based mental health and addictions nutrition research and information to community groups and colleagues		X	X	X
	5.6B	Contributes to and advocates for the advancement of the body of knowledge for the profession (eg, research, presentations, publications, patient/client education)			X	X
	5.6C	Presents evidence-based mental health and addictions nutrition research, guidelines, and information at professional meetings and conferences (eg, local, regional, national, international)			X	X

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Figure 2. *(continued)* Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	5.6D	Serves in a leadership role for mental health and addictions nutrition –related scholarly work (eg, reviewer, editor, editorial advisory board) and in program planning and conferences (eg, local, regional, national, international)			X
	5.6E	Translates research findings for incorporation into development of policies, procedures, and guidelines for nutrition in mental health and addictions at national and international levels			X
	5.6F	Directs collation of research data into publications and presentations (eg, position papers, practice papers, meta-analyses, review articles)			X
5.7	Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations (eg, government-appointed advisory boards, community coalitions, schools, foundations or non-profit organizations serving the food insecure) providing food and nutrition expertise		X	X	X
	5.7A	Functions as mental health and addictions and nutrition resource as an active member of local/state/national organizations	X	X	X
	5.7B	Serves on local mental health and addictions nutrition and service planning committees/coalitions/task forces for health professionals, industry, and the community	X	X	X
	5.7C	Serves on regional and national mental health and addictions committees/task forces/advisory boards for health-related organizations, industry, and community		X	X
	5.7D	Advocates for the advancement of mental health and addictions nutrition practice to stakeholders (eg, CMS, TJC, state licensure boards, the Academy's Policy Initiative and Advocacy Office)		X	X
	5.7E	Identifies new opportunities for leadership and cross discipline dialogue to promote nutrition and dietetics in a broader context		X	X
	5.7F	Proactively seeks opportunities (local, regional, and national, and international levels) to integrate practice expertise and programs with larger systems, such as SAMHSA; mental health-specific professional groups, such as Mental Health America, NAMI; and addictions-specific professional groups, such as the Association for Addiction Professionals, the International Association of Addictions and Offender Counselors, and the National Association of Addiction Treatment Providers			X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	5.7G	Proactively seeks opportunities for leadership development and positions, and is identified as an expert related to mental health and addictions nutrition issues			X
	5.7H	Serves and advocates in leadership roles on committees and/or for publications (eg, editor, editorial board member, column editor)			X
	5.7I	Functions in leadership roles and as a content expert for business, industry, and national organizations			X

Examples of Outcomes for Standard 5: Communication and Application of Knowledge	
<ul style="list-style-type: none"> • Expertise in food, nutrition, dietetics, and management is demonstrated and shared • Interoperable information technology is used to support practice • Effective and efficient communications occur through appropriate and professional use of e-mail, texting, and social media tools • Individuals, groups, and stakeholders: <ul style="list-style-type: none"> ○ Receive current and appropriate information and customer-centered service ○ Demonstrate understanding of information and behavioral strategies received ○ Know how to obtain additional guidance from the RDN or other RDN-recommended resources • Leadership is demonstrated through active professional and community involvement 	

Standard 6: Utilization and Management of Resources	
The registered dietitian nutritionist (RDN) uses resources effectively and efficiently.	
Rationale:	
The RDN demonstrates leadership through strategic management of time, finances, facilities, supplies, technology, natural and human resources.	

Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
6.1	Uses a systematic approach to manage resources and improve outcomes		X	X	X
	6.1A	Participates in operational planning of mental health and addictions nutrition programs and services	X	X	X
	6.1B	Recognizes and uses existing resources (eg, educational/training tools and materials, and staff time) as needed in the provision of mental health and addictions nutrition services	X	X	X
	6.1C	Implements administratively sound programs (eg, food quality and food safety, mental health and addictions nutrition care and services)	X	X	X
<i>(continued on next page)</i>					

