Revised 2026 Scope and Standards of Practice for Registered Dietitian Nutritionists in Mental Health and Substance Use Disorders

A complementary document to the Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist

Theresa Carmichael, RDN
Kathryn E Coakley, PhD, RDN

Academy of Nutrition and Dietetics

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a dietetic practice group of the Academy of Nutrition and Dietetics

AUTHOR INFORMATION

Theresa Carmichael, RDN, Registered Dietitian & Owner of the Carmichael Clinic, San Diego, CA
Kathryn E. Coakley, PhD, MS, RDN, LD, Assistant Professor, University of New Mexico Health Sciences Center College of Population Health, Albuquerque, NM

The Academy of Nutrition and Dietetics Practice Competence staff managed the editing, revision and review process of all drafts of the manuscript: Dana Buelsing Sowards, MS, CAPM, LSSGB; Karen Hui, RDN, LDN, FAND; Carol J. Gilmore, MS, RDN, LD, FADA, FAND.

APPROVAL

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This document uses the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and the term NDTR to refer to both dietetic technicians, registered (DTR) and nutrition and dietetics technicians, registered (NDTR).

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INTRODUCTION

The Behavioral Health Nutrition (BHN) Dietetic Practice Group (DPG) of the Academy of Nutrition and Dietetics (Academy) under the guidance of the Academy Practice Competence Committee, has revised the Scope and Standards of Practice for Registered Dietitian Nutritionists in Mental Health and Substance Use Disorders (Scope and Standards in Mental Health and SUDs), previously titled 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.[1] A focus area of nutrition and dietetics is a defined area of practice that requires focused knowledge, skills, and experience that applies to all levels of practice.[2] This document, along with the Code of Ethics[3] and 2024 Scope and Standards of Practice for Registered Dietitian Nutritionists (RDNs)[4] can be used by RDNs to guide their practice and performance. These foundational documents describe how RDNs in mental health and substance use disorders (SUDs):

- are uniquely qualified to provide nutrition and dietetics care and services;
- demonstrate the knowledge, skills, and competencies for the provision of safe, effective, and quality care and services at the competent, proficient, and expert levels of practice; and
- use a systematic approach to benchmarking levels of proficiency and determining paths for knowledge and skill development for personal and professional advancement.

SCOPE OF PRACTICE

The scope of practice in mental health and SUDs encompasses a range of roles, activities, practice guidelines, regulations, and the code(s) of ethics (eg, Academy/Commission on Dietetic Registration (CDR), other national organizations, and/or employer[s] code of ethics) within which RDNs practice. Each RDN has a unique scope of practice with flexible boundaries to capture the breadth of the individual's professional practice, which is determined by initial and ongoing continuing education, training, credentialing, and experience.[2] Individual scope of practice may change throughout the RDN's career with professional advancement, expanded or revised roles within an organization, and additional training, certifications, and/or credentials (eg, Addiction Counseling; Crisis Prevention & Intervention [CPI][5]; Mental Health First Aid[6]; cardiopulmonary resuscitation [CPR] and basic life support [BLS], for higher level of care roles; Applied Suicide Intervention Skills Training [ASIST][7];

and/or National Certified Counselor [NCC],[8] Certified Clinical Mental Health Counselor (CCMHC),[9] Master Addictions Counselor (MAC),[10] or Licensed Master Social Worker [LMSW]).[11] Additional training in trauma-informed care[12,13] is also now a common route for further education in this area. The Scope of Practice Decision Algorithm (Scope Of Practice Decision Algorithm) guides credentialed nutrition and dietetics practitioners through a series of questions to determine whether a particular activity is within their scope of practice.[14]

STANDARDS OF PRACTICE

The 2024 Scope and Standards of Practice for the RDN serves as a blueprint for the development of the focus area scope and standards of practice for RDNs. As of 2026, there are 17 published focus area standards (based on the Scope and Standards of Practice for the RDN) that can be accessed through the Academy's website at www.eatrightpro.org/practice/scope-and-standards-of-practice. With publication of the Revised 2024 Scope and Standards of Practice for RDNs, the focus area scope and standards are updated to the new format as part of their next 7-year review.

The Revised 2024 Scope and Standards of Practice for the RDN serves as the foundation for the development of focus area scope and standards of practice for RDNs in competent-, proficient-, and expert-levels of practice. While this document addresses the mental health and SUDs focus area, it is with the expectation that RDNs using the focus area scope and standards are meeting the minimum competent level of practice outlined in the Revised 2024 Scope and Standards of Practice for all RDNs.[4] Thus, the minimum competent level indicators are not repeated in this document unless they have been edited extensively to highlight their application within mental health and SUDs.

The 2 scope and standards documents are intended to be used together.

The focus area Scope and Standards in Mental Health and SUDs provides:

- a guide for self-evaluation, change management, and expanding practice;
- a means of identifying areas for professional development;
- a tool for demonstrating competence in delivering nutrition and dietetic services to people experiencing mental health disorders and/or SUDs; and

- a resource to determine the education, training, and experience required to maintain currency in the focus area and for advancement to a higher level of practice.

The indicators are measurable action statements that illustrate how each standard can be applied in practice. (see Figure 1) The Scope and Standards in Mental Health and SUDs were revised with input from, and consensus of, content experts representing diverse practice and geographic perspectives, and were reviewed and approved by the Executive Committee of the BHN DPG and the Academy Practice Competence Committee.

The 2024 Scope and Standards of Practice for the RDN, along with focus area scope and standards do not supersede state practice acts (eg, licensure, certification, or title protection laws). However, when state law does not define scope of practice for the RDN, the information within these documents may assist with identifying activities that may be permitted within an RDN's individual scope of practice based on qualifications (eg, education, training, certifications, organization policies, clinical privileges, referring physician-directed protocols or delegated orders, and demonstrated and documented competence).

OVERVIEW AND SCOPE OF PRACTICE IN THE MENTAL HEALTH AND SUBSTANCE USE DISORDERS FOCUS AREA

Mental health and SUDs affect a large proportion of the population. Importantly, the prevalence of both mental health and SUDs increased significantly during the COVID-19 pandemic, representing a national and global mental health crisis.[15] Approximately half of people who experience a mental health disorder also experience SUDs and vice versa.[16]

The 2024 National Survey on Drug Use and Health (NSDUH) found that, among adults 18 years of age or older, 61.5 million (23.4%) had a mental health disorder while nearly 15 million people (5.6%) had a serious mental health disorder in the past year.[17] Common mental health disorders, presented in Figure 2, include but are not limited to: major depressive disorder (MDD), mood disorders, generalized anxiety disorder (GAD), social anxiety disorder, and post-traumatic stress disorder (PTSD) as found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).[18] Other serious mental illnesses, such as bipolar disorder, obsessive compulsive disorder (OCD) and schizophrenia are also classified within the DSM-5.[18] Anxiety disorders are the most common mental

health disorders, with a prevalence of 19.1% among U.S. adults, followed by MDD (8.3%), PTSD (3.6%), and bipolar disorder (2.8%).[19] Among those diagnosed with any mental health disorder, over half (52.1%) received mental health treatment in 2024.[17]

SUDs are slightly less common than mental health disorders but still affect a large proportion of the U.S. population. Among all adults 18 years of age or older, 31.7 million (12.2%) perceive they have ever had a problem with their use of drugs or alcohol.[17] Among people aged 12 years of age or older, 48.4 million (16.8%) had a SUD in the past year; the most common SUD was alcohol use disorder (AUD) (27.9 million) followed by any other drug-related SUD (28.2 million). Just 1 in 5 (19.3%) individuals classified as needing intervention sought SUD treatment.[17] Importantly, the co-occurrence of mental health and SUDs is common. NSDUH 2024 data suggest 21.2 million (8.1%) adults 18 years of age or older have a mental disorder co-occurring with a SUD, which can be due to lack of health care access, diagnosis stigma, lack of awareness/under-representation, and bias.[17] More than 1 in 5 (21%) individuals with a SUD also have attention deficit hyperactivity disorder (ADHD), highlighting important connections between neurodivergence and difficulty coping with emotions.[20]

The Scope and Standards of Practice in Mental Health and SUDs focus on the RDN serving adults and young adults at least 16 years of age, although younger children and adolescents may also experience mental health and SUDs, particularly mental health disorders.[19] Referrals are recommended when the patient's/client's needs are outside the individual practitioner's scope of practice due to age, comorbid conditions, or overall complexity. The RDN should expect to serve all population groups, genders, races, ethnicities, sexual orientations, religions, insurance status/types, socioeconomic status, immigration status, housing status, and geographic locations.

The prevalence of depression (52%) and anxiety (38%) symptoms among females are more than double the estimates for males.[21] Race, ethnicity, and sexual orientation may further effect the vulnerabilities associated interact with gender to influence mental health and SUD risk[22] therefore, intersectional identities are important to consider when providing nutrition services.[21] Families and caregivers of individuals with mental health disorders and/or SUDs of all ages play critical roles in treatment and recovery and are important members of the care team.

