

American Dietetic Association: Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Behavioral Health Care

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Editor's note: Figures 1-3 that accompany this article are available online at www.adajournal.org.

The Dietetics in Developmental and Psychiatric Disorders Dietetic Practice Group (DDPD DPG) of the American Dietetic Association (ADA), under the guidance of the ADA Quality Management Committee, has developed the Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Behavioral Health Care (Figures 1, 2, and 3, available online at www.adajournal.org). These documents are built on the Standards of Practice in Nutrition Care and Standards of Professional Performance found in the ADA's Scope of Dietetics Practice Framework (1). The Standards of Practice and Standards of Professional Performance for Registered Dietitians (RDs) in Behavioral Health Care are a guide for evaluating and improving practice and a tool for demonstrating competence in behavioral health care. Three levels of practice in behavioral health care are defined: generalist, specialty, and advanced. These standards, along with the ADA's Code of Ethics, answer the following questions: "Why is an RD uniquely qualified to provide nutrition services in behavioral health care?" and, "What knowledge, skills, and competencies must an RD demonstrate to provide safe, effective, and quality nutrition care in a behavioral health care setting at the generalist, specialty, and advanced levels?" These standards incorporate the principles of the Nutrition Care Process and Model (2), and apply to the continuum of behavioral health care (ie, in-patient, out-patient, and community settings).

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OVERVIEW

Behavioral health care services encompass treatments for mental illnesses, chemical dependencies, developmental disorders, and eating disorders. One in five Americans will experience a mental illness, and it is estimated that 5% to 7% of American adults will experience a serious mental illness in any given year. Approximately 5% to 9% of American children have a serious emotional disturbance. Millions of American adults and children are disabled by mental illnesses every year (3-5). The direct costs of mental health services in the United States in 1996 totaled \$69 billion. This figure represents 7.3% of total US health spending. An additional \$17.7 billion was spent on Alzheimer's disease and \$12.6 billion on substance abuse treatment (6).

There are also the indirect costs of behavioral health disorders, such as lost productivity in the workplace, at school, and in the home because of premature death or disability. In 1990, the indirect costs of mental illness were estimated to be \$78.6 billion (7). More than 80% of these costs stemmed from disability rather than death (7).

Providing nutrition services to people who have behavioral health care conditions is a complex task. Clients have more than one condition. For instance, a person who has a major mental illness may also have a substance abuse disorder, an eating disorder, or a developmental disability. RDs practicing in behavioral health

care must use skills unique to the needs of the populations they serve. They have an understanding of the nutritional needs of and nutritional treatments available to people with altered thought processes, unstable moods, developmental and learning disabilities, addictions, and dangerous food habits, many of whom are at risk of injuring themselves or others. Assessing nutritional status, diagnosing nutritional problems, planning and implementing nutritional care for such people, and doing so safely and effectively, requires that the RD receive specialized training, education, and experience in the field of behavioral health care (8).

According to the ADA, the definition of dietetics as a profession is, "The integration and application of principles derived from the sciences of food, nutrition, management, communication, and biological, physiological, behavioral, and social sciences to achieve and maintain optimal human health with flexible scope of practice boundaries to capture the breadth of the profession." (1). The Scope of Dietetics Practice Framework has been developed as a cornerstone for all members of the dietetics profession, and was published in the April 2005 issue of the *Journal of the American Dietetic Association* (1): "This framework defines core evaluation resources, Standards of Practice in Nutrition Care, Standards of Professional Performance, and a Code of Ethics to be used by individual practitioners in conjunction with relevant state, federal, and licensure laws so that practitioners can determine whether a particular activity falls within their own legitimate scope of practice and can evaluate their performance."

The core Standards of Practice and Standards of Professional Performance were also published in the April 2005 issue of the *Journal*. Within this framework, the Standards of Practice in Nutrition Care and Standards of Professional Performance are designed as blueprints to accommodate the development of specialty and advanced level practice standards for registered dietitians in specific areas (9,10). Figure 4 presents the basic definitions for specialty and advanced level dietetics practice.

ADA STANDARDS OF PRACTICE AND STANDARDS OF PROFESSIONAL PERFORMANCE FOR RDS (GENERALIST, SPECIALTY, AND ADVANCED) IN BEHAVIORAL HEALTH CARE

The RD will use the American Dietetic Association Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Behavioral Health Care (Figures 1, 2, and 3, available online at www.adajournal.org) to:

- identify the competencies needed to provide nutritional care in the behavioral health setting;
- self-assess whether they have the appropriate skill and knowledge base to provide safe and effective nutrition care for their level of practice in behavioral health care;
- identify the areas in which additional knowledge and skills are needed to practice at the generalist, specialty, or advanced level of behavioral health care;
- provide a foundation for public accountability;
- assist management in the planning of services and resources;
- enhance professional identity and communicate the nature of dietetics; and
- guide the development of behavioral health-related dietetics education programs, job descriptions, and career pathways.

APPLICATION TO PRACTICE

The Dreyfus model identifies levels of proficiency from novice to expert during the acquisition and development of knowledge and skills and is a helpful model for viewing the *level of practice* context for the Standards of Practice and Standards of Professional Performance in behavioral health care (11). RDs new to the specialty of behavioral health care experience a steep learning curve. Three stages of proficiency, *novice*, *proficient*, and *expert*, reflect this development process. In the Standards of Practice and Standards of Professional Performance, these three stages are represented as the generalist, specialty, and advanced practice levels (Figure 4).

In applying this concept to behavioral health care, it is recognized that even experienced RDs start at the

novice stage when practicing in a new setting. At the *novice* stage (generalist level), the RD is new to behavioral health care and is learning the principles that underpin practice. At the *proficient* stage (specialty level), the RD has developed a deeper understanding of behavioral health care and is able to apply these principles and modify practice according to the situation. At the *expert* stage (advanced practice level), the RD has developed a more intuitive understanding of behavioral health care and practice reflects a range of highly developed clinical skills and judgments acquired through a combination of experience and education. Essentially, advanced practice level requires the application of advanced dietetics knowledge, with practitioners drawing not only on their clinical experience, but also on the experience of the behavioral health care profession as a whole. Experts, with their extensive experience and ability to see the significance and meaning within a contextual whole, are fluid and flexible in practice.

Level of practice considerations support taking a holistic view of the Standards of Practice and Standards of Professional Performance in Behavioral Health Care. It is the totality of practice that depicts the level of practice and not any one indicator or standard.

RDs should review the Standards of Practice and Standards of Professional Performance in Behavioral Health Care at regular intervals to evaluate their competency. Regular evaluation is important because it helps to identify opportunities to improve and/or enhance practice and professional performance. It also helps RDs as they utilize the Commission on Dietetic Registration *Professional Development Portfolio* to demonstrate the process of self-assessment, planning, improvement, and commitment to lifelong learning (12). The Standards of Practice and Standards of Professional Performance in Behavioral Health Care can be used at each of the five steps in the *Professional Developmental Portfolio* process (Figure 5). RDs are encouraged to pursue additional training, regardless of practice setting, to expand their personal scope of behavioral health care practice. Individuals are expected to practice only at the