Figure 2. *(continued)* Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	6.1D	Collaborates with administrative, medical, and foodservice staffs, if applicable, in operational planning to secure resources and services for achieving desired outcomes		X	X
	6.1E	Directs or manages the design and delivery of mental health and addictions nutrition services in various settings			X
6.2	Evaluates management of resources with the use of standardized performance measures and benchmarking as applicable		X	X	X
	6.2A	Uses the Standards of Excellence Metric Tool to self-assess quality in leadership, organization, practice, and outcomes for an organization (www.eatrightpro.org/excellencetool)	X	X	X
	6.2B	Collects or contributes data and participates in analyzing customer population and outcomes data, program resource/service participation, and expense data to evaluate and adjust programs and services	X	X	X
	6.2C	Monitors, documents, and evaluates program and service resource usage against budget or other metrics (eg, staff hours, staff to patient/client ratio, referral requests, program participation rates, revenue/insurance reimbursement data, and supplies, training, technology, professional development, and food cost)		X	X
	6.2D	Directs operational review reflecting evaluation of performance and benchmarking data to manage resources and modifications to design and delivery of mental health and addictions nutrition programs and services			X
6.3	Evaluates safety, effectiveness, efficiency, productivity, sustainability practices, and value while planning and delivering services and products		X	X	X
	6.3A	Participates in evaluation and selection of equipment, tools, and new products (eg, nutritional supplements, dietary supplements, medical foods, food/meals, web-based programs, and monitoring systems) to assure safe, optimal, and cost-effective delivery of services	X	X	X
	6.3B	Evaluates safety, effectiveness, and value of programs and services in meeting the needs of the target populations		X	X
	6.3C	Uses operational data to enhance program outcomes		X	X
	6.3D	Evaluates safety, effectiveness, productivity, sustainability practices, and value of services at the system level			X
6.4	Participates in quality assurance and performance improvement (QAPI) and documents outcomes and best practices relative to resource management		X	X	X
	6.4A	Collects QAPI data using designated tools and analyzes to improve outcomes and identify best practices in collaboration with others as needed	X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 6: Utilization and Management of Resources			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>					
6.4B	Participates in QAPI activities to evaluate and report outcomes of delivery of services against goals and performance targets (eg, services provided [eg, number of assessments, hours for group classes], budgeted vs actual hours, actual vs budgeted revenue, actual vs projected patient/client volumes)		X	X	X
6.4C	Proactively and systematically recognizes needs, anticipates outcomes and consequences of various approaches, and modifies resources and/or service delivery to achieve targeted outcomes			X	X
6.4D	Integrates quality measures and performance improvement processes into management of human and financial resources, and information technology				X
6.5	Measures and tracks trends regarding internal and external customer outcomes (eg, satisfaction, key performance indicators)		X	X	X
6.5A	Gathers and assesses data regarding customer satisfaction related to mental health and/or addictions care, education, and related services; seeks assistance as need		X	X	X
6.5B	Analyzes and communicates data and, where indicated, recommends or modifies programs and services to improve stakeholder (eg, patient/client, caregivers, employees, administration) satisfaction with mental health and addictions nutrition program and services			X	X
6.5C	Implements, monitors, and evaluates changes based on collected data				X

Examples of Outcomes for Standard 6: Utilization and Management of Resources

- Resources are effectively and efficiently managed
- Documentation of resource use is consistent with operational and sustainability goals
- Data are used to promote, improve, and validate services, organization practices, and public policy
- Desired outcomes are achieved, documented, and disseminated
- Identifies and tracks key performance indicators in alignment with the organization mission, vision, principles, and values

^aSAMHSA=Substance Abuse and Mental Health Services Administration (www.samhsa.gov).

^b**Interprofessional:** The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, physician assistants, pharmacists, psychologists, social workers, and occupational and physical therapists), depending on the needs of the customer. Interprofessional could also mean interdisciplinary or multidisciplinary.

^c**PROMIS:** The Patient-Reported Outcomes Measurement Information System (*PROMIS*) (<https://commonfund.nih.gov/promis/index>) is a reliable, precise measure of patient-reported health status for physical, mental, and social well being. *PROMIS* is a web-based resource and is publicly available.

^dISMP=The Institute for Safe Medication Practices (www.ismp.org).

^eFDA=Food and Drug Administration (www.fda.gov).

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.

^fUSP=US Pharmacopeia Convention (www.usp.org).

^gNIMH=National Institute of Mental Health (www.nimh.nih.gov).

^hNIAAA=National Institute on Alcohol Abuse and Alcoholism (www.niaaa.nih.gov).

ⁱAcademy=Academy of Nutrition and Dietetics (www.eatright.org).

^jEAL=Academy of Nutrition and Dietetics Evidence Analysis Library (www.andeal.org).

^kNAMI=National Alliance on Mental Illness (www.nami.org/Learn-More/Mental-Health-By-the-Numbers).

^lHEDIS=Healthcare Effectiveness Data and Information Set (www.ncqa.org/hedis-quality-measurement).

^mHIPAA=Health Insurance Portability Accountability Act (www.hhs.gov/ocr/hipaa).

ⁿ**Medical staff:** *Medical staff* is composed of doctors of medicine or osteopathy and can, in accordance with state law, including scope of practice laws, include other categories of physicians, and non-physician practitioners who are determined to be eligible for appointment by the governing body.⁸

^o**Non-physician practitioner:** A *non-physician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian, or qualified nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.^{8,9} The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and long-term care facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.^{11,12}

^pNQF=National Quality Forum's National Quality Partners Serious Mental Illness Action Team resources (http://www.qualityforum.org/NQP_Serious_Mental_Illness.aspx).

^qCMS=Centers for Medicare and Medicaid Services (www.cms.gov). CMS regulations (www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf).

^rTJC=The Joint Commission (www.jointcommission.org).

^sCARF=Commission on Accreditation of Rehabilitation Facilities (www.carf.org).

^tNCQA=National Center for Quality Assurance (www.ncqa.org).

^uHFAP=Healthcare Facilities Accreditation Program (www.hfap.org).

Figure 2. (*continued*) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Mental Health and Addictions. Note: The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient/customer, family, participant, consumer, student, or any individual, group, or organization to which the RDN provides service.