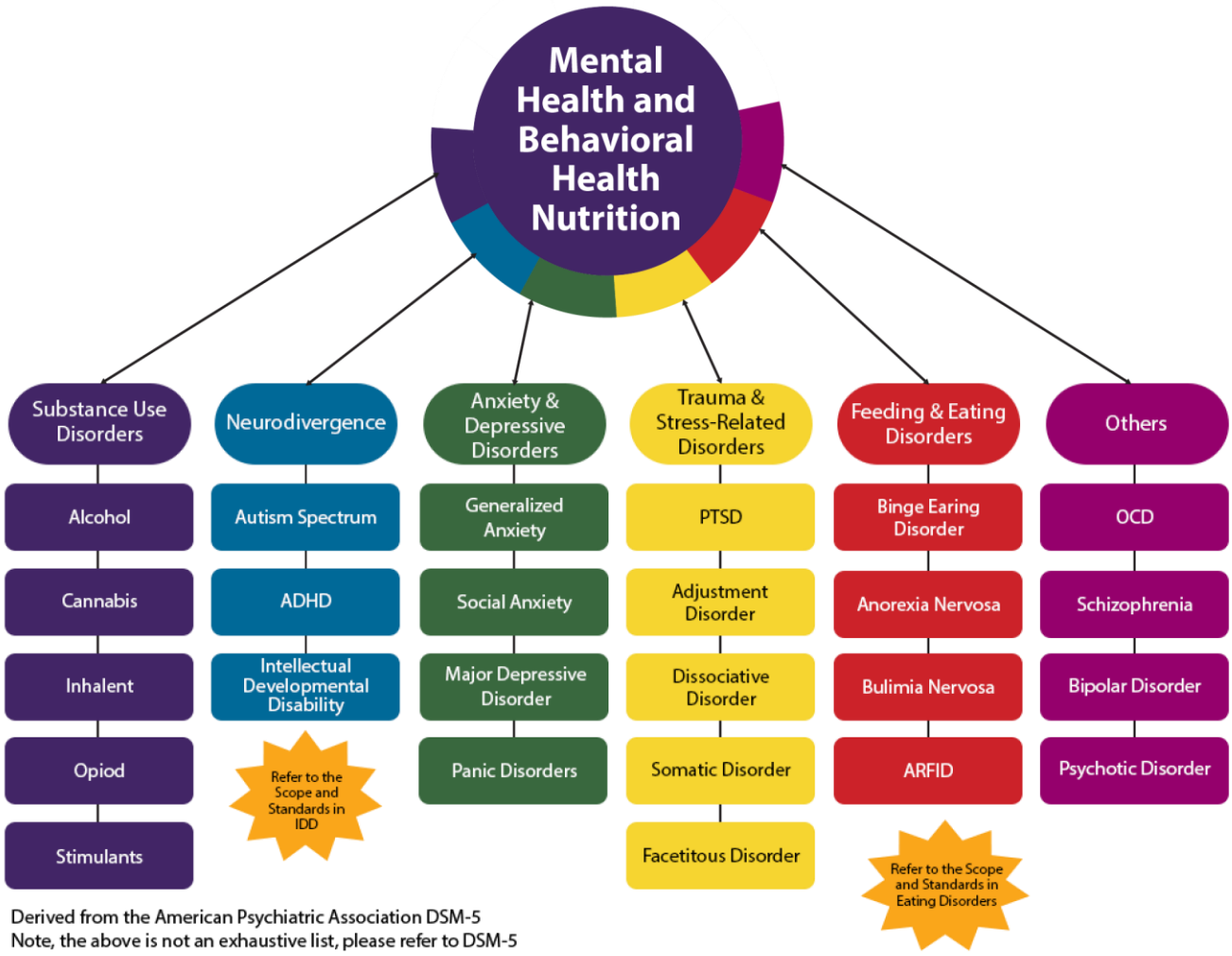
The RDN should expect to see patients/clients experiencing mental health disorders and/or SUDs in all settings including inpatient, outpatient, long-term care and community settings. In the inpatient

and residential treatment settings, which may include the initial stabilization or detoxification period, the RDN collaborates with interprofessional teams during rounds and as part of consultations. In the outpatient settings, which may include partial hospitalization programs, intensive outpatient programs, and individual appointments, the RDN collaborates with interprofessional teams during weekly clinical meetings, as part of consultations, during group classes (eg, psychoeducation or nutrition education), and in the coordination of care with other providers as authorized. In the community setting, the RDN may collaborate with other community health providers such as mental health professionals (eg, psychiatrist, psychologist, licensed professional counselor, certified alcohol and drug counselor) and primary care physicians, physician assistants, nurse practitioners and/or community health workers (CHWs).

There have been important changes to note since the publication of the 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Mental Health and Addictions.[1] De-stigmatized language should be used in all health care settings, since person-first language is person-first practice. These and other key changes include:

- De-stigmatized language:[23]
    - Use "use" or "misuse" instead of "abuse"
    - Use "person with a substance use disorder" instead of "addict" or "user"
    - Use "alcohol use disorder" instead of "alcoholic"
- A patient/client "has" a problem rather than "being" the problem:
    - Use "person with a substance use disorder", "person with an alcohol use disorder", or "person with a mental health disorder"
- SUD treatment has evolved to include harm reduction approaches, mindfulness, and SMART recovery[24] beyond traditional 12-step programs focused on abstinence such as: Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)
- Access to mental health and SUD treatment services has expanded through telehealth[25]

Figure 2: Mental and Behavioral Health Disorders



Nationally, there are fewer RDNs with specialized training in mental health disorders and SUDs compared to other practice areas, though mental and behavioral health nutrition is increasingly included in dietetics education. There is note of emerging course work in academic universities, though more is needed. RDNs in mental health and SUDs often gain expertise through on-the-job learning and consultations with their peers, such as through mentorship. While there are no evidence-based nutrition practice guidelines for RDNs in mental health or SUDs, RDNs should seek out evidence-based nutrition practice guidelines for co-morbidities (eg, diabetes, hypertension, cirrhosis, general malnutrition) as part of whole person treatment.[26] These considerations are important to keep in mind when using the Scope and Standards of Practice in Mental Health and SUDs.

To increase the presence of RDNs in mental health and SUD settings, practitioners may choose to pursue professional and personal advocacy activities to improve access to nutrition services in behavioral health care. Examples may include:

- supporting local, state, tribal, and federal legislation related to mental health and SUD prevention and treatment;
- developing more inclusive policies and educational initiatives in the workplace and community to increase access to and awareness of nutrition and dietetics care and services; and
- supporting legislation and programs that may increase access to RDN services such as the Dietitian Licensure Compact.[27]

Other activities include organizing or participating in mental health/SUD awareness and suicide prevention events (eg, National Alcohol & Drug Addiction Recovery Awareness Month,[28] Out of the Darkness walks,[29] National Alliance on Mental Illness [NAMI],[30] Children and Adults with Attention-Deficit/Hyperactivity Disorder [CHADD][20]) and education initiatives.

The BHN DPG's vision is to optimize the physical and cognitive health of those served through nutrition education and counseling.[31] The BHN DPG resources focus on the health and well-being of individuals with SUDs, eating disorders,[32] mental health disorders, and intellectual and developmental disabilities (IDD).[33] For more information, visit the BHN DPG website: https://community.eatrightpro.org/bhn/home.

QUALITY PRACTICE

Quality services are a foundation of the Academy's/CDR's Code of Ethics and the 2024 Scope and Standards of Practice for RDNs. RDNs in all areas of practice are expected to provide quality evidence-based nutrition care and services that are routinely measured and evaluated to ensure quality outcomes. These expectations are also held by consumers, third party payers, and regulatory agencies, as they utilize data to assess quality of facilities and to compare facilities' services to one another. Quality nutrition and dietetics services that demonstrate measurable outcomes and are incorporated into health care standards of care and provider practice settings also elevate the unique contribution of RDNs.

Code of Ethics

The Code of Ethics reflects the values and ethical principles guiding the nutrition and dietetics profession, and serve as commitments and obligations of the practitioner to the public, patients/clients, the profession, colleagues, and other professionals.[3,34] As the profession of nutrition and dietetics evolves, and more specifically in the mental health and SUDs focus area, new ethical situations may arise outside the RDN's level of practice that requires focus area knowledge, practice experience, and perhaps consultation with a knowledgeable professional colleague or legal counsel/risk management. When questioning the ethical implications of a situation, personal self-reflection is required to determine what information and/or resources are needed to act safely, appropriately, and to the benefit of the individual(s) or programs involved.[35] Examples of such situations may include delivering services through telehealth;[36] providing community-based care; treating complex patients/clients with serious mental illness;[37] adhering to HIPAA regulations;[38] practicing within the RDN's level of practice and recognizing when referrals and/or consultations are needed, recognizing the boundary between nutrition services and mental health services and practicing accordingly; promoting health equity;[39,40] and avoiding conflicts of interest.[41] Refer to ethics resources at https://www.eatrightpro.org/practice/code-of-ethics.

Principle 1 in the Code of Ethics states the following: "Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate."[3] The Scope and Standards in Mental Health and SUDs are written in broad terms to allow for an individual practitioner's handling of non-routine situations. The standards are geared toward typical situations for practitioners with the RDN credential. Strictly adhering to standards does not always constitute the best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know which standards apply and in what ways they apply.

Competence

In keeping with the Code of Ethics,[3] RDNs can only practice in areas in which they are qualified and have demonstrated and documented competence to achieve ethical, safe, equitable, and quality outcomes.[37] Competence is an overarching "principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis."[42] Lifelong learning and

professional development enables practitioners to acquire and develop skills enhancing their competencies and levels of practice. Competent practitioners at all levels of practice in mental health and SUDs:

- understand and practice within their individual scope of practice[2,4];
- use up-to-date knowledge, practice skills, critical thinking, judgment, and best practices;
- make sound decisions based on appropriate data;
- communicate effectively with patients, clients, customers, and others;
- critically evaluate and strengthen their own practice;
- identify the limits of their competence; and
- improve performance based on self-evaluation, applied practice, and feedback from others.

Professional competence involves the ability to engage in clinical or practice-specific reasoning that facilitates problem solving and fosters person-/patient-/client-/customer-/population-centered behaviors and participatory decision making.

Evidence-Based Practice

A competent RDN searches literature and applicable practice guidelines (eg, Academy Evidence Analysis Library,[43] SAMHSA's Evidence-Based Practices Resource Center,[44] Cochrane Library,[45] PubMed) and assesses the level of evidence to select the best available research/evidence to inform recommendations. With high-quality, evidence-based practice and safety[2,46] as guiding factors when working with patients, clients, customers, and/or populations, the RDN identifies the level of evidence, clearly states research limitations, provides safety information from reputable sources, and describes the risk of the intervention(s), when applicable. RDNs must evaluate and understand the best available evidence to be able to converse with the interprofessional team and other decision makers/stakeholders authoritatively and with transparency and accuracy; and must involve the patient/client/population and caregivers in shared decision making.