Specialty RD ^a	Advanced Practice RD
<p>A specialty level dietetics professional is an RD who has acquired the proficient specialized knowledge base, complex decision-making skills, and clinical competencies for specialty level practice, the characteristics of which are shaped by the context in which an RD practices.</p>	<p>An advanced practice level dietetics professional is an RD who has acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, the characteristics of which are shaped by the context in which an RD practices.</p>
<p>Specialty RDs practice from both <i>expanded</i> and <i>specialized</i> knowledge, skills, competencies, and experience.</p> <p><i>Specialization</i> is concentrating or delimiting one's focus to part of the whole field of dietetics (eg, ambulatory care, long-term care, diabetes, renal, pediatric, private practice, community, nutrition support, research, sports nutrition).</p> <p><i>Expansion</i> refers to the acquisition of new practice knowledge and skills, including the knowledge and skills that legitimize role autonomy within areas of practice that may overlap traditional boundaries of dietetics practice.</p>	<p>Advanced practice RDs practice from both <i>expanded</i> and <i>specialized</i> knowledge, skills, competencies, and experience.</p> <p><i>Specialization</i> is concentrating or delimiting one's focus to part of the whole field of dietetics (eg, ambulatory care, long-term care, diabetes, renal, pediatric, private practice, community, nutrition support, research, sports nutrition).</p> <p><i>Expansion</i> refers to the acquisition of new practice knowledge and skills, including the knowledge and skills that legitimize role autonomy within areas of practice that may overlap traditional boundaries of dietetics practice.</p>
<p>Specialty level RDs are either certified or approved to practice in their expanded, specialized roles.</p> <p>Specialization does not always include an additional certification beyond RD certification.</p> <p>Specialty certification may or may not require evidence at master's level.</p> <p>CDR^b currently offers two specialty certifications:</p> <ul style="list-style-type: none"> ● Board Certified Specialist in Pediatric Nutrition (CSP) ● Board Certified Specialist in Renal Nutrition (CSR) <p>CDR will implement two new specialty certifications in 2006:</p> <ul style="list-style-type: none"> ● Board Certified Specialist in Sports Dietetics ● Board Certified Specialist in Gerontological Nutrition 	<p>Advanced level practice is characterized by the integration of a broad range of unique theoretical, research-based, and practical knowledge that occurs as a part of training and experience beyond entry level. Advanced practice RDs are either certified or approved to practice in their expanded, specialized roles.</p> <p>Advanced practice does not always include an additional certification beyond RD certification. Certification may be one way of demonstrating advanced practice competency.</p> <p>Advanced practice certification typically implies a master's degree level.</p> <p>Advanced practice implies that the individual has the specialization knowledge, skills, competencies, and experience of the specialty RD, and the expanded knowledge, skills, competencies, and experience of advanced practice.</p> <p>Specialization Certification is not a prerequisite for advanced practice certification.</p> <p>CDR does not currently offer any advanced level certifications.</p>
<p>Example of other specialty certifications for the RD:</p> <ul style="list-style-type: none"> ● Certified Diabetes Educator (CDE) ● Certified Nutrition Support Dietitian (CNSD) <p>Educational preparation (one or more of the following characteristics):</p> <ul style="list-style-type: none"> ● Educational preparation at the specialty level ● May include a formal educational program preparing for specialty practice ● Dietetics practice roles accredited or approved ● May include a formal system of certification and credentialing 	<p>Example of other advanced level certifications for RD:</p> <ul style="list-style-type: none"> ● Board Certified in Advanced Diabetes Management (BC-ADM) <p>Educational preparation (one or more of the following characteristics):</p> <ul style="list-style-type: none"> ● Educational preparation at the advanced level ● May include a formal educational program preparing for advanced practice ● Dietetics practice roles accredited or approved ● May include a formal system of certification and credentialing
<p>Nature of Practice</p> <ul style="list-style-type: none"> ● Integrates research, education, practice, and management ● Moderate degree of professional autonomy and independent practice ● Specialized assessment skills, decision-making skills, and diagnostic reasoning skills ● May not include all characteristics for non-clinical specialty practice (eg, business and communications); however, the complexity of the nature of practice will be comparable 	<p>Nature of Practice</p> <ul style="list-style-type: none"> ● Integrates research, education, practice, and management ● High degree of professional autonomy and independent practice ● Case management/own case load ● Advanced health assessment skills, decision-making skills, and diagnostic reasoning skills ● May not include all characteristics for non-clinical advanced practice (eg, business, communications); however, the complexity of the nature of practice will be comparable ● Recognized advanced clinical competencies ● Provision of consultant services to health providers ● Plans, implements, and evaluates programs
<p>Experience</p> <p>Either require or recommend experience beyond entry level. Experience is required for specialty certification.</p>	<p>Experience</p> <p>Documented hours of experience beyond entry level. Experience is required for advanced practice certification.</p>

Figure 4. American Dietetic Association (ADA) definitions from the ADA Scope of Dietetics Practice Framework. ^aRD=registered dietitian. ^bCDR=Commission on Dietetic Registration.

How to Use the *Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced)* in Behavioral Health Care as part of the *Professional Development Portfolio Process*^a

1. Reflect	Assess your current level of practice and whether your goals are to expand your practice or maintain your current level of practice. Review the Standards of Practice and Standards of Professional Performance document to determine what you want your future practice to be, and assess your strengths and areas for improvement. These documents can help you set short- and long-term professional goals.
2. Conduct learning needs assessment	Once you have identified your future practice goals, you can review the Standards of Practice and Standards of Professional Performance document to assess your current knowledge, skills, behaviors, and define what continuing professional education is required to achieve the desired level of practice.
3. Develop learning plan	Based on your review of the Standards of Practice and Standards of Professional Performance, you can develop a plan to address your learning needs as they relate to your desired level of practice.
4. Implement learning plan	As you implement your learning plan, keep reviewing the Standards of Practice and Standards of Professional Performance document to re-assess knowledge, skills, behaviors, and your desired level of practice.
5. Evaluate learning plan process	Once you achieve your goals and reach or maintain your desired level of practice, it is important to continue to review the Standards of Practice and Standards of Professional Performance document to re-assess knowledge, skills, behaviors, and your desired level of practice.

Figure 5. Application of the Commission on Dietetic Registration *Professional Development Portfolio Process*. ^aThe Commission on Dietetic Registration *Professional Development Portfolio* process is divided into five interdependent steps that build sequentially upon the previous step during each 5-year recertification cycle and succeeding cycles.

level at which they are competent, and this will vary depending on education, training, and experience (13). See Figure 6 for case examples of how RDs in different roles, at different levels of practice, may use the Standards of Practice and Standards of Professional Performance in Behavioral Health Care to guide their practice.

When the Standards of Practice in Behavioral Health Care do not have defined advanced level indicators that depict a differentiation in the level between specialty and advanced level practice, it is because this distinction between specialty and advanced level is captured in the knowledge, experience, and intuition that is demonstrated in the context of actual practice at the advanced level, combining dimensions of understanding, performance, and value as an integrated whole (14). A wealth of untapped knowledge is embedded in the practice and the know-how of advanced level dietetics practitioners. This knowledge will expand and fully develop to be captured in refined indicators as advanced practice RDs systematically record what they learn from their own experience of advanced level practice using clinical

exemplars. Clinical events are observed by the experienced clinician and analyzed to make new connections between events and ideas, thus producing a synthesized whole. As does any scholar, the clinical scholar seeks truths, explanations, and ever-increasing information about the phenomena of the discipline. The scholarliness of the clinical work is produced by the constant analysis of the work and the interpretation of the events to others. Clinical scholarship has its basis in the application of theory and research to practice. Knowledge is gained not just through theory and principles, but also through the embodiment of those principles in daily practice. Clinical exemplars describe outstanding examples of the actions of individuals in clinical settings or professional activities that have changed and enhanced patient care. They include a brief description of the need for action and the process used to change the outcome (15-17).

The Standards of Professional Performance in Behavioral Health Care account for this expectation. For example, in Figure 3, Standard 6: “Continued Competence and Professional Accountability” has an indicator that

states: “Supports the application of research findings and best available evidence to professional practice.” This indicator has these sub-indicators for specialty and advanced practice:

- 6.6A Familiarizes self with major behavioral health care and education publications;
- 6.6B Serves as an author of behavioral health-related publications and as a behavioral health presenter for consumer and health care provider audiences on behavioral health topics; and
- 6.6C Develops skill in accessing and critically analyzing research.

This final sub-indicator is reserved for advanced practice only:

- 6.6D Uses planned change principles at the advanced level of practice to integrate research and practice.

SUMMARY

The Standards of Practice and Standards of Professional Performance for RDs in Behavioral Health Care are key resources for RDs at all levels of

Role	Examples of use of SOP and SOPP documents by RDs in different practice roles
Clinical practitioner	The hospital employing an RD in general clinical practice has changed the coverage assignment for the RD to cover the psychiatric unit. After reviewing available resources on nutrition and psychiatric care, the RD recognizes the need for additional skills specific to the new duties. The RD then reviews the SOP and SOPP to evaluate his or her own skills and competencies for providing care to individuals with eating disorders and sets goals to improve competency in this area of practice before beginning to provide coverage on the psychiatric unit.
Manager	A manager who oversees numerous RDs providing care to individuals with behavioral health needs plans to use the SOP and SOPP to define job roles, competencies, and performance expectations, and to utilize them as the basis for identifying training needs and personal performance plans for staff. The manager also sees the SOP and SOPP as important tools for recognizing RDs at various levels of practice.
Individual not currently employed	After leaving clinical practice for several years, an RD decides to re-establish active practice. The RD plans to start a private practice and would like one of the focus areas to be working with people with behavioral disabilities. Prior to accepting referrals, the RD uses the SOP and SOPP as an evaluation tool to determine what is needed to practice competently and provide quality nutrition care and education.
Public health practitioner	An RD working in a WIC ^a program notices an increase in clients who have developmental disabilities. The RD uses the SOP and SOPP to evaluate the level of competence needed to provide quality nutrition care to these individuals and to determine what level of practitioner is required by individuals who need more help than he or she can competently provide.
Researcher	An RD working in a research setting receives funding for a grant proposal to demonstrate the role of the RD and the impact of nutrition care provided by RDs on health outcomes. The RD uses the SOP and SOPP to design the research protocol.
Educator of dietetics professionals	The educator designing continuing education materials for the RD in Behavioral Healthcare develops tools to support implementation of the SOP and SOPP.
Non-Traditional health care practitioner	A health plan has Disease Management Certification for its psychiatric disorder program through the National Committee for Quality Assurance (NCQA). The RD uses the SOP and SOPP for RDs in Behavioral Healthcare as an evaluation tool to demonstrate that the behavioral management program uses a continuous quality improvement approach to assess the competence of RDs providing care.

Figure 6. Case examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitians (RDs) (Generalist, Specialty, and Advanced) in Behavioral Health Care. ^aWIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

practice. In daily practice, dietetics professionals can consistently show their competency and value as providers of safe and effective behavioral health care services. These standards are very much works in progress, and will be reviewed periodically. As a quality initiative of the ADA and the Dietetics in Developmental and Psychiatric Disorders Dietetic Practice Group, the standards themselves are an application of continuous quality improvement concepts, reflecting a commitment to ongoing improvement. Behavioral health services provided by RDs will continue to be dynamic elements within the health care delivery process as the number of RDs in behavioral health care increases and their levels of knowledge, experience, and expertise advance.

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Requests to use portions of this paper and questions regarding the Standards of Practice and Standards of Professional Performance for Registered Dietitians in Behavioral Health Care may be addressed to Maureen Otto, MS, RD, director of Quality Management at ADA, at motto@eatright.org.

Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Behavioral Health Care

Standards of Practice are authoritative statements that describe a competent level of practice demonstrated through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention (planning, implementation), and outcomes monitoring and evaluation (four separate standards) describing the responsibilities for which registered dietitians are accountable. The Standards of Practice in Behavioral Health Care presuppose that the RD^a uses critical thinking skills, analytical abilities, theories, best available research findings, current accepted dietetics and medical knowledge, and the systematic holistic approach of the nutrition care process as they relate to the standards. Standards of Professional Performance in Behavioral Health Care are authoritative statements that describe a competent level of behavior in the professional role, including activities related to provision of services; application of research; communication and application of knowledge; utilization and management of resources; quality in practice; continued competence and professional accountability (six separate standards.)

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 with validity and reliability. The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. Indicators are measurable, quantifiable, concrete 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 American Dietetic Association Standards of Practice in Nutrition Care and Standards of Professional Performance are not altered for behavioral health care. For behavioral health care, the indicators are expanded upon to reflect the unique competence expectations of the RD in behavioral health care. Indicators may not be applicable to an individual RD's practice. Likewise, each indicator may not be applicable to all situations.

The term client is used in this evaluation resource as a universal term. Client also implies: patient, resident, customer, participant, consumer, community, individual, or any group receiving food and nutrition services. These Standards of Practice and Standards of Professional Performance are not limited to the clinical setting. The term "appropriate" is used in the standards to mean: selecting from a range of possibilities, one or more of which would give an acceptable result in the circumstances.

Standards of Practice and Standards of Professional Performance are complementary documents. One does not replace the other; rather, both serve to more completely describe the practice and professional performance of dietetics and should be considered together.

Within the Standards of Practice and Standards of Professional Performance (Generalist, Specialty and Advanced) in Behavioral Health Care there may be additional indicator(s) for a generalist (entry level RD or novice RD) in behavioral health care, for an RD at the specialty level of practice and for an RD in advanced behavioral health practice for each standard.

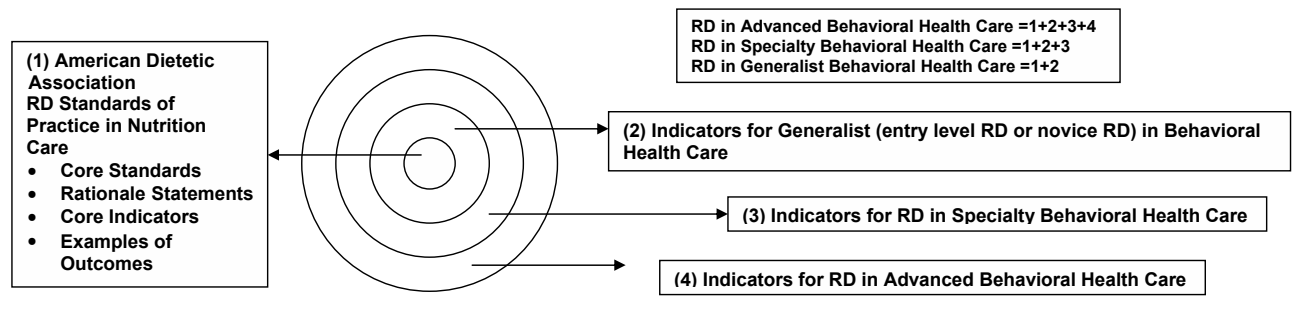


Figure 1. Standards of practice and standards of professional performance for registered dietitians (generalist, specialty, and advanced) in behavioral health care. ^aRD=registered dietitian.

Standards of Practice for Registered Dietitians in Behavioral Health Care

STANDARD 1: NUTRITION ASSESSMENT

The Registered Dietitian in Behavioral Health Care obtains adequate information in order to identify nutrition-related problems.

Rationale: Nutrition assessment is a systematic process of obtaining, verifying, and interpreting data in order to make decisions about the nature and cause of nutrition-related problems. It is initiated by referral and/or screening of individuals or groups for nutritional risk factors. Nutrition assessment is an ongoing, dynamic process that involves not only initial data collection, but also continual reassessment and analysis of client's or community's needs. Assessment provides the foundation for the nutrition diagnosis at the next step of the Nutrition Care Process.

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT		The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA^a Core Registered Dietitian Standards of Practice Indicators		Generalist	Specialty	Advanced
1.1	Evaluates dietary intake for factors that affect health conditions including nutrition risk	X	X	X
	Evaluates:			
1.1A	Adequacy and appropriateness of food and beverage intake (ie, macro- and micronutrients; meal patterns)	X	X	X
1.1A1	For variations in patterns of intake commonly found in Behavioral Health Care (eg, polydipsia, self-restriction, bingeing, purging, alcoholic malnutrition, abuse of appetite suppressants (diet pills, caffeine, nicotine), self-neglect, oral defensiveness, food/fluid avoidance due to hallucinations or delusions, excessive or inadequate intake related to mania or depression)	X	X	X
1.1A2	For variations in timing of food and fluid intake common in Behavioral Health Care (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 which may contribute to sleep disturbances and obesity)		X	X
1.2	Evaluates health and disease condition(s) related to developmental disability/psychiatric/chemical dependency for nutrition related consequences	X	X	X
	Evaluates:			
1.2A	Medical and family history and comorbidities	X	X	X
1.2A1	Medical and disease conditions common in: a) <u>C</u> hemical dependencies: (eg, Wernicke-Korsakoff syndrome, esophageal varices, intermittent lactose intolerance, GERD ^b , PUD ^c , hepatic cirrhosis/necrosis, withdrawal syndrome) b) <u>D</u> evelopmental disabilities: (eg, Prader-Willi syndrome, head/neck injuries, phenylketonuria, and other inborn errors of metabolism) c) <u>M</u> ental illnesses: (eg, somatic complaints, chemical dependency, delirium) d) <u>E</u> ating disorders: (eg, electrolyte imbalance, dehydration, protein-calorie malnutrition)		X	X
1.2A2	Comorbidities commonly found in Behavioral Health Care: (eg, diabetes, cardiovascular and respiratory disorders, hyperlipidemia, HIV ^d /AIDS ^e , hepatitis C, tuberculosis, nicotine dependence, osteoporosis, hyperprolactinemia, irritable bowel syndrome, GERD, PUD)	X	X	X
1.2A3	Developmental history (eg, growth history, developmental milestones, weight change)	X	X	X
1.2A4	Family history of medical conditions (eg, diabetes, cardiovascular disease, psychiatric illness, metabolic conditions)	X	X	X
1.2A5	Interview data including, but not limited to gastrointestinal comfort/tolerance, pain, difficulty chewing and/or swallowing	X	X	X

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT		The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators		Generalist	Specialty	Advanced
	Evaluates:			
1.2B	Physical findings (physical or clinical exams)	X	X	X
1.2B1	Anthropometric measurements (eg, growth charts, BMI^f, waist circumference, body composition)	X	X	X
1.2B2	Nutrition-focused physical examination that includes but is not limited to: skeletal abnormalities, vital signs, evidence of unhealthful fluid accumulation (eg, edema, ascites, pulmonary congestion), skin color/dryness/breakdown		X	X
1.2C	Medication management (ie, prescription, over-the-counter, and herbal medications; vitamin-mineral supplements; medication allergies; medication/food interactions, and adherence)	X	X	X
1.2C1	Nutrition-related side effects of common behavioral health medications: (eg, weight gain, fluid retention, dry mouth, excessive thirst, constipation, altered glucose and/or lipid metabolism, reduced calorie needs, GI ^g discomfort, anorexia, increased appetite)		X	X
1.2C2	Drug-nutrient interactions of common behavioral health medications: (eg, MAO ^h inhibitors, Antabuse, lithium)		X	X
1.2C3	Drug-supplement/food interaction (eg, St John's wort, valerian root, kava kava, grapefruit juice)		X	X
	Evaluates:			
1.2D	Complications and risks	X	X	X
1.2D1	Risk of harm to self	X	X	X
1.2D2	Symptoms suggesting a negative health event (eg, DTs ⁱ , withdrawal, seizures, overdose or toxic use, dehydration)		X	X
	Evaluates:			
1.2.E	Diagnostic tests, procedures, and evaluations	X	X	X
1.2.E1	Biochemical measurements (eg, lipid status, protein status, glycemic control, hepatic function, anemia)	X	X	X
1.2.E2	Review consultation reports (eg, psychological testing, dental consults, speech/OT ^j /PT ^k evaluations, MD ^l consultative reports)	X	X	X
	Evaluates:			
1.2.F	Physical activity habits and restrictions	X	X	X
1.2F1	In context of current behavioral health treatment plan	X	X	X
1.2F2	Atypical physical activities (eg, nonambulatory, athletes, compulsivity)		X	X
1.2F3	Physical activities client enjoys but is not doing routinely		X	X
1.3	Evaluates psychosocial, socioeconomic, functional, and behavioral factors related to food access, selection, preparation, and understanding of health condition	X	X	X
	Evaluates:			
1.3A	Developmental, functional (ADL ^m and IADL ⁿ) and mental status; cultural, ethnic, and lifestyle factors using validated assessment instruments/tools	X	X	X