LAWS AND REGULATIONS SHAPING RDN PRACTICE IN MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Laws and regulations specific to an RDN's area(s) of nutrition and dietetics practice may impact roles and/or responsibilities. RDNs are responsible for adhering to and implementing all applicable laws, regulations, and standards related to their specific practice area(s) and responsibilities, department, organization, and other programs within their area of responsibility. If a task is delegated, the RDN is responsible for ensuring the task is completed by a legally appropriate, trained, and competent individual. The laws, regulations, and accreditation standards applicable to mental health and/or SUDs include but are not limited to:

- Local, state, tribal, and federal laws (eg, state licensure*[47]), Organization accreditation standards[48] (eg, The Joint Commission [TJC] Behavioral Health Manual;[49] Accreditation Commission for Health Care [ACHC]; DNV GL Healthcare Accreditation and Certification; Public Health Accreditation Board [PHAB])
- Federal health care facility regulations (eg, Centers for Medicare and Medicaid Services State Operations Manuals[50] (eg, Appendix A-Hospitals, Appendix F-Community Mental Health Center, N-Psychiatric Residential Treatment Facilities, Appendix PP Long-Term Care Facilities). https://www.cms.gov/files/document/som-appendix.pdf
- Medicaid eligibility requirements and reimbursement for RDN services[51]
- Federal or state/territory, local, and/or tribal laws and regulations related to RDN order writing privileges/credentialing*
- Management-related regulations (eg, employee safety,[52] human resources regulations and laws, as applicable,[53,54] federal, state, city, county, and retail food codes and food safety regulations[55–57]

- Health Insurance Portability and Accountability Act (HIPAA)[38,58]
- US Department of Health and Human Services, Office of the National Coordinator of Health (ONC) 21st Century CURES Act that specifies 8 types of electronic clinical notes that must be made available to patients[59]
- Supplemental Nutrition Assistance Program and Food Assistance Programs[60]

Practice Tips and Case Studies are helpful resources that credentialed nutrition and dietetics practitioners can use to guide their professional practice. Topics covered in this document with corresponding Practice Tips or Case Study are marked with an asterisk (*).

These resources can be found at:
https://www.eatrightpro.org/practice/scope-and-standards-of-practice/practice-tools.

FRAMEWORK TO ADVANCE PRACTICE FROM COMPETENT TO EXPERT

The Dreyfus model[61] identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) during the acquisition and development of knowledge and skills (see Figure 3). In nutrition and dietetics, the first 2 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 their professional development to achieve individual professional goals. This model can be used by RDNs to better understand the levels of practice described in focus area standards (competent, proficient, and expert).

Figure 3: Using the Scope and Standards to Advance Practice in Mental Health and Substance Use Disorders

Competent practitioners critically evaluate their own practice; improve performance based on self-awareness, applied science, and feedback from others; and engage in continuing education to enhance skills, proficiency, and knowledge. Self-evaluation is particularly important when shifting roles throughout the practitioner's career. (Definition of Terms; see Competence Section for Levels of Practice)

When performing a self-evaluation, the RDN:

- uses the Scope and Standards in Mental Health and Substance Use Disorders (SUDs) and other applicable focus area standards (eg, Eating Disorders,[32] Intellectual and Developmental Disabilities,[33] Diabetes Care[62]) to self-evaluate level of practice and to determine areas to strengthen;
- applies evidence-based research and resources including nutrition-related guidelines from professional organizations (eg, Substance Abuse and Mental Health Services Administration [SAMHSA]), and Academy of Nutrition and Dietetics (Academy) Evidence Analysis Library (EAL) Projects for information and to implement appropriate interventions;
- updates their professional development plan to include applicable essential practice competencies for mental health and SUDs care and services.

Determine your actionable goals based on your self-assessment and career priorities.

Competent	Proficient	Expert
Description and Typical Experience		
The RDN consistently provides safe and reliable services by employing appropriate knowledge, skills, behaviors, and values in accordance with accepted standards for the profession.[2] Preferred mental health and SUD experience: entry-level RDN to one year of direct patient/client care.	The RDN has obtained operational job performance knowledge and skills and consistently provides safe and reliable services.[2] Preferred mental health and SUD experience: 1-3 years of experience with direct patient/client care.	The RDN is recognized within the profession as an expert and has mastered the highest degree of skill in and knowledge of nutrition and dietetics.[2] Preferred mental health and SUD practice experience: 3+ years of experience in direct patient/client care as well as leadership responsibilities; may possess advanced training in mental health and SUDs (eg, course on counseling); and lived experience is preferable.

Competent	Proficient	Expert
Level of Supervision Required		
• Supervised by a proficient or expert practitioner • Obtains mentoring from more experienced RDN • Reports to a manager or director	• Continues supervision from an expert practitioner • Obtains mentoring from more experienced RDN • Reports to a manager or director	• Requires little to no supervision and can practice autonomously; although many choose to continue supervision practices through the duration of their career
Responsibilities and Approaches		
• Implements MNT to groups or individuals, including evidence-based nutrition and mental health and SUD care plans considering: ✓ Impact of culture and psychosocial environment ✓ Pathophysiology of mental health and SUDs ✓ Shared decision making • Recognizes when to make a referral to other providers (eg, problem or activity exceeds individual scope of practice) or local resources (eg, food banks) • Obtains mental health and SUD-focused continuing education • Obtains supervision and mentorship in mental health and SUD focused care with a proficient- or expert-level RDN • Contributes to interprofessional team discussions as learning opportunities	In addition to competent-level approaches: • Provides person-centered MNT care and services considering complex mental health and SUD needs • Participates in national mental health and SUD-related organizations • Adapts or creates peer-reviewed educational materials • Manages other nutrition and dietetics team members, and collaborates with interprofessional team members	In addition to competent and proficient-level approaches: • Mentors and leads RDNs and other members of the mental health and SUD care team • Trains and teaches interprofessional team colleagues on mental health and SUD nutrition care and clinical practice guidelines • Supervises and guides the identification and/or creation of educational materials to meet the needs of the population served by setting • Translates emerging research findings and evidence-based guidelines into personal clinical practice • Develops or revises protocols, policies, clinical workflows and guidelines, including organization-approved protocols for mental health and SUDs

Competent	Proficient	Expert
		• Trains staff on the use of protocols; creates workflows that define roles and responsibilities • Leads organization in developing population management strategies • Obtains leadership role in national mental health and SUDs-related organizations
Examples of use of the Scope and Standards of Practice in Mental Health & Substance Use Disorders *(see introduction for foundational self-evaluation resources)*		
BK is a RDN new to working in a behavioral health community setting who occasionally provides MNT counseling and education for individuals with SUDs and co-occurring mental health disorders, alongside supervision from the larger behavioral health team. BK identifies a professional goal of routinely providing patient/client education in the inpatient setting. The RDN performs regular self-evaluation of current level of practice using the Scope and Standards in Mental Health and Substance Use Disorders and other related focus area standard(s) to determine areas to strengthen with the goal of achieving the proficient level of practice. BK seeks training and mentorship from a more experienced RDN in the field to review practice guidelines, patient/client	LL is a current SUD provider and wants to develop a private practice service specifically for patients/clients struggling with SUDs or other mental health disorders. LL refers to the Scope and Standards of Practice in Mental Health and SUDs as a tool for developing policies, best practices, and assessment tools; guiding self-evaluation and professional development activities such as supervision; and ensuring a quality practice that complies with accreditation program standards and insurance payor requirements. LL's professional goal is to reach expert-level. To achieve this, LL volunteers on local and national mental health- and SUDs-related organizations; creates a plan to expand scope of practice to advanced mental health and SUD activities; and begins developing guidelines for implementing expert-level care in the private practice setting.	PG is a mental health and SUD expert-level practitioner and mentors proficient- and competent-level mental health and SUD RDNs. PG recognizes the rapidly evolving trend in Artificial Intelligence (AI) and technology and how AI communicates mental health and SUDs-related clinical practice standards. PG decides to create a product to ensure evidence-based mental health and SUD nutrition is being incorporated into mental health and SUD guidelines and resources. Through quality assurance and performance improvement (QAPI) projects, PG identifies a need to separate the work of 1:1 psychotherapy support from use of AI techniques due to AI's lack of empathy and lack of person-centered care. PG spends years thereafter creating safe mental health

Competent	Proficient	Expert
education topics, and materials. The RDN also chooses to join a dietetic practice group (DPG), such as the Behavioral Health Nutrition DPG, to expand knowledge and obtain mentorship.		and SUD practice standards for practitioners choosing to integrate AI into their work. PG creates a new digital health solution for mental health and SUD RDNs to use with their patients/clients that includes aspects of AI for exploring topics like culturally relevant meal ideas, while allowing the RDN to guide the entire treatment plan.

Roles and responsibilities vary across mental health and SUD practice settings. Outcome indicators in the Scope and Standards in Mental Health and Substance Use Disorders may not apply at a point in time. Select approaches described in this Figure that would support current or desired role and responsibilities and enhance knowledge and skills with the goal of advancing practice and achieving career goals.

Competent-Level Practitioner

In nutrition and dietetics, a competent-level practitioner is an RDN who is either just starting practice in a professional setting or an experienced RDN recently transitioning their practice to a new focus area of nutrition and dietetics. A competent practitioner consistently provides safe and reliable services by employing appropriate knowledge, skills, behaviors, 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 judgement obtained in formal education.[2]

All RDNs, even those with significant experience in other practice areas, must begin at the competent level when transitioning to a new setting or new focus area of practice. At the competent level, an RDN in mental health and/or SUDs is learning the principles that underpin this focus area and is gaining experience and developing knowledge, skills, and judgement, in order to provide safe and reliable care in inpatient, outpatient, and community settings, while accomplishing intended objectives, ideally under the supervision or guidance of a proficient or expert RDN. Intended objectives of competent-level practitioners include completing the nutrition care process using evidence and practice guidelines when available; applying critical thinking; considering patient/client and family values and preferences; and consultation with the interprofessional health care team. This RDN, who may be new to the profession or 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 area of mental health and/or SUDs must critically evaluate their current level of knowledge, skills, and experience against those required to practice in this focus area, and when needed, seek assistance from more experienced practitioners and/or engage in professional development opportunities. Depending on the practitioner's competence in performing a given task within the realm of mental health and/or SUDs, the type of assistance or professional development may include activities such as mentorship, discussion, resource review, or hands on training. A competent-level RDN practitioner generally does not have special training, certificates, credentials, degrees, or substantial experience in mental health or SUDs. It is incumbent upon the practitioner to ensure competence for tasks performed. Useful resources for self-evaluation include position descriptions, the Scope and Standards in Mental Health and SUDs and related focus area scope and

standards, applicable practice guidelines, and other focus area resources. Emerging professional organizations are also a great place to start building a pathway for competent learning, such as the Center for Nutritional Psychology (https://www.nutritional-psychology.org/).

Proficient-Level Practitioner

A proficient-level practitioner is an RDN who has obtained operational job performance knowledge, skills, and practice experience in a focus area, and consistently provides safe and reliable services. This RDN is more skilled at adapting and applying evidence-based guidelines and best practices and can modify practice according to unique situations.[2] For example, adapting practice at the proficient level may include:

- creating custom menus for patients struggling with depression, anxiety, or hallucinations and delusions that impact food choices;
- addressing a patient's particular appetite struggles; or
- adapting or modifying practice with the same patient/client in different periods of their treatment.

A proficient-level practitioner may be working on advanced training specific to mental health and SUDs such as suicide prevention training, mental health first aid training, and additional courses or professional development opportunities in counseling and psychotherapy or addiction and substance use (eg, certified alcohol and drug counselor[63,64]). This practitioner may also pursue applicable course work, certificate of training, specialist credential or an advanced degree in public health, psychology, or counseling.

Expert-Level Practitioner

Expert-level achievement is acquired through critical evaluation of practice, and feedback from others with additional knowledge, experience, and training.[2] Expert-level RDNs in mental health and/or SUDs are recognized within the profession as they are able to combine dimensions of highly developed focus area knowledge and skills, critical thinking, performance, and professional values as an integrated whole to formulate effective and appropriate judgements that reflect their advanced practice.[65]

An expert can quickly identify "what" is happening and "how" to approach the situation, and easily uses practice skills to demonstrate quality practice and leadership.[2] They not only develop and implement mental health and SUD nutrition and dietetics services, they also lead, manage, drive, and direct clinical care; mentor colleagues and/or precept students/interns; engage in advocacy, conduct and collaborate in research and scholarly work; accept organization leadership roles; guide interprofessional teams; and lead the advancement of mental health and SUD nutrition and dietetics practice. An expert practitioner may have an expanded and/or specialist role and may possess an advanced credential(s), such as the CDR Advanced Practitioner Certification in Clinical Nutrition (RDN-AP), other focus area credential, or an advanced degree and training specific to mental health or SUDs. This advanced training could include counseling and psychotherapy, addiction and substance use (eg, certified alcohol and drug counselor), a Master of Public Health (MPH) or Master of Community Health (MCH), a Doctor of Clinical Nutrition (DCN), or a combination of the graduate training listed. RDNs practicing at the expert level may additionally be candidates for management and director roles.[66] They often identify and address gaps in care and/or service performance, drawing on valued, but not required, lived experiences. Generally, the practice is more complex and has a high degree of professional autonomy and responsibility.

HOW ARE THE STANDARDS STRUCTURED?

Each of the 7 standards is presented with a brief description of the competent level of practice[2] and a rationale statement explaining the intent, purpose, and importance of the standard. Indicators provide measurable action statements that illustrate applications of the standard. The standards are equal in relevance and importance and are not limited to the clinical setting (see Figure 1). 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.

HOW CAN I USE THE STANDARDS IN MENTAL HEALTH AND SUBSTANCE USE DISORDERS TO ELEVATE AND ADVANCE MY PRACTICE AND PERFORMANCE?

While the focus area standards in mental health and SUDs are based on and complement the standards in the 2024 Scope and Standards for RDNs, they provide additional guidance by providing focus area indicators for 3 levels of practice (competent, proficient, and expert) that are specific to RDNs practicing in mental health and/or SUDs. The 7 standards and subsection titles presented in

Figure 1 are from the 2024 Scope and Standards for the RDN, while the indicators for competent-, proficient-, and expert-levels are specific to practice in mental health and SUDs.

The indicators are measurable action statements that illustrate how each standard can be applied in practice. An "X" appears in the Level of Practice columns to indicate level of practice for each indicator. 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 Mental Health and SUDs Standards is warranted. It is the totality of individual practice that defines a practitioner's level of practice and not any one indicator or standard.

As practitioners progress through levels of competence from competent to proficient and proficient to expert, their ability to perform the activities described in the indicators becomes more nuanced. For example, an indicator marked "proficient" would be applicable to both proficient- and expert-level practitioners. The expert, because of more extensive knowledge and experience, is able to more readily adjust their approach based on the specific context of the situation, such as patient/client goals, previous experience with similar situation(s), and knowledge of available resources. This approach is a hallmark of true expertise, showcasing the adaptability and depth of understanding that experts possess (see Scope and Standards of Practice Learning Module for Case Study examples). The 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 performance of individual mental health and SUDs RDNs that enhance patient/client/population care and/or services can be used to illustrate practice models.

RDNs can use the Revised 2026 Scope and Standards in Mental Health and SUDs (see Figure 1) as a self-evaluation tool to support and demonstrate quality practice and competence.[37] More specifically, RDNs can use this document to:

- identify the competencies needed to provide safe, effective, equitable, and quality mental health and/or SUDs care and/or services;
- self-evaluate whether they have the appropriate knowledge, skills, and judgement to provide mental health and SUDs care and/or services for their current or desired level of practice;
- develop a continuing education plan where additional knowledge, skills, and experience are needed;

- demonstrate competence and document learning;
- apply applicable indicators and achieve the outcomes in line with work/volunteer roles, responsibilities, and desired outcomes;
- demonstrate value and competence by identifying additional indicators and examples of outcomes that reflect individual areas of practice/setting;
- enhance professional identity and provide a foundation for public and professional accountability as an RDN practicing in the mental health and SUDs focus area;
- support efforts for strategic planning and change management, performance improvement or quality improvement projects, outcomes reporting, and assist management in the planning and communicating the nature of mental health and SUDs nutrition and dietetics services and resources;
- guide the development of mental health and SUDs nutrition and dietetics-related education and continuing education programs, career ladders*, job descriptions, standards of care and services, best practices, protocols, clinical models, competency evaluation tools, career pathways; and advocacy; and
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in mental health and SUDs nutrition and dietetics, lead effectively in interprofessional teams/efforts, and grasp the full scope of this focus area of practice.

RDNs should review the Scope and Standards in Mental Health and SUDs at determined intervals, as regular self-evaluation is important for identifying opportunities to improve and enhance practice and professional performance. RDNs are expected to practice only at the level at which they have demonstrated and documented competence, which will vary depending on education, training, and experience.[37] RDNs are encouraged to pursue opportunities to collaborate and/or additional training and experience in order to maintain currency and expand individual scope of practice[2] within the limitations of the statutory scope of practice.[2] See Figure 3 for role examples of how RDNs in different roles and at different levels of practice may use the Scope and Standards in Mental Health and SUDs.

The Scope and Standards in Mental Health and SUDs can also be used as part of CDR's *Professional Development Portfolio* (PDP) recertification process*,[67,68] to develop goals and focus continuing education efforts. CDR's PDP encourages RDNs to use the essential practice competencies to determine professional development needs, develop a learning plan for their 5-year recertification cycle, report completed continuing education, and assess their learning.[69,70] For up-to-date information about the PDP recertification process, visit https://www.cdrnet.org/UniversalPDPGuide.

EMERGING ISSUES

The Scope and Standards in Mental Health and SUDs is an innovative and dynamic document. Each new iteration reflects changes and advances in practice, changes to dietetics education standards, regulatory changes, advances in technology, and outcomes of practice audits. Continued clarity and differentiation of the 3 practice levels support safe, effective, equitable, and quality practice in mental health and SUDs and remain an expectation of each revision to inform tomorrow's practitioners and those they serve.

Nutrition and health disparities exist based on gender, gender identity, gender preference, race, immigration status, body size, age, religion, disability, and other identities whether by preference, inclination, or assignment. Regular professional development in the areas of cultural sensitivity, cultural humility, empathy, and other areas that increase skill in serving potentially marginalized groups, is of increasing importance to RDNs practicing in mental health and SUDs. A continued focus on health equity, cultural humility, improving access to nutrition services and education for underrepresented groups, and addressing health disparities is critical to mental health and SUD practice.[39,40]

Compelling research shows that gender affirming care saves lives.[71] Therefore, all providers, RDNs included, must skillfully practice within legal parameters while providing lifesaving gender affirmation and an inclusive environment for their transgender patients/clients. More than 4 in 5 (82%) transgender individuals have considered, and 40% have attempted, suicide, with suicidality highest among transgender youth.[72] Transgender individuals experience a higher rate of mental health diagnoses, including mood and anxiety disorders, PTSD, schizophrenia, personality disorders, ADHD, autism, and SUDs which is attributed, in part, to the high rates of discrimination and violence transgender individuals experience.[73]

RDNs must keep up with changing regulations, policies, political support and funding (eg, SNAP and other federal food assistance programs[60] and Medicaid,[51] the primary program providing health care to U.S. citizens of lower income); and always seek to understand their current state, local, tribal, and federal legislation. Seeking mental health and SUD treatment has many barriers. Studies indicate that among the full population, 4.6% of adults sought treatment for SUDs and 22.3% of adults sought treatment for mental health disorders.[74] Lack of income, lack of health insurance, social stigma, insufficient local resources and behavioral health care capacity, contribute substantially to this low percentage seeking care.[75–77]

The topic of neurodivergence (ie, autism, ADHD) often elicits contrasting views on how to provide the most effective health care, including MNT.[78] RDNs providing person-centered care recognize the importance of treating patients/clients with neurodivergence as individuals and responding to differences and preferences by creating and testing strategies developed alongside the individual.