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators			Generalist	Specialty	Advanced
1.3A1	Risk of depression, cognitive decline, anxiety		X	X	X
1.3A2	Risk/history of disordered eating and related factors (eg, medication adjustments, food issues, physical activity, weight history, food texture issues)			X	X
1.3A3	Substance abuse (eg, alcohol, tobacco, drugs)		X	X	X
1.3A4	Nutrition related tasks the client is able to perform independently, with assistance, and is able to do, but is not doing routinely		X	X	X
1.3A5	Behaviors that may delay the client's progress toward nutritional independence			X	X
1.3A6	Significant recent stressors (eg, change of caregiver, loss of significant other)		X	X	X
1.3A7	Triggers for maladaptive behaviors			X	X
1.3A8	Barriers to adequate food access (eg, homelessness, transportation, finances)			X	X
1.4	Evaluates client knowledge, readiness to learn, and potential for behavior changes		X	X	X
	Evaluates:				
1.4A	History of previous nutrition care services/medical nutrition therapy		X	X	X
1.4A1	Behavioral mediators (or antecedents) related to dietary intake (eg, attitudes, self-efficacy, knowledge, intentions, motivations, readiness and willingness to change, perceived social support; feelings about living with a mental illness)			X	X
1.4A2	Self-care skills and behaviors			X	X
1.4A3	Existing individualized service plans, plans of care, etc, addressing client's nutritional concerns and any progress made toward achieving established goals, assessing client's level of understanding of nutrition concerns			X	X
1.5	Identifies standards by which data will be compared		X	X	X
1.6	Identifies possible problem areas for making nutrition diagnoses		X	X	X
1.7	Documents and communicates:		X	X	X
1.7A	Date and time of assessment		X	X	X
1.7B	Pertinent data collected and comparison with standards		X	X	X
1.7C	Client's perceptions, values, and motivation related to presenting problems		X	X	X
1.7D	Changes in client level of understanding, food-related behaviors, and other outcomes for appropriate follow-up		X	X	X
1.7E	Reason for discharge/discontinuation or referral if appropriate		X	X	X

EXAMPLES OF OUTCOMES STANDARD 1: NUTRITION ASSESSMENT
<ul style="list-style-type: none"> ● Appropriate assessment tools and procedures (matching the assessment method to the situation) are implemented ● Assessment tools are applied in valid and reliable ways ● Appropriate data are collected ● Data are validated ● Data are organized and categorized in a meaningful framework that relates to nutrition problems ● Effective interviewing methods are utilized ● Problems that require consultation with or referral to another provider are recognized ● Documentation and communication of assessment is complete, relevant, accurate, and timely

Standards of Practice for Registered Dietitians in Behavioral Health Care

STANDARD 2: NUTRITION DIAGNOSIS

The Registered Dietitian identifies and describes an actual occurrence, risk of, or potential for developing a nutrition problem that dietetics professionals are responsible for treating independently.

Rationale: At the end of the assessment step, data are clustered, analyzed, and synthesized. This will reveal a nutrition diagnostic category from which to formulate a specific nutrition diagnostic statement. A nutrition diagnosis changes as the client response changes, whereas a medical diagnosis does not change as long as the disease or condition exists. There is a firm distinction between a nutrition diagnosis and a medical diagnosis. The main difference between the two types of diagnoses is that the nutrition diagnosis does not make a final conclusion about the identity and cause of the underlying disease. A client may have the medical diagnosis “major depressive disorder, recurrent episode,” and after performing a nutrition assessment, the Registered Dietitian may determine a nutrition diagnosis such as “inadequate protein-energy intake” or “involuntary weight loss.” In the community or public health setting the nutrition diagnosis may relate to a population-based condition (food safety and access) rather than a medical diagnosis. An example of a nutrition diagnosis may then be “intake of unsafe food” or “limited access to food”. The nutrition diagnosis demonstrates a link to setting realistic and measurable expected outcomes, selecting appropriate interventions and tracking progress in attaining those expected outcomes.

INDICATORS FOR STANDARD 2: NUTRITION DIAGNOSIS		The “X” signifies the indicators for the level of practice		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators				
2.1	Derives the nutrition diagnosis from the assessment data	X	X	X
2.1A	Identifies and labels the problem	X	X	X
2.1B	Determines etiology (cause/contributing risk factors)	X	X	X
2.1C	Clusters signs and symptoms (defining characteristics)	X	X	X
2.1D	Organizes and groups data consisting of physical, psychosocial, and environmental nutrition assessment findings to give meaning (eg, significant and adequate information to draw conclusions)		X	X
2.1E	Systematically compares and contrasts findings in formulating a differential diagnosis			X
2.2	Ranks (classifies) the nutrition diagnoses	X	X	X
2.2A	Validates the nutrition diagnosis with client(s), family members, and /or other health care professionals when possible and appropriate	X	X	X
2.2B	Uses specialty level clinical judgment skills (eg, selects from a range of possibilities with additional consideration of the client learning style; readiness and willingness to change)		X	X
2.2C	Uses advanced diagnostic reasoning and judgment (ie, reflecting the holistic focus of behavioral health as a complex disorder)			X
2.3	Documents the nutrition diagnosis(es) in a written statement(s) that includes the problem, etiology, and signs and symptoms (whenever possible). This may be referred to as the PES statement, which is the format commonly used: Problem (P), the Etiology (E) and the Signs and Symptoms (S)	X	X	X
2.4	Re-evaluates and revises nutrition diagnoses when additional assessment data become available	X	X	X

**EXAMPLES OF OUTCOMES
STANDARD 2: NUTRITION DIAGNOSIS**

- A Nutrition Diagnostic Statement that is
 - Clear and concise
 - Specific—client centered
 - Accurate—relates to the etiology
 - Based on reliable and accurate assessment data
 - Includes date (all settings) and time (acute care)
- Documentation of nutrition diagnosis(es) is relevant, accurate, and timely
- Documentation of nutrition diagnosis(es) is revised and updated as more assessment data become available

Standards of Practice for the Registered Dietitians in Behavioral Health Care

STANDARD 3: NUTRITION INTERVENTION

The Registered Dietitian identifies and implements appropriate, purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status for an individual, target group, or the community at large.

Rationale: Nutrition Intervention involves a) selecting, b) planning, and c) implementing appropriate actions to meet clients' nutrition needs. The selection of nutrition interventions is driven by the nutrition diagnosis and provides the basis upon which outcomes are measured and evaluated. An intervention is a specific set of activities and associated materials used to address the problem. The Registered Dietitian may actually perform the interventions, or may delegate or coordinate the nutrition care that others provide. All interventions must be based on scientific principles and rationale and, when available, grounded in a high level of quality research (evidence based interventions).

The Registered Dietitian works collaboratively with the client, family, or caregiver to create a realistic plan that has a good probability of positively influencing the diagnosis/problem. This client-driven process is a key element in the success of this step, distinguishing it from previous planning steps that may or may not have involved the client to this degree of participation.

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION		The "X" signifies the indicators for the level of practice		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators				
<i>Plans the nutrition intervention</i>				
3.1	Prioritizes the nutrition diagnoses based on severity of problem, likelihood that nutrition intervention will impact problem, and client's perception of importance	X	X	X
	Prioritization considerations may include but are not limited to:			
3.1A	Medical conditions	X	X	X
3.1B	Behavioral health disorders (eg, psychiatric and developmental)		X	X
3.1C	Maladaptive behaviors		X	X
3.1D	Readiness of client to receive selected nutrition interventions, considering client's cognitive, emotional, developmental, and behavioral readiness to benefit from planned interventions		X	X
3.1E	Client's available resources and support	X	X	X
3.2	Consults nationally developed evidence based practice guidelines and position papers (eg, ADA position papers: Nutrition intervention in the treatment of anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified (EDNOS); Providing nutrition services for infants, children, and adults with developmental disabilities and special health care needs; ADA MNT^o Evidence-Based Guides for Practice) for appropriate values for control or improvement of the disease or conditions as defined and supported in the literature	X	X	X
3.3	Determines client-focused expected outcomes for each nutrition diagnosis	X	X	X
3.3A	Develops expected outcomes in observable and measurable terms that are clear and concise, client-centered, tailored to what is reasonable to the client's circumstances, and develops appropriate expectations for treatments and outcomes	X	X	X
3.4	Confers with client, caregivers, or other health professionals, or policies and program standards as appropriate throughout planning	X	X	X
3.4A	Recognizes nutrition intervention plans that will enhance (rather than interfere with) the client's ability to achieve his/her behavioral health treatment goal(s)		X	X
3.5	Defines intervention plan (eg, writes a nutrition prescription, develops an education plan or community program, creates policies that influence nutrition programs and standards)	X	X	X
	Defining considerations of the intervention plan may include but are not limited to:			
3.5A	Substance abuse:	X	X	X
3.5A1	Types of maladaptive substance use	X	X	X
3.5A2	Contraindications for alcohol consumption (eg, medication interaction; commitment to abstinence; history of addiction, periconception, pregnant or lactating; children and adolescents; specific medical conditions)	X	X	X