Lastly, the health care industry continues to learn about how glucagon-like peptide-1 (GLP-1) receptor agonists impact people experiencing mental health and SUDs, especially as it relates to the potential for muscle and bone loss and impacts on appetite. Evidence suggests GLP-1s may "turn off the food and alcohol noise" in the mind of the consumer, but more research is needed.[79] Growing evidence also indicates that GLP-1s are involved in the neurobiology of addictive behaviors, and GLP-1 analogues may be used for the treatment of SUDs.[80] Recent findings provide initial prospective evidence that low-dose semaglutide can reduce cravings and some alcohol consumption outcomes, justifying larger clinical trials to evaluate GLP-1s for alcohol use disorder.[81] Caution should always be used when patients/clients are prescribed pharmacotherapies, especially given the co-occurrence of SUDs and eating disorders.[82]

SUMMARY

RDNs face complex situations every day. Addressing the unique needs of each situation and applying scope and standards appropriately is essential to providing safe, timely, effective, efficient, equitable, person-/population-centered, quality care and service. All RDNs are advised to conduct their practice based on the most recent editions of the Code of Ethics for the Nutrition and Dietetics Profession, the 2024 Scope and Standards of Practice for RDNs, and applicable federal, tribal, state, and local regulations and facility accreditation standards. The Scope and Standards in Mental Health and SUDs

is a complementary document and a key resource for RDNs at all knowledge and performance levels. These standards can and should be used by RDNs who provide care and/or services to individuals with mental health and SUDs to consistently improve and appropriately demonstrate competence and value, and as a professional resource for self-evaluation and professional development. Just as a professional 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 SUDs care and services, will guide future updates by 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 scope and standards are intended to be used by individuals in self-evaluation, practice advancement, development of practice guidelines and specialist credentials, and as indicators of quality. These do not constitute medical or other professional advice and should not be taken as such. The information presented in the scope and standards is not a substitute for the exercise of professional judgment by the credentialed nutrition and dietetics practitioner. These scope and 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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Resource Panel:
Jennifer Hanes, MS, RDN, LD
Forrest Lovell, BSDN
Sydney Greene, MS, RDN, CEDS
Yuchen He, MS, RD, LDN
Julia Cassidy, MS, RD, CEDS-C, CIEC

Figure 1. Standards of Practice

The 2026 Scope and Standards of Practice in Mental Health and Substance Use Disorders (SUD) provides focus area-specific indicators intended to guide and expand practice for RDNs working in mental health and substance use disorders settings. However, because many standards are not unique to a particular setting or focus area, RDNs using this document are also expected to review the primary indicators in the 2024 Scope and Standards of Practice for RDNs.

Unlike the 2024 Scope and Standards of Practice, which includes only competent-level indicators, this document provides indicators for multiple levels of practice (competent, proficient, and expert) indicated by the columns titled C, P, and E. Consider role(s) and responsibilities in job or volunteer activities to identify applicable indicators. Refer to the information below when determining which indicators are relevant to your specific level of practice:

- X in the "C" column: applies to competent, proficient and expert levels
- X in the "P" column: applies to proficient and expert levels
- X in the "E" column: applies to the expert level

Note: Terms such as patient, client, individual, and population are interchangeable in this resource depending on the indicator wording. A term could also mean patient, client, individual, family, caregiver, participant, consumer, customer, or any individual, group, or organization to which an RDN provides care or service.

See end of Figure 1 for alphabetical acronym list.

STANDARD 1. DEMONSTRATING ETHICS AND COMPETENCE IN PRACTICE

Standard

The registered dietitian nutritionist (RDN) demonstrates competence, accountability, and responsibility for ensuring safe, ethical, and quality person-centered care and services through regular self-evaluation, and timely continuing professional education to maintain and enhance knowledge, skills, and experiences.

Standard Rationale

Professionalism in nutrition and dietetics practice is demonstrated through:

- evidence-based practice;
- continuous acquisition of knowledge, skills, experience, judgment, demonstrated competence; and
- adherence to established ethics and professional standards.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
1. Adheres to code of ethics				
1.1.1	Adheres to the code(s) of ethics (eg, Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration	X		

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
	(CDR) and/or employer code of ethics) by demonstrating ethical and responsible practices such as: • providing non-judgmental, person-centered care • working with interprofessional teams and providing referrals as appropriate • maintaining privacy, confidentiality, and safety			
1.1.2	Understands and adheres to practice boundaries between MNT and nutrition counseling vs services provided by a licensed mental health professional (ie, talk therapy, psychotherapy, CBT, DBT); seeks assistance as needed	X		
1.1.3	Integrates important information related to a patient's/client's capacity for decision making (ie, chart review to identify formal documentation regarding decision-making capacity) in collaboration with the psychiatric team, including identifying a surrogate decision maker if indicated		X	
1.1.4	Leads the publication of peer-reviewed articles, practice guidelines, and/or other products that illustrate how to apply code(s) of ethics in mental health and SUD settings			X
1.2 Ensures competence in practice				
1.2.1	Demonstrates and documents competence in practice and delivery of nutrition counseling and MNT in mental health and SUD settings	X		
1.2.2	Applies Scope and Standards of Practice for RDNs in Mental Health and SUDs to: • evaluate performance to determine level of competence • develop and implement a professional development plan to improve performance and quality of practice	X		
1.2.3	Applies practice guidelines and research evidence (eg, SAMHSA, NIMH, NIAAA, NIDA, Academy resources, Academy EAL, position papers) to deliver evidence-based care; seeks assistance as needed	X		
1.2.4	Integrates techniques, such as conflict resolution, trauma-informed care, crisis prevention and intervention, and mental health first aid when communicating with patients//clients/families and staff		X	
1.2.5	Develops, maintains, and/or evaluates organization policies, guidelines, and/or human resource materials such as job descriptions, career ladders, emerging technology use procedures (ie, artificial intelligence [AI]), care and service activities for each level of competence, using the Scope and Standards of Practice for RDNs in Mental Health and SUDs		X	

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
1.2.6	Provides staff orientation and training on organization's policies and procedures and expectations for quality services for patients, clients, and families related to nutrition services and health equity		X	
1.3 Adheres to laws and regulations				
1.3.1	Adheres to and performs within: • individual and statutory scope of practice • applicable federal or state/territory, local, and/or tribal laws and regulations (CMS, Americans with Disabilities Act, federal and state Food Code and food safety regulations, HIPAA), and accreditation standards (eg, The Joint Commission, CARF, NCQA, ACHC) • organization/program policies and procedures	X		
1.3.2	Complies with state licensure laws and regulations including telehealth and continuing education requirements	X		
1.3.3	Identifies and applies federal and state laws specific to mental health and SUD nutrition (eg, requirements related to nasogastric tube placement in wards of the state) and collaborates with other members of the treatment team such as case managers, social workers, and psychiatry; seeks assistance as needed		X	
1.3.4	Leads the interpretation and evaluation of laws and regulations (federal, state, tribal, and local) to identify necessary changes (eg, policies, procedures, standards of care) based on new or updated laws, policies, and/or processes			X
1.4 Completes self-evaluation to identify needs for continuing education				
1.4.1	Evaluates current level of practice to: • identify needs for professional development considering evidence-based guidelines, best practices, and current research in mental health and SUDs • assure quality of current practice and to advance level of practice to achieve career goals • identify gaps in Professional Development Plan (PDP) related to mental health and SUDs	X		
1.4.2	Evaluates current level of practice to identify professional development needed to advance roles and responsibilities for serving as subject matter expert and/or mentor in mental health and SUDs		X	
1.4.3	Identifies or develops relevant continuing education and professional development opportunities for RDNs at			X

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
	competent and proficient levels to assist with advancement to the next level of practice			
1.5 Pursues continuing education				
1.5.1	Pursues opportunities to advance mental health and SUD practice (eg, education, training, credentials, certifications) in accordance with laws, regulations, requirements; and the practice setting and personal interests	X		
1.5.2	Works toward obtaining specialty training such as in advanced counseling, trauma-informed care, motivational interviewing, mental health first aid, suicide prevention, mental health awareness training (eg, CPI, ASIST) to expand competencies to advance level of practice in mental health and SUDs		X	
1.5.3	Serves on committees with the Academy, dietetic practice groups, and other organizations (eg, SAMHSA, NIAAA, NIDA, NIMH, National Academies) to develop programs, tools, practice guidelines, and resources to support credentialed nutrition and dietetics practitioners in mental health and SUD settings		X	
1.5.4	Leads the creation of advanced education, training and professional development, and credentialing opportunities in mental health and SUD nutrition			X
1.5.5	Pursues and accepts opportunities to serve as a subject matter expert on mental health and SUD nutrition projects, initiatives, and publications at local, state, and national levels			X

STANDARD 2. STRIVING FOR HEALTH EQUITY

Standard

The registered dietitian nutritionist (RDN) approach to practice reflects the value the profession places on health equity in all forms of interaction when delivering care and/or services to colleagues, customers, students/interns, and when interacting with stakeholders.

Standard Rationale

Health equity is at the core of nutrition and dietetics practice where:

- all individuals have the same opportunity and access to healthy food and nutrition;
- RDNs advocate for a world where all people thrive through the transformative power of food and nutrition; and
- RDNs work to accelerate improvements in health and well-being through food and nutrition.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
2.1 Addresses social determinants of health (SODH), nutrition security, food insecurity, malnutrition				
2.1.1	Understands how drivers of inequity (eg, age, disability status, gender, sexual orientation, race, ethnicity, religion) and SDOH (health literacy, socioeconomic status, education level, insurance status) influence wellness and illness, including access (eg, financial, geographic, ability to store and prepare food) to nutritionally dense food, and utilization of health care and nutrition services	X		
2.1.2	Uses validated food and nutrition security and malnutrition screening tools to identify sociodemographic characteristics and SDOH that may affect patients'/clients' food and nutrient intake and risk for malnutrition; considers SDOH when developing and implementing the nutrition care process	X		
2.1.3	Identifies and connects patients/clients and caregivers to culturally appropriate services and resources such as recovery programs; counseling and other mental health services; translators, agencies and community-based organizations; food assistance and food as medicine programs; and stable housing to address food and nutrition insecurity and malnutrition	X		
2.1.4	Participates in interprofessional teams to modify and adopt practices, processes, and policies that consider SDOH when providing nutrition services in mental health and SUD settings		X	
2.1.5	Develops and tailors food and nutrition resources to provide patient-/client-/family-centered, culturally appropriate services in mental health and SUD settings		X	
2.1.6	Drives change initiatives at the organization, systems, community, and policy levels to promote nutrition services, health equity, and eliminate bias in mental health and SUD settings			X
2.2 Promotes sustainability practices (eg, food systems, food/ingredient/ supply choices)				
2.2.1	Collaborates on interprofessional teams with community partners to improve patients' access to healthy food through food banks and pantries, home-delivered meals, medically tailored meals, produce prescription programs, and other food assistance programs	X		

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
2.2.2	Incorporates food safety, nutrition label reading, waste reduction, and other sustainability practices as part of patient/client education at appropriate levels of care, in response to patient/client interest	X		
2.2.3	Evaluates sustainability practices related to food and nutrition at the organization level and makes recommendations for improvements		X	
2.2.4	Leads the development and implementation of sustainability initiatives related to food and nutrition at the organization, local, state, tribal, and federal levels			X
2.3 Maintains awareness of public health and community nutrition/population health				
2.3.1	Identifies and uses culturally appropriate education, programs, resources, and services for patients/clients with mental health and SUDs to improve health-related outcomes	X		
2.3.2	Practices cultural humility in all patient/client and caregiver interactions to build trust and gain the understanding needed to ultimately support strategies, processes, and programs that improve access to nutrient dense and culturally appropriate food and nutrition	X		
2.3.3	Understands and applies key public health nutrition concepts including nutritional epidemiology, health promotion and disease prevention, public health theory, program planning and evaluation, and food and nutrition policy and systems in mental health and SUD settings		X	
2.3.4	Conducts or participates in needs assessment in collaboration with people with lived mental health or SUD experience and community partners to identify nutrition service needs		X	
2.3.5	Designs and facilitates mental health and SUD training and education initiatives on nutrition for public health and community providers			X
2.3.6	Leads efforts to assess mental health and SUDs at the community and population levels and to design culturally responsive food and nutrition interventions that address SDOH across the individual, interpersonal, organization, community, societal, and policy levels			X
2.4 Recognizes the effects of global food and nutrition				
2.4.1	Collaborates with the health care team and community partners to identify and connect individuals from varied cultural backgrounds to culturally appropriate resources and services	X		
2.4.2	Describes global food and nutrition trends and evidence-based practices in mental health and SUDs with a culturally responsive	X		

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
	approach grounded in food sovereignty (ie, offering culinary instruction using recipes, culinary methods, and ingredients that are inclusive of diverse and traditional foodways)			
2.4.3	Incorporates global food and nutrition trends and evidence-based practices in mental health and SUDs in patient/client care and services		X	

STANDARD 3. ILLUSTRATING QUALITY IN PRACTICE

Standard

The registered dietitian nutritionist (RDN) provides quality services effectively and efficiently using systematic processes with identified ethics, leadership, accountability, and dedicated resources.

Standard Rationale

Delivery of quality nutrition and dietetics care and/or services reflects:

- application of knowledge, skills, experience, and judgement;
- demonstration of evidence-based practice, adherence to established professional standards, and competence in practice; and
- systematic measurement of outcomes, regular performance evaluations, and continuous improvement to illustrate quality practice.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
3.1 Incorporates quality assurance and performance improvement (QAPI) processes				
3.1.1	Participates in QAPI, including collecting and documenting relevant data for assessing resource use (eg, personnel, services, fiscal, materials, supplies)	X		
3.1.2	Uses national quality and safety data (eg, Joint Commission Behavioral Health Care and Human Services and CMS State Operations Manual Community Mental Health Centers) to evaluate quality of services provided and to maintain patient-/client-centered services	X		
3.1.3	Creates and uses a systematic performance improvement model that is based on clinical practice and experience, evidence, and the latest research for delivering the highest quality services		X	
3.1.4	Communicates findings clearly and facilitates recommendations for change based on the results		X	

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
3.1.5	Co-designs QAPI interventions by incorporating input and feedback from those being served, including individuals with lived experience		X	
3.1.6	Evaluates mental health and SUD nutrition care against established health and population-based indicators such as the Healthy People 2030 Leading Health Indicators			X
3.1.7	Leads interprofessional quality improvement initiatives across the organization or system by: • guiding the development, data collection, testing, and redesign of program evaluation systems • synthesizing and communicating results to stakeholders			X
3.2 Identifies and uses tools for determining/conducting quality improvement (QI)				
3.2.1	Identifies tools to collect patient/client outcomes, program resource use, participation, and expense data to evaluate and adjust services (eg, facility-specific performance improvement data collection)	X		
3.2.2	Measures and tracks trends and data related to both internal and external outcomes, often in collaboration with clinical outreach departments (ie, customer and employee satisfaction, key performance indicators, and characteristics of the population served, such as demographics, acuity levels, clinical risk factors, morbidity, and mortality)		X	
3.2.3	Compares the actual execution of programs and services to established performance goals using structured evaluation methods (ie, Gap Analysis; SWOT analysis [strengths, weaknesses, opportunities, and threats]; the PDSA cycle [plan, do, study, act]; and DMAIC framework [define, measure, analyze, improve, control])		X	
3.3 Identifies measures and outcomes				
3.3.1	Assesses program outcomes (ie, effective use of resources such as educational materials, training tools and standards, and staff in-services) to support the provision of nutrition services		X	
3.3.2	Develops long-range strategic plan based on a comparison of quality improvement project data to local/regional/national benchmarks (eg, national registries)			X
3.4 Monitors and addresses customer safety				
3.4.1	Stays current with emerging evidence and public health alerts related to disease incidence, dietary supplements, and food system disruptions; monitors updates from the FDA's MedWatch regarding the safety of medical foods and	X		

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
	supplements; and uses local, state, and federal resources to acquire information regarding food recalls and shortages			
3.4.2	Implements error prevention recommendations and provides education (eg, public health, food safety, medical foods and dietary supplement)		X	
3.4.3	Leads protocol development and reporting process for mental health and SUDs care and service safety concerns			X

STANDARD 4. DEMONSTRATING LEADERSHIP, INTERPROFESSIONAL COLLABORATION, AND MANAGEMENT OF PROGRAMS, SERVICES AND RESOURCES

Standard

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

Standard Rationale

Quality programs and services are designed, executed, and promoted reflecting:

- RDN's knowledge, skills, experience, and judgement;
- knowledge of organization/practice setting operations, culture, and the needs and wants of its customers; and
- competence in addressing the current and future needs and expectations of the organization/business and its customers.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
4.1 Engages in collaborative ready practice				
4.1.1	Communicates with the interprofessional team and referring party consistent with HIPAA and complies with the organization's policies and standards regarding sharing of protected health information and personally identifiable information	X		
4.1.2	Works within the interprofessional team for professional development as it pertains to mental health and SUDs (ie, 1:1 counseling or group settings)		X	
4.1.3	Incorporates the patient's/client's nutrition needs into discussions with the interprofessional team to support unified treatment planning; participates in joint sessions when appropriate to help bridge psychological and nutritional goals, such as exploring the connection between food and mood		X	

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
4.1.4	Leads interprofessional team collaboration at the organization or systems level to ensure adherence to HIPAA when using the electronic health record and/or technology			X
4.2 Facilitates referrals				
4.2.1	Utilizes organization protocol or screening tools to identify an individual's/population's need for referral for care or services (eg, behavioral health, SDOH, co-occurring conditions such as an eating disorder)	X		
4.2.2	Collaborates with the interprofessional team to facilitate referrals when an individual's needs fall outside the RDN's scope of practice such as in cases requiring home care, higher level of care for a possible eating disorder, or even adaptive equipment	X		
4.2.3	Reviews the services and treatment philosophies of potential referral providers to determine whether they are a good fit for the patient's/client's individual needs, preferences, and goals, while ensuring alignment with evidence-based practices and professional standards of care		X	
4.2.4	Leads processes to establish or maintain the organization's referral criteria utilizing the electronic health record and population health tools for auto referral		X	
4.2.5	Engages in and seeks opportunities to build relationships and networks that facilitate collaboration and promote referrals to: • credentialed nutrition and dietetics practitioners • other health-related services, such as therapists, psychiatrists, social workers, and primary care providers • social, community, and educational supports, as well as health-related services or resources such as housing, food assistance, and community action agencies		X	
4.2.6	Revises referral processes for addressing and removing gaps and barriers to timely culturally appropriate services			X
4.3 Manages programs and servicess				
4.3.1	Participates in developing and implementing policies and procedures that ensure staff accountability and responsibility in mental health and SUD settings	X		
4.3.2	Develops processes, procedures, and tools to monitor adherence to laws, regulations, and accreditation standards		X	
4.3.3	Determines a priority nutrition screening and/or level system that incorporates malnutrition criteria, abnormal eating behaviors, and dietary patterns during periods of substance use versus abstinence that can be assigned to each			X