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION			The “X” signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators			Generalist	Specialty	Advanced
3.5A3	The effects of chemical dependency on physical health (eg, ascites, osteoporosis, PUD, GERD, cancers of the mouth/esophagus/stomach/bowel, heart disease, pancreatitis, altered glucose regulation, liver cirrhosis/necrosis, dyslipidemia, lactose intolerance, malnutrition)		X	X	X
3.5A4	Stage of detoxification or recovery from substance abuse			X	X
3.5A5	Effects of substance abuse on mental and emotional health (eg, altered mood, encephalopathy, neuropathy, dementia)			X	X
3.5A6	Nutrition for recovery and relapse prevention			X	X
3.5A7	The appropriate use of vitamin, mineral, and other nutritional supplements (eg, thiamin and digestive enzymes) in recovery			X	X
3.5A8	Healthful meal patterning (structured and scheduled)		X	X	X
3.5A9	Addictive substances as appetite suppressants (eg, caffeine, nicotine, and other addictive stimulants)			X	X
3.5A10	Daily routines that interfere with nutritional intake		X	X	X
3.5A11	Dietary restrictions for clients using medications to aid in substance abuse recovery			X	X
3.5A12	Substance abuse specific community/prevention programs that provide nutrition related support		X	X	X
3.5A13	Client access to food and nutrition services		X	X	X
3.5A14	Updated/alternative treatment strategies				X
3.5B	Developmental disabilities:		X	X	X
3.5B1	Nutrition in the prevention of developmental disabilities (eg, maternal nutrition, abstaining from alcohol and drugs, pica)		X	X	X
3.5B2	Behavioral and environmental influences on nutritional intake			X	X
3.5B3	Oral structure and function			X	X
3.5B4	Stages of oral motor development			X	X
3.5B5	Oral hygiene and overcoming oral defensiveness			X	X
3.5B6	Food and fluid textures to optimize safety and acceptance			X	X
3.5B7	Realistic weight goals considering the impact of any skeletal abnormalities, psychiatric medications, actual potential for physical exercise, behaviors unique to the client			X	X
3.5B8	Impact of nutrition and appetite on behavior and readiness to learn			X	X
3.5B9	Healthful meal patterning		X	X	X
3.5B10	Basic-level management of inborn errors of metabolism				X
3.5B11	Advanced-level management of inborn errors of metabolism				X
3.5B12	Updated/alternative treatment strategies				X
3.5B13	Need for alternative feeding methods, rehab evaluation/treatment		X	X	X
3.5B14	Community nutrition programs that serve this population		X	X	X
3.5B15	Policies/regulations that influence access to food and nutrition services			X	X
3.5C	Mental illnesses:		X	X	X
3.5C1	Nutrient imbalances associated with changes in mental functioning (eg, vitamin B-12 deficiency in depression, thiamin deficiency in dementia, lithium-electrolyte imbalance)		X	X	X
3.5C2	Altered energy requirements associated with changes in activity patterns, sleep patterns, medications, etc			X	X

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION			The “X” signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators			Generalist	Specialty	Advanced
	3.5C3	Altered hydration status (eg, polydipsia/water intoxication, dehydration, medication toxicity)	X	X	X
	3.5C4	Health risks associated with overweight and obesity	X	X	X
	3.5C5	Influence of mood and thought disorders in food selection and meal structuring		X	X
	3.5C6	Access to services in the continuum of care (eg, Community Support Clubhouse Programs, Mental Health Outreach Programs)		X	X
	3.5C7	Healthful meal structuring	X	X	X
	3.5C8	Role of nutrition in recovery from mental illness		X	X
	3.5C9	Updated/alternative treatment strategies			X
	3.5C10	Loss of appetite and poor self-care as symptoms of mental illness (vegetative or negative symptoms)		X	X
	3.5D	Eating disorders:	X	X	X
	3.5D1	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
	3.5D2	Psychological consequences of disordered eating		X	X
	3.5D3	Distorted vs accurate body image		X	X
	3.5D4	Distorted vs accurate food portions		X	X
	3.5D5	Environmental/cultural factors influencing disordered eating		X	X
	3.5D6	Prevention of refeeding syndrome	X	X	X
	3.5D7	Healthy meal structuring	X	X	X
	3.5D8	Personality disorders (eg, borderline, antisocial, avoidant, narcissistic, passive-aggressive and dependent personality features)		X	X
	3.5D9	Updated/alternative treatment strategies		X	X
	3.5D10	School policies for screening and referral of students with symptoms of an eating disorder		X	X
	3.5D11	The effect of an eating disorder on emotional growth and development		X	X
3.6	Ensures intervention plan content is based on best available evidence (ie, nationally developed guidelines, published research, evidence based libraries/databases)		X	X	X
	3.6A	Selects specific intervention strategies that are focused on the etiology of the problem and that are known to be effective based on best current knowledge and evidence	X	X	X
3.7	Defines time and frequency of care including intensity, duration, and follow-up		X	X	X
3.8	Identifies resources and/or referrals		X	X	X
	3.8A	Physical assistance (eg, adaptive equipment, SLP ^P , OT, PT, dental services, home care)		X	X
	3.8B	Behavioral services (eg, psychotherapist, pastoral counseling, community based support groups including 12-step groups, The National Alliance on Mental Illness)		X	X
	3.8C	Educational adjuncts (eg, cooperative extension, community education programs)		X	X
	3.8D	Financial resources (eg, food stamps, meal programs, food pantries)		X	X
<i>Implements the nutrition intervention</i>					
3.9	Communicates the plan of nutrition and behavioral health–related care		X	X	X

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION		The "X" signifies the indicators for the level of practice		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators				
3.10	Carries out the plan of nutrition and behavioral health-related care	X	X	X
	3.10A Adapts general nutrition educational tools to individualized learning style and method of communication	X	X	X
	3.10B Utilizes appropriate behavior change theories (eg, motivational interviewing, behavior modification, modeling) to facilitates self-management/self-care strategies		X	X
	3.10C Uses critical thinking and synthesis skills to guide decision-making in complicated, unpredictable, and dynamic situations		X	X
3.11	Continues data collection and modifies the plan of care as needed	X	X	X
3.12	Individualizes nutrition and behavioral health-related interventions to the setting and client	X	X	X
	3.12A Uses interpersonal teaching, training, coaching, counseling, or technological approaches as appropriate	X	X	X
	3.12B Uses critical thinking and synthesis skills for combining multiple intervention approaches as appropriate		X	X
	3.12C Draws on experiential knowledge and current body of advanced knowledge about the client population to individualize the strategy for complex interventions			X
	3.12D Encourages greater independence in food choices and empowers the client to take control of their health as they move toward a less structured environment		X	X
3.13	Collaborates with other colleagues and health care professionals	X	X	X
	3.13A Facilitates and fosters active communication, learning, partnerships, and collaboration with the behavioral health team		X	X
3.14	Follows up and verifies that implementation is occurring and needs are being met	X	X	X
3.15	Revises strategies as changes in condition/response occur	X	X	X
3.16	Documents and communicates:	X	X	X
	3.16A Date and time	X	X	X
	3.16B Specific treatment goals and expected outcomes	X	X	X
	3.16C Recommended interventions	X	X	X
	3.16D Any adjustments of plan and justifications	X	X	X
	3.16E Client receptivity	X	X	X
	3.16F Referrals made and resources used	X	X	X
	3.16G Any other information relevant to providing care and monitoring progress over time	X	X	X
	3.16H Plans for follow-up and frequency of care	X	X	X
	3.16I Rationale for discharge if appropriate	X	X	X

EXAMPLES OF OUTCOMES STANDARD 3: NUTRITION INTERVENTION
<ul style="list-style-type: none"> ● Appropriate prioritizing and setting of goals/expected outcomes ● Appropriate nutrition prescription or plan is developed ● Interdisciplinary connections are established ● Nutrition Interventions are delivered and actions are carried out ● Documentation of nutrition intervention is relevant, accurate, and timely ● Documentation of nutrition interventions is revised and updated

Standards of Practice for Registered Dietitians in Behavioral Health Care

STANDARD 4: NUTRITION MONITORING AND EVALUATION

The Registered Dietitian monitors and evaluates outcome(s) directly related to the nutrition diagnosis and the goals established in the intervention plan to determine the degree to which progress is being made and goals or desired outcomes of nutrition care are being met. Through monitoring and evaluation, the Registered Dietitian uses selected outcome indicators (markers) that are relevant to the client defined needs, nutrition diagnosis, nutrition goals, and disease state/condition. Progress should be monitored, measured, and evaluated on a planned schedule until discharge. The Registered Dietitian uses data from this step to create an outcomes management system.

Rationale: Progress should be monitored, measured, and evaluated on a planned schedule until discharge. Alterations in outcome indicators such as specific behaviors or weight are examples that trigger reactivation of the nutrition care process. Monitoring specifically refers to the review and measurement of the client’s status at a scheduled (preplanned) follow-up point with regard to the nutrition diagnosis, intervention plans/goals, and outcomes, whereas evaluation is the systematic comparison of current findings with previous status, intervention goals, or a reference standard.

INDICATORS FOR STANDARD 4: NUTRITION MONITORING AND EVALUATION		The “X” signifies the indicators for the level of practice		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators				
4.1	Monitors progress	X	X	X
4.1A	Checks client understanding and adherence with plan	X	X	X
4.1B	Determines if the intervention is being implemented as prescribed	X	X	X
4.1C	Provides evidence that the plan/intervention strategy is or is not changing client behavior or status	X	X	X
4.1D	Identifies other positive or negative outcomes	X	X	X
4.1.D1	Observe positive and negative outcomes in context of overall treatment plan	X	X	X
4.1D2	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
4.1D3	Completes an in-depth analysis of intended effects and potential adverse effects		X	X
4.1D4	Completes an in-depth analysis of intended effects and potential adverse effects related to complex problems and intervention			X
4.1E	Gathers information indicating reasons for lack of progress	X	X	X
4.1F	Supports conclusions with evidence	X	X	X
4.1G	Evaluates patterns, trends, and unintended variation related to problems and intervention	X	X	X
4.2	Measures outcomes	X	X	X
4.2A	Selects standardized evidence-based outcome indicators that are relevant to the client and directly related to the nutrition diagnosis and the goals established in the intervention plan (ie, direct nutrition outcomes, clinical and health status outcomes, client-centered outcomes, health care utilization)	X	X	X
4.3	Evaluates outcomes	X	X	X
4.3A	Uses standardized indicators to compare current findings with previous status, intervention goals, and/or reference standards	X	X	X
4.3A1	Completes a more detailed analysis of the indicators for each problem area (ie, using specialty level clinical judgment skills for additional consideration of the clients’ learning style; readiness and willingness to change)		X	X

INDICATORS FOR STANDARD 4: NUTRITION MONITORING AND EVALUATION			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators			Generalist	Specialty	Advanced
	4.3A2	Completes a more detailed analysis of the indicators to evaluate the complexity of problems and correlate one problem to another (ie, using advanced clinical judgment skills reflecting on the holistic focus of behavior health care as a complex disorder)			X
	4.3A3	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 Measure, Hospital-Based Inpatient Psychiatric Services Core Measure)		X	X
4.4	Documents and communicates:		X	X	X
	4.4A	Date and time	X	X	X
	4.4B	Specific indicators measured and results	X	X	X
	4.4C	Progress toward goals (incremental small change can be significant; therefore, use of a Likert type scale may be more descriptive than a "met" or "not met" goal evaluation tool)	X	X	X
	4.4D	Factors facilitating or hampering progress	X	X	X
	4.4E	Changes in client level of understanding and food-related behaviors	X	X	X
	4.4F	Changes in clinical, health status, or functional outcomes assuring care/case management in the future	X	X	X
	4.4G	Other positive or negative outcomes	X	X	X
	4.4H	Future plans for nutrition care, monitoring, and follow-up or discharge	X	X	X

**EXAMPLES OF OUTCOMES
STANDARD 4: NUTRITION MONITORING AND EVALUATION**

The client outcome(s) directly relate to the nutrition diagnosis and the goals established in the intervention plan. Examples include, but are not limited to:

- Direct nutrition outcomes (knowledge gained, behavior change, food or nutrient intake changes, improved nutrition status)
- Clinical and health status outcomes (laboratory values, weight, blood pressure, risk factor profile changes, signs and symptoms, clinical status, infections, complications)
- Client-centered outcomes (nutrition quality of life, satisfaction, self-efficacy, self-management, functional ability)
- Health care utilization and cost outcomes (medication changes, special procedures, planned/unplanned clinic visits, preventable hospitalizations, length of hospitalization, prevention or delay of nursing home admission)
- Documentation of the monitoring and evaluation is relevant, accurate, and timely

^aADA=American Dietetic Association.

^bGERD=gastroesophageal reflux disease.

^cPUD=peptic ulcer disease.

^dHIV=human immunodeficiency virus.

^eAIDS=acquired immunodeficiency syndrome.

^fBMI=body mass index.

^gGI=gastrointestinal.

^hMAO=monoamine oxidase.

ⁱDTs=delirium tremens.

^jOT=occupational therapy.

^kPT=physical therapy.

^lMD=medical doctor.

^mADL=activities of daily living.

ⁿIADL=instrumental activities of daily living.

^oMNT=medical nutrition therapy.

^pSLP=speech and language pathologist.

Figure 2. Standards of practice for registered dietitians in behavioral health care.

Standards of Professional Performance for Registered Dietitians in Behavioral Health Care

STANDARD 1: PROVISION OF SERVICES

Provides quality service based on customer expectations and needs

Rationale: The Registered Dietitian in Behavioral Health Care provides, facilitates, and promotes quality services based on client needs and expectations, current knowledge, and professional experience.

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES		The "X" signifies the indicator for the level of practice.		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA^a Core Registered Dietitian Standards of Professional Performance				
Each Registered Dietitian in Behavioral Health Care:				
1.1	Provides input into the development of appropriate screening parameters to ensure that the screening process asks the right questions	X	X	X
1.1A	Utilizes evidence-based review process to determine screening parameters		X	X
1.1B	Evaluates the effectiveness of behavioral health screening tools		X	X
1.1C	Leads team on changes and process revisions as needed			X
1.2	Contributes to the development of a referral process to ensure that the public has an identifiable method of being linked to dietetic professionals who will ultimately provide services	X	X	X
1.2A	Evaluates the effectiveness of behavioral health referral tools	X	X	X
1.2B	Leads team on changes to referral tools and process revisions as needed		X	X
1.2C	Receives referrals for services from and makes referrals to other health care professionals	X	X	X
1.3	Collaborates with client to assess needs, background, and resources and to establish mutual goals	X	X	X
1.3A	Understands behavior change and counseling theories and is able to apply theories in practice	X	X	X
1.3B	Leads in using, evaluating and communicating success in using different theoretical frameworks for intervention (eg, applied behavior analysis, cognitive behavioral therapy, dialectical behavioral therapy, health belief model, social cognitive theory/social learning theory; stages of change (transtheoretical theory); Enabling/Access Enhancing (PRECEDE model); Fishbein/Ajzen (theory of reasoned action)			X
1.3C	Recognizes the influences that culture, health literacy, and socioeconomic status have on health/illness experiences and the client's use of and access to health care services	X	X	X
1.3D	Adapts practice to meet the needs of an ethnically and culturally diverse population (eg, selecting and using interpreters, conducting appropriate cultural assessments, selecting appropriate levels of intensity of cultural interventions, adapting behavioral health patient education/counseling approaches and materials, adapting content teaching modality)	X	X	X
1.3E	Supports client in stages of readiness to change by establishing realistic goals	X	X	X
1.3F	Establishes systematic process to identify, track, and update resources available to clients		X	X

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES		The "X" signifies the indicator for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Professional Performance		Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health Care:				
1.4	Informs and involves clients and their families in decision making	X	X	X
1.5	Recognizes clients' concepts of illness and clients' beliefs	X	X	X
1.6	Applies knowledge and principles of disease prevention and behavioral change appropriate for diverse populations	X	X	X
1.7	Collaborates and coordinates with other professionals as appropriate	X	X	X
1.7A	Works within the multidisciplinary team for education	X	X	X
1.7B	Reports in partnership with primary health care provider and referral sources for treatment care services and education		X	
1.7C	Serves as a consultant for medical management of behavioral health and comorbidities			X
1.7D	Plans and develops health promotion/prevention programs based on client needs, culture, evidence-based strategies and available resources		X	
1.7E	Plans, develops, and implements systems of care and services based on the Chronic Care Model		X	
1.8	Applies knowledge and skills to determine the most appropriate action plan	X	X	X
1.8B	Applies knowledge and skills at the specialty level to determine the most appropriate action plan (ie, functional working knowledge of specialty area demonstrated by an understanding and use of the general principle, theories, and practices pertinent to the behavioral health specialty)		X	
1.8C	Applies knowledge and skills at the advanced level to determine the most appropriate action plan (ie, advanced and comprehensive knowledge of the behavioral health area demonstrated by an understanding and use of advanced principles, theories, and practices of the behavioral health specialty)			X
1.9	Implements quality practice by following an evidence-based approach, policies, procedures, legislation, licensure, credentialing, competency, regulatory requirements, and practice guidelines	X	X	X
1.9A	Collects and documents nationally standardized and consensus-based behavioral health performance measures	X	X	X
1.9B	Participates as a committee member in the development and updating of policies and procedures and evidence-based practice tools	X	X	X
1.9C	Develops implementation strategies tailored to the needs of the organizations and their client populations (eg, identification/adaptation of evidence-based practice guidelines/protocols, skills training/reinforcement; organizational incentives and supports)		X	
1.9D	Develops and manages health education programs tailored to the needs of the organizations and their client populations (eg, identification/adaptation of evidence-based practice guidelines/protocols, skills training/reinforcement; organizational incentives and supports)		X	
1.9E	Develops behavioral health specific community/prevention programs incorporating behavior change theory, self-concept, lifestyle functions, and systematic evaluation of learning		X	
1.9F	Leads process of developing, monitoring and evaluating the use of protocols/guidelines/practice tools; plan necessary changes			X