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
	patient/client on the RDN's caseload to determine frequency of assessments			
4.3.4	Contributes to the development of clinical, operational, and financial databases that support the measurement, reporting, and improvement of nutrition care outcomes in mental health and SUD settings			X
4.4 Contributes to, manages, and/or designs food/nutrition delivery systems				
4.4.1	Participates in developing and implementing food/nutrition delivery systems in health care and community settings using evidence-based guidelines and regulations, including: • organization requirements, accreditation standards, and federal, tribal, and/or state regulations • food safety standards; federal, state, city, county, and/or retail food codes • emerging industry trends, including developments in survey processes and outcome measures	X		
4.4.2	Maintains managerial records using electronic or manual systems including documenting services provided per organization policies, procedures, and standards such as: • records related to emergency food supply and disaster planning in mental and SUDs treatment centers • dietary accommodations such as finger foods to support patient safety in inpatient psychiatric units	X		
4.4.3	Participates in the selection and evaluation of equipment, tools, and products such as medical foods/nutrition supplements, dietary supplements, prepared meals, web-based programs, nutrition analysis software, and monitoring systems to ensure safe, optimal, and cost-effective food/nutrition delivery services in mental health and SUD settings	X		
4.4.4	Identifies new menu, snack, and nutrition supplement options with modifications to address health and nutrition needs of patients/clients with mental health and SUDs, considering national standards, federal and state regulations, and cultural preferences	X		
4.4.5	Participates in or manages food/nutrition delivery systems in health care and community settings that provide mental health and SUD services, including: • budgeting, staffing, purchasing food and equipment, controlling inventory • recipe and menu development, nutritive value of menus, patient/client satisfaction with menu		X	

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
	• dining options and experiences, diet order tracking			
4.4.6	Evaluates the planning and implementation of food and nutrition delivery systems for patients/clients with mental health and SUDs to identify areas for improvement		X	
4.4.7	Develops or contributes to organization plans for emergency situations and/or disaster events, including access to emergency menus, nonperishable food supplies, and safe water supply		X	
4.4.8	Designs and leads the implementation of food and nutrition delivery systems in health care and community settings that provide mental health and SUD services			X
4.5 Precepts, supervises, and engages in career laddering				
4.5.1	Participates in precepting and supervising students, dietetic interns, newly credentialed RDNs, and nutrition and dietetics technicians, registered (NDTRs), under the leadership of proficient- and expert-level practitioners	X		
4.5.2	Conducts performance evaluations of nutrition and dietetics students/interns/practitioners, food/dining services staff, and other health care professionals and support staff, as appropriate; considers career advancement opportunities when developing and discussing IDPs		X	
4.5.3	Develops and facilitates mental health and SUD-focused rotations and orientation programs for dietetic students/interns and new staff			X
4.5.4	Mentors nutrition and dietetics practitioners, food/dining services staff, and other health care professionals and support staff in mental health and SUDs nutrition			X
4.5.5	Serves as advisor, preceptor, and/or committee member for graduate-level research			X
4.6 Contributes to a healthy work environment (eg, safety, incident reporting, anti-bullying, personal protective equipment)				
4.6.1	Promotes a supportive and inclusive work environment by identifying and addressing barriers to well-being and professional effectiveness in order to: • ensure patient/client and staff safety, privacy and confidentiality • participate in or provide education to reduce stigma and biases associated with living with a mental health or SUD	X		
4.6.2	Orients team members on the organization's/program's safety requirements for their role(s); and arranges for appropriate training and protective equipment to perform role and tasks		X	

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
4.6.3	Evaluates practice setting(s) and pursues efforts to support an environment of transparency and respect that encourages incident and close call reporting that leads to improved workplace and customer safety		X	

STANDARD 5. APPLYING RESEARCH AND GUIDELINES

Standard

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.

Standard Rationale

Application, participation, and generation of research promotes:

- maintenance and enhanced familiarity with the peer-reviewed literature applicable to nutrition and dietetics and for specific populations and area(s) of practice to support evidence-based practice; and
- improved safety and quality of nutrition and dietetics practice and services.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
5.1 Engages in scholarly inquiry (ie, identifies and uses evidence-based publications and practice guidelines applicable to practice area; and contributes to process of research)				
5.1.1	Understands the process of scholarly inquiry, including basic research design, methodology, and evidence generation in mental health and SUD nutrition	X		
5.1.2	Applies research, evidence-based publications, and practice guidelines to improve patient/client care related to mental health and SUDs	X		
5.1.3	Educates and mentors students/interns, NDTRs, other RDNs, and interprofessional team members to identify and apply best available nutrition and dietetics research and evidence to inform practice		X	
5.1.4	Participates in research activities and the publication of research results to advance evidence and best practices in mental health and SUD nutrition		X	

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
5.1.5	Participates in scientific conferences, meetings, and other professional development opportunities to stay current on mental health and SUD research and practice		X	
5.1.6	Contributes to professional associations and societies such as the Academy of Nutrition and Dietetics (Academy) by reviewing evidence-based resources in development (eg, Academy EAL guidelines, position papers)		X	
5.1.7	Collaborates with colleagues to engage in research and other scholarly activities related to nutrition in mental health and SUD care such as presenting at professional conferences, developing curriculum, and writing policy briefs and/or practice guidelines			X
5.1.8	Serves as a peer-reviewer, journal editor, or editorial board member for the publication of research and practice-related manuscripts and other scholarly works in mental health and SUD nutrition			X
5.1.9	Develops policies, procedures, and practice guidelines in mental health and SUD nutrition based on evidence-based guidelines and current research			X
5.2 Applies critical thinking and judgement for evidence-based practice				
5.2.1	Demonstrates use of key sources of evidence (eg, SAMHSA, NIMH/NIAAA/NIDA, Academy EAL, BHN DPG resources, National Quality Forum, the National Academies) to inform mental health and SUD nutrition care and services	X		
5.2.3	Identifies gaps in knowledge and evidence-based practices in mental health and SUD nutrition to identify future research needs		X	
5.2.4	Identifies, analyzes, and applies the available scientific literature in situations where evidence-based practice guidelines for mental health and SUD nutrition care are not established		X	
5.2.5	Synthesizes available research and evidence to develop or update resources, evidence-based guidelines, publications, and presentations and/or publishes findings that use a systematic approach to answer mental health and SUD-related questions to guide nutrition care and services			X
5.2.6	Integrates advanced training, practice experience, research, and emerging theories to manage complex cases in mental health and SUD nutrition care			X

STANDARD 6. PROVIDING EFFECTIVE COMMUNICATIONS AND ADVOCACY

Standard

The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications with customers and the public, and in public policy advocacy efforts.

Standard 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; and in contributing to public policy efforts by advocating for nutrition and dietetics programs and services. The RDN works with others to:

- achieve common goals by effectively sharing and applying knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and
- contribute to public policy efforts by advocating for nutrition and dietetics programs and services that benefit patients/clients and individuals, customers, and the public.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
6.1 Engages in information dissemination through conversations, presentations, publications, media, social media with various audiences				
6.1.1	Considers SDOH and cultural norms when communicating with patients and clients and families	X		
6.1.2	Uses cultural humility to adapt communications to audiences, considering health literacy, culture, preferred language, educational level, and hearing, vision, or other disabilities	X		
6.1.3	Describes nutrition science in an accurate way, acknowledging personal biases, through different social platforms to help raise awareness or gain feedback related to the public's experience with the information	X		
6.1.4	Evaluates and/or translates resources (eg, public health trends, epidemiological reports, regulations, accreditation standards, payment programs, and practice guidelines) and applies to practice when disseminating information professionally and publicly		X	
6.1.5	Develops and presents programs to other health care professionals, organizations, and community stakeholders on nutrition-related mental health and SUD topics			X

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
6.2 Participates in advocacy and public policy engagement and outreach				
6.2.1	Advocates with state and federal legislative representatives regarding benefit of MNT and prevention services on health care costs (eg, responds to Academy Action Alerts and other calls to action)	X		
6.2.2	Participates in accordance with organization policy on advocacy and/or public policy initiatives to further the awareness and support for patients/clients with a mental health or SUD	X		
6.2.3	Promotes awareness and value of proper nutrition for individuals with mental health and SUDs outside of formal responsibilities		X	
6.2.4	Coordinates advocacy activities/issues (eg, article development, letters, presentations, and networking events) transparently and in a nonpartisan manner when updating legislators and the community on recent CMS or state laws/regulation changes or other topics		X	
6.2.5	Provides feedback, commentary, or evidence-informed testimony during the legislative process as part of public policy engagement related to nutrition in mental health and SUD care and services			X
6.2.6	Leads, mentors, and pursues professional responsibilities such as serving on state and/or national advisory boards and committees to demonstrate importance of nutrition in mental health and SUDs			X

STANDARD 7. PROVIDING PERSON-/POPULATION-CENTERED NUTRITION CARE

Standard

The registered dietitian nutritionist (RDN) conducts nutrition care process and workflow elements to identify and address nutrition-related problems a RDN is responsible for treating, incorporating the following elements:

- Reviews or obtains nutrition screening data to identify malnutrition or risk of malnutrition
- Obtains and evaluates medical, nutrition, and food-related information for relevance and accuracy
- Identifies and labels nutrition problem(s)/diagnosis(es)
- Develops plan and implements culturally appropriate person-/population-centered nutrition interventions
- Monitors and evaluates person-/intervention-specific indicators and outcomes data to determine whether planned interventions should be continued or revised