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES			The "X" signifies the indicator for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Professional Performance			Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health Care:					
1.10	Fosters excellence and exhibits professionalism in practice		X	X	X
	1.10A	Manages change effectively, demonstrating knowledge of the change process	X	X	X
	1.10B	Demonstrates attributes, such as assertiveness, enhanced listening, and conflict resolution skills		X	X
	1.10C	Demonstrates knowledge and skill in coalition building			X
1.11	Continuously evaluates processes and outcomes of both nutrition/health quality and service quality dimensions (eg, convenience, dignity, ease of access, privacy, comfort, client involvement in decision-making, and promptness of care)		X	X	X
	1.11A	Utilizes a continuous quality improvement approach to measure performance against desired outcomes	X	X	X
	1.11B	Conducts data analysis, develops report of outcomes and improvement recommendations, and disseminates findings		X	X
	1.11C	Develops tools for analyzing process and outcomes			X
1.12	Advocates for the provision of food and nutrition services as part of public policy		X	X	X
	1.12A	Participates in the process of client advocacy activities	X	X	X
	1.12B	Assesses client populations for situations where advocacy is needed		X	X
	1.12C	Advocates for health promotion at the policy level and promotes healthy public policy by participating in legislative and policy-making activities that influence health services and practices		X	X
	1.12D	Takes leadership role in advocacy activities/issues; authors articles and delivers presentations on topic; networks with other advocacy parties			X

EXAMPLES OF OUTCOMES
STANDARD 1: PROVISION OF SERVICES
<ul style="list-style-type: none"> ● Clients actively participate in establishing goals and objectives ● Clients' needs are met ● Clients are satisfied with service and products provided ● Evaluation reflects expected outcomes ● Appropriate screening and referral systems are established ● Public has access to food and nutrition services

Standards of Professional Performance

STANDARD 2: APPLICATION OF RESEARCH

Effectively applies, participates in, or generates research to enhance practice

Rationale: Effective application, support, and generation of dietetics research in practice encourages continuous quality improvement and provides documented support for the benefit of the client.

INDICATORS FOR STANDARD 2: APPLICATION OF RESEARCH		The “X” signifies the indicators for the level of practice.		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators				
Each Registered Dietitian in Behavioral Health Care:				
2.1	Locates and reviews best available research findings for their application to dietetics practice	X	X	X
	2.1A Understands research design and methodology		X	X
	2.1B Understands study outcomes and how to interpret and apply the results to clinical practice		X	X
	2.1C Identifies key clinical and management questions and utilizes systematic methods to extract evidence based research to answer questions		X	X
	1.2D Encourages the use of evidence-based tools as a basis for stimulating awareness and integration of current evidence		X	X
2.2	Bases practice on sound scientific principles, best available research, and theory	X	X	X
	2.2A Demonstrates adherence to evidence-based practice at the specialty level reduces inappropriate variation in practice patterns (eg, considering the best available research on nutrition-related prevention of relapses/exacerbations in behavioral health care disorders)		X	X
	2.2B Demonstrates that adherence to evidence-based practice at the advanced practice level reduces inappropriate variation in practice patterns (ie, considering the best available research reflecting the holistic focus of behavioral health as a complex disorder)			X
2.3	Integrates best available research with clinical/managerial expertise and client values (evidence-based practice)	X	X	X
2.4	Promotes research through alliances and collaboration with dietetics and other professionals and organizations	X	X	X
	2.4A Designs or participates in and publishes studies related to outcomes of registered dietitians in behavioral health care (specialty) practice		X	X
	2.4B Designs or participates in and publishes studies related to outcomes of registered dietitians in behavioral health care (advanced) practice			X

INDICATORS FOR STANDARD 2: APPLICATION OF RESEARCH			The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators			Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health Care:					
2.5	Contributes to the development of new knowledge and research in dietetics		X	X	X
	2.5A	Participates in practice-based research networks		X	X
	2.5B	Identifies and initiates research relevant to behavioral health practice as a primary investigator or as a collaborator with other members of the health care team or community			X
2.6	Collects measurable data and documents outcomes within the practice setting		X	X	X
	2.6A	Presents evidence-based research at the local level	X	X	X
	2.6B	Develops systematic processes to collect and analyze the data		X	X
	2.6C	Monitors and evaluates pooled/aggregate data against expected outcomes		X	X
	2.6D	Utilizes collected data as part of a quality improvement process to improve outcomes and quality of care rendered in the future			X
2.7	Shares research data and activities through various media		X	X	X
	2.7A	Presents evidence-based behavioral health research at the local level	X	X	X
	2.7B	Presents at local, regional, and national meetings and authors behavioral health-related publications		X	X
	2.7C	Serves in a leadership role for behavioral health-related publications and program planning of national meetings		X	X
	2.8D	Translates research findings in the development of policies, procedures, and guidelines for care			X

**EXAMPLES OF OUTCOMES
STANDARD 2: APPLICATION OF RESEARCH**

- Client receives appropriate services based on the effective application of research
- A foundation for performance measurement and improvement is provided
- Outcomes data support reimbursement for the services of the Registered Dietitian in behavioral health care
- *Best available* research findings are used for the development and revision of practice tools and resources
- Benchmarking and knowledge of "best practices" are used to improve performance

Standards of Professional Performance

STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE
Effectively applies knowledge and communicates with others

Rationale: The Registered Dietitian in Behavioral Health Care works with and through others while using their unique knowledge of food, human nutrition, and management as well as skills in providing services.

INDICATORS FOR STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators		Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health Care:				
3.1	Has knowledge related to a specific area(s) of professional service	X	X	X
	3.1A Familiar with major behavioral health care and education publications in practice area	X	X	X
	3.1B Familiar with regulatory, accreditation, and reimbursement programs and standards for institutions and providers that are specific to behavioral health care and education (eg, CMS ^b , JCAHO ^c , CARF ^d , NCQA ^e , HFAP ^f)	X	X	X
	3.1C Familiar with public health trends and epidemiological reports related to behavioral health	X	X	X
	3.1D Interprets public health trends and epidemiological data and applies it to professional practice/organization		X	X
	3.1E Familiar with ongoing research in behavioral health and education initiatives		X	X
	3.1F Contributes to the body of knowledge for the profession		X	X
3.2	Communicates sound scientific principles, research, and theory	X	X	X
	3.2A Demonstrates critical thinking, reflection and problem solving skills at the specialty level when communicating information (eg, selects appropriate information and best method/format for presentation)		X	X
	3.2B Demonstrates critical thinking, reflection, and problem-solving skills at the advanced practice level when communicating information (eg, conveys more than mere procedural understanding)			X
3.3	Integrates knowledge of food and human nutrition with knowledge of health, social sciences, communication, and management theory	X	X	X
	3.3A Demonstrates ability to integrate new knowledge of behavioral health care	X	X	X
	3.3B Demonstrates ability to integrate new knowledge of behavioral health care at the specialty level (eg, in new and varied contexts)		X	X
	3.3C Demonstrates ability to apply new knowledge of behavioral health care in new and varied contexts at the advanced practice level (eg, for the most complex and exceptional problems)			X
3.4	Shares knowledge and information with clients	X	X	X
	3.4A Presents nutrition information for consumers and other health care providers in format appropriate for their style of learning and educational modality		X	X
	3.4B Serves as invited reviewer, author, and/or presenter at local, regional, national, international meetings and media outlets		X	X
	3.4C Serves in leadership role on program planning committees or for publications (eg, editor, editorial advisory board member)		X	X
	3.4D Serves as national or international media spokesperson			X
	3.4E Functions as an opinion leader			X

INDICATORS FOR STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE			The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators			Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health Care:					
3.5	Helps students and clients apply knowledge and skills		X	X	X
	3.5A	Serves as mentor or preceptor to a health care provider within or outside of profession		X	X
	3.5B	Develops mentor and preceptorship programs that promote behavioral health care and education			X
3.6	Documents interpretation of relevant information and results of communication with professionals, personnel, students, or clients		X	X	X
	3.6A	Builds relationships between researchers and decision makers so that effective knowledge transfer can take place		X	X
	3.6B	Provides commentary and analysis of relevant information			X
3.7	Contributes to the development of new knowledge		X	X	X
	3.7A	Serves on planning committees/task forces to develop continuing education programs	X	X	X
	3.7B	Serves as consultant to business, industry, and national organizations regarding continuing education needs of behavioral health clients and providers		X	X
	3.7C	Uses clinical exemplars to generate new knowledge and develop new guidelines, programs, and policies in the advanced behavioral health practice area			X
3.8	Seeks out information to provide effective services		X	X	X
	3.8A	Presents information to establish collaborative practice at a systems level (eg, a treatment team meeting, a disease management program)		X	X
	3.8B	Negotiates and/or establishes privileges at systems level for new advances in practice			X
3.9	Communicates, manages knowledge, and supports decision making using information technology		X	X	X
	3.9A	Knowledge and use of local and national behavioral health registries (see below for definition of registry)		X	X
	3.9B	Collaborates with colleagues in area of practice to help define diagnosis, intervention and evaluation		X	X

**EXAMPLES OF OUTCOMES
STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE**

- Professional provides expertise in food, nutrition, and management information
- Client understands the information received
- Client receives current and appropriate information and knowledge
- Client knows how to obtain additional guidance

Standards of Professional Performance for Registered Dietitians in Behavioral Health Care

STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES
Uses resources effectively and efficiently in practice

Rationale: Appropriate use of time, money, facilities, and human resources facilitates delivery of quality services.

INDICATORS FOR STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators		Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health care:				
4.1	Uses a systematic approach to maintain and manage professional resources successfully	X	X	X
4.2	Uses measurable resources such as personnel, monies, equipment, guidelines, <i>guides for practice</i>, protocols, reference materials, and time in the protocols, reference materials, and time in the provision of dietetics services	X	X	X
4.2A	Participates in operational planning of behavioral health programs (ie, business planning)	X	X	X
4.2B	Manages effective delivery of behavioral health programs (eg, business planning)		X	X
4.2C	Leads in business and strategic planning			X
4.3	Analyzes safety, effectiveness, and cost in planning and delivering services and products	X	X	X
4.3A	Analyzes at the systems level: safety, effectiveness, cost in planning, and delivering services and products			X
4.4	Justifies use of resources by documenting consistency with plan, continuous quality improvement, and desired outcomes	X	X	X
4.4A	Proactively recognizes needs, anticipates outcomes and consequences of different approaches, and makes necessary modifications to plans to achieve desired outcomes		X	X
4.4B	Effects long-term thinking and planning, anticipates needs, fully understands strategic plans and integrates justification into plans			X
4.5	Educates and helps clients and others to identify and secure appropriate and available resources and services	X	X	X
4.5A	Establishes administratively sound programs (eg, health promotion program, disease self-management program, MNT ⁹ services)		X	X
4.5B	Demonstrates ability to exercise leadership to achieve desired outcomes using influence gained through advanced competence to identify and secure appropriate and available resources and services			X
4.6	Assures that behavioral health data registries contain behavioral health education and MNT service components		X	X
4.6A	Assures that data on Registered Dietitian service providers are captured in databases		X	X
4.6B	Analyzes and utilizes information for long range strategic planning (eg, program and service efficacy)			X

EXAMPLES OF OUTCOMES

STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES

- Use of resources is documented according to plan and budget
- Resources and services are measured and data are used to promote and validate the effectiveness of services
- Desired outcomes are achieved and documented
- Resources are managed and used cost-effectively

Standards of Professional Performance for Registered Dietitians in Behavioral Health Care

STANDARD 5: QUALITY IN PRACTICE

Systematically evaluates the quality and effectiveness of practice and revises practice as needed to incorporate the results of evaluation.

Rationale: Quality practice requires regular performance evaluation and continuous improvement of services.

INDICATORS FOR STANDARD 5: QUALITY IN PRACTICE		The "X" signifies the indicators for the level of practice.		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators				
Each Registered Dietitian in Behavioral Health Care:				
5.1	Continually understands and measures quality of food and nutrition and services in terms of structure, process, and outcomes	X	X	X
5.2	Identifies performance improvement criteria to monitor effectiveness of services	X	X	X
5.3	Designs and tests interventions to change processes and systems of food and nutrition care and services with the objective of improving quality	X	X	X
5.4	Identifies errors and hazards in food and nutrition care and services	X	X	X
5.4A	Evaluates and ensures safe behavioral health care delivery	X	X	X
5.4B	Maintains awareness of problematic product names and error prevention recommendations provided by ISMP ^h (www.ismp.org), FDA ⁱ (www.fda.gov), and USP ^j (www.usp.org)		X	X
5.4C	Develops safety alert systems to monitor key indicators of behavioral health clients medical conditions			X
5.5	Recognizes and implements basic safety design principles, such as standardization and simplification.	X	X	X
5.5A	Consistently provides care using the ADA standardized Nutrition Care Process and Model and nationally developed evidence based nutrition guidelines/guides for practice	X	X	X
5.5B	Implements standardized protocols using the ADA standardized Nutrition Care Process and Model and nationally developed evidence based nutrition guidelines/guides for practice		X	X
5.5C	Designs and evaluates the ADA standardized Nutrition Care Process and Model and nationally developed evidence based nutrition guidelines/guides for practice protocols			X

INDICATORS FOR STANDARD 5: QUALITY IN PRACTICE		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators		Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health Care:				
5.6	Identifies expected outcomes	X	X	X
5.7	Documents outcomes of services provided	X	X	X
5.8	Compares actual performance to expected outcomes	X	X	X
5.9	Documents action taken when discrepancies exist between active performance and expected outcomes	X	X	X
5.10	Continuously evaluates and refines services based on measured outcomes	X	X	X
5.10A	Systematically improves the processes of care and services to improve outcomes reflecting understanding of variation		X	X
5.10B	Leads in creating and evaluating systems, processes and programs that support institutional and behavioral health nutrition related core values and objectives			X
5.11	Implements an outcomes management system to evaluate the effectiveness and efficiency of practice	X	X	X
5.11A	Utilizes collected data as part of a quality improvement process to improve outcomes and quality of care and services rendered in the future		X	X
5.11B	Serves in leadership role to evaluate benchmarks of community/prevention program indicators to national, state and local public health and population based indicators (eg, Healthy People 2010 Leading Health Indicators, HEDIS [®] , Behavioral Health Quality Improvement [DQulP] measure sets) to positively impact program planning and development			X
5.11C	Advocates for and participates in the development of clinical, operational, and financial databases upon which behavioral health nutrition care-sensitive outcomes can be derived, reported, and used for improvement			X

EXAMPLES OF OUTCOMES STANDARD 5: QUALITY IN PRACTICE
<ul style="list-style-type: none"> ● Performance improvement criteria are measured ● Actual performance is evaluated ● Aggregate of <i>outcomes data</i> meet established criteria (objectives/goals) ● Results of quality improvement activities direct refinement of practice

Standards of Professional Performance for Registered Dietitians in Behavioral Health Care

STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY

Engages in lifelong self-development to improve knowledge and enhance professional competence

Rationale: Professional practice requires continuous acquisition of knowledge and skill development to maintain accountability to the public.

INDICATORS FOR STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators		Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health Care:				
6.1	Conducts self-assessment at regular intervals to identify professional strengths and weaknesses	X	X	X
6.1A	Evaluates current practice at the individual and systems levels in light of current research findings at the specialty practice level		X	X
6.1B	Evaluates current practice at the individual and systems levels in light of current research findings at the advanced practice level			X
6.2	Identifies needs for professional development and mentors others	X	X	X
6.2A	Seeks opportunities at the specialty practice level to develop mentor/protege programs with health professionals of other disciplines		X	X
6.2B	Seeks opportunities at the advanced practice level to develop mentor/protege programs with health professionals of other disciplines			X
6.3	Develops and implements a plan for professional growth	X	X	X
6.3A	Familiarizes self with behavioral health continuing education opportunities locally, regionally, and nationally	X	X	X
6.3B	Develops and implements a plan for specialty practice		X	X
6.3C	Develops and implements a plan for advanced practice			X
6.4	Documents professional development activities	X	X	X
6.4A	Documents in professional portfolio examples of behavioral health care clinical exemplars that capture and speak to the expanded professional responsibility in a specialty practice role		X	X
6.4B	Documents in professional portfolio examples of behavioral health care clinical exemplars that describe and demonstrate the expanded professional experience in an advanced practice role			X
6.5	Adheres to the Code of Ethics for the profession of dietetics and is accountable and responsible for actions and behavior	X	X	X

INDICATORS FOR STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core Registered Dietitian Standards of Practice Indicators		Generalist	Specialty	Advanced
Each Registered Dietitian in Behavioral Health Care:				
6.6	Supports the application of research findings and best available evidence to professional practice	X	X	X
6.6A	Familiarizes self with major behavioral health care and education publications	X	X	X
6.6B	Serves as an author of behavioral health–related publications and behavioral health presenter for consumer and health care provider audiences on behavioral health topics		X	X
6.6C	Develops skill in accessing and critically analyzing research		X	X
6.6D	Uses planned change principles at the advanced level of practice to integrate research and practice			X
6.7	Takes active leadership roles	X	X	X
6.7A	Utilizes habits of good interfacing (communication, information gathering, and practices) to lead in this area	X	X	X
6.7B	Serves on local behavioral health planning committees/task forces for health professionals and industry	X	X	X
6.7C	Serves on regional and national behavioral health planning committee task force for health professionals and industry		X	X
6.7D	Develops innovative approaches to complex practice issues			X
6.7E	Proactively seeks opportunities at the local, regional, and national and international level to demonstrate the integration of their practices and programs with larger system (ie, state behavioral health collaborative)			X

**EXAMPLES OF OUTCOMES
STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY**

- Self-assessments are completed
- Development needs are identified and directed learning takes place
- Practice outcomes demonstrate adherence to the Code of Ethics, Standards of Practice, and Standards of Professional Performance
- Practice decisions reflect best available evidence
- Obtains appropriate certifications
- Meets Commission on Dietetic Registration recertification requirements
- Participation in behavioral health committees and task forces

^aADA=American Dietetic Association.

^bCMS=Centers for Medicare and Medicaid Services.

^cJCAHO=Joint Commission on Accreditation of Healthcare Organizations.

^dCARF=Commission on Accreditation of Rehabilitation Facilities.

^eNCQA=National Committee for Quality Assurance.

^fHFAP=Healthcare Facilities Accreditation Program.

^gMNT=medical nutrition therapy.

^hISMP=Institute for Safe Medication Practices.

ⁱFDA=Food and Drug Administration.

^jUSP=US Pharmacopeia.

^kHEDIS=Health Employers Data Information Set.

Figure 3. Standards of professional performance for registered dietitians in behavioral health care.