- Documents and communicates results with interprofessional team and patients/clients/caregivers

Standards Rationale

Quality nutrition and dietetics patient/client/population care reflects the Nutrition Care Process and workflow elements:

- Nutrition screening -- the preliminary step to identifying individuals who require a nutrition assessment performed by an RDN
- Nutrition assessment -- 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 identifying a nutrition diagnosis; an ongoing, dynamic process that involves conferring with patient/client and others, initial data collection, and analysis of patient/client or population needs
- Nutrition diagnosis -- the basis for determining goals and interventions
- Nutrition intervention/plan of care -- consists of two interrelated components-planning with patient/client/caregivers, interprofessional team, and others; and implementation
- Nutrition monitoring and evaluation -- provides an outcomes management system to assure quality care and determining when reassessment and revision of interventions/plan of care is required
- Discharge planning and transitions of care – process with patient/client/caregiver and interprofessional team for facilitating transfer of nutrition care plan and nutrition-related data between care settings

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
7.1 Reviews or completes nutrition screening				
7.1.1	Ensures that screening for nutrition risks and concerns (eg, abnormal eating behaviors) is a component of any admission process or triage of patients	X		
7.1.2	Identifies population-specific nutrition screening tools (eg, malnutrition, food security, disordered eating)		X	
7.2 Conducts nutrition assessment				
7.2.1	Engages with individual/caregiver to identify personal preferences, current quality of life, and goals for nutrition interventions in support of person-centered care	X		
7.2.2	Documents and communicates assessment findings in accordance with organization policies, protocols, and applicable accreditation standards and regulations	X		
7.2.3	Collects and reviews data documented by behavioral health staff, other health care practitioner(s), patient/client/caregiver,	X		

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
	or other unit associates for factors that affect nutrition and health status			
7.2.4	Obtains and analyzes a wide range of assessment data against available reference standards; data may include, but not necessarily be limited to: • results from nutrition-focused physical exams (NFPEs) • anthropometric measurements • medical tests and procedures, and laboratory values • diet history • interviews regarding past treatment experiences • lists of both scheduled and as-needed medications	X		
7.2.5	Evaluates history of past and current impacts of trauma on dietary intake (eg, mental health, disordered eating, health anxiety)		X	
7.2.6	Integrates personalized questions into a standardized nutrition assessment informed by a thorough chart review, when possible, to capture the inherent uniqueness of each individual in mental health or substance use recovery		X	
7.2.7	Demonstrates experiential knowledge, clinical judgement, and application of research findings when assessing patients/clients presenting with complicated, unpredictable, and overlapping co-morbid conditions (eg, patient/client with malnutrition who has hypertension, type 2 diabetes and a non-healing pressure injury)			X
7.3 Identifies nutrition diagnosis				
7.3.1	Selects appropriate elements of the nutrition assessment to obtain a comprehensive view of the patient/client to use to identify potential problem areas for determining nutrition diagnoses; data from assessments could include both objective, numerical measures related to intake, and qualitative information, such as the patient's/client's cognitive and emotional relationships with food	X		
7.3.2	Documents nutrition diagnosis(es) incorporating the etiology, signs, and symptoms using standardized terminology (https://www.eatrightpro.org/practice/nutrition-care-process) and written statement(s) that are clear and concise; seeks assistance if needed	X		
7.3.3	Uses person-first language when communicating the nutrition diagnosis(es) to an individual and/or caregiver, and interprofessional team in all settings	X		

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
7.3.4	Uses a range of assessment data, including findings from an NFPE, dietary intake patterns, and other relevant measures, to identify secondary nutrition diagnoses beyond malnutrition.		X	
7.3.5	Confirms the nutrition diagnosis(es) using advanced clinical reasoning and judgement as part of an interprofessional team by: • integrating information from multiple sources (eg, food intake, biochemical data, therapies, and co-morbid conditions/complications) • considering complex nutrition-related management issues such as recovery from major surgery/trauma/injury/illness		X	
7.3.6	Prioritizes multiple nutrition diagnoses in collaboration with the interprofessional team by developing a long-term care plan that addresses the complexity of the patient's/client's nutritional needs, which includes determining how the nutrition care plan will be continued across transitions in treatment settings or levels of care			X
7.4 Develops nutrition intervention/plan of care				
7.4.1	Individualizes weight inclusive nutrition interventions to the behavioral health setting and patient/client requirements and preferences	X		
7.4.2	Integrates patient/client and caregiver values and preferences with evidence and best practices when developing nutrition care plans	X		
7.4.3	Utilizes appropriate behavior change theories (eg, motivational interviewing, behavior modification, and modeling) and shared decision making to facilitate individualized self-care strategies and nutrition prescription	X		
7.4.4	Develops appropriate interventions for nutrition diagnoses, as well as for nutrition-related comorbidities such as hypertension and diabetes, while maintaining malnutrition as the primary focus when clinically indicated	X		
7.4.5	Considers effects of psychotropic medications that may cause weight change and metabolic dysfunction and/or with other symptoms such as low energy and increased appetite	X		
7.4.6	Develops a nutrition prescription and establishes measurable, patient-/client-centered goals; defines the time and frequency of care; uses standardized terminology and only organization-approved acronyms when describing interventions; and collaborates with case managers and social workers to identify needed resources and referrals	X		

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
7.4.7	Maintains clear and concise documentation regarding the nutrition care plan that is useful to other providers, administrators, surveyors, and insurance payers	X		
7.4.8	Communicates, coordinates, and initiates the nutrition intervention and/or plan of care in collaboration with the patient/client, caregiver, support system, and interprofessional team, when applicable	X		
7.4.9	Allocates time during the nutrition assessment to educate the patient/ client on practical strategies for nutrition rehabilitation, that can include expectations for achieving a personally appropriate, sustainable weight and the importance of regular nourishment with foods that are both physically and psychologically satisfying		X	
7.4.10	Consults on and/or manages enteral/parenteral nutrition and specialized nutrition support therapy, including enteral formula selection and adjustment based on individual's laboratory results using approved protocols		X	
7.4.11	Tailors the nutrition care plan to align with evidence-based nutrition standards while honoring the preferences, cultural values, and needs of the patient/client and/or their caregiver or support system		X	
7.4.12	Produces a nutrition treatment plan that engages identified decision makers, if applicable, and adjusts nutrition counseling as needed		X	
7.4.13	Leads the nutrition rehabilitation process that ensures alignment with the broader care plan and reports nutrition interventions to the interprofessional team including the primary medical and psychiatric providers			X
7.5 Implements nutrition monitoring and evaluation				
7.5.1	Assesses the patient's/client's/caregiver's understanding of the nutrition care plan; determines whether the plan is being implemented as prescribed; and provides meaningful feedback to guide any needed modifications	X		
7.5.2	Selects standardized, measurable outcomes and indicators to monitor related to nutrition care, including those warranting reassessment	X		
7.5.3	Establishes clear, concise, and actionable nutrition goals to monitor at each visit, incorporating both qualitative and clearly defined objective measures of progress		X	
7.5.4	Demonstrates the ability to engage patient/client/caregiver in discussions about how success is measured, including		X	

Each RDN in Mental Health and Substance Use Disorders:		C	P	E
	outcomes such as perceived improvements in mood resulting from the adoption of more healthful eating patterns			
7.5.5	Guides interprofessional team discussions to address adjustments to goals and plans of care for patients/clients with multiple complex care and/or transition of care issues (eg, end-of-life care to facilitate integrated care interventions that maximize care outcomes and quality of life goals in support of client/resident autonomy)			X
7.6 Participates in coordination and transitions of care				
7.6.1	Ensures effective communication and transfer of the nutrition care plan and related data across care settings as needed; this may include coordination between treatment teams for patients/clients transitioning through various levels of care, such as inpatient, PHPs, IOPs, outpatient services, and community-based settings	X		
7.6.2	Develops nutrition-related discharge instructions to support the patient's/client's well-being after discharge, and provides counseling and education to facilitate a smooth transition of care	X		
7.6.3	Selects educational materials that promote continuity and serve as a reference for relapse prevention during and after care transitions	X		
7.6.4	Updates the patient's/client's primary referring provider regularly as needed and upon request; finalizes discharge plans in a timely, coordinated manner; and, when appropriate, facilitates joint sessions to ensure updated treatment plans incorporate patient's/client's current level of nutrition care	X		
7.6.5	Coordinates nutrition-related aspects of the discharge plan with the interprofessional team to ensure a smooth transition of care, such as arranging for oral nutrition supplements		X	
7.6.6	Coordinates communicating the discharge plan to patients, clients, families, and caregivers to ensure consistency in collaboration with the interprofessional team		X	
7.6.7	Contributes to or develops discharge planning templates that outline various treatment options along with facility/program's admission contact information to enhance accessibility; templates typically include details such as accepted insurance providers, age requirements, locations of gender inclusive facilities, and other relevant information to support patients/clients and families in making informed decisions about potential treatment pathways		X	

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 Terms and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation)

Interprofessional: The term interprofessional is used in this evaluation resource as a universal term. It includes a diverse group of team members that work collaboratively, depending on the setting and needs of the individual/patient/client (eg, psychiatrist, psychologist, licensed professional counselor, certified alcohol and drug counselor) and primary care physicians, physician assistants, and/or nurse practitioners).

List of Acronyms:

- ACHC: Accreditation Commission for Health Care (https://achc.org/)
- ADHD: Attention Deficit Hyperactivity Disorder
- ASIST: Applied Suicide Intervention Skills Training (https://efr.org/training-course/asist-applied-suicide-intervention-skills-training/)
- BHN DPG: Behavioral Health Nutrition Dietetic Practice Group (https://www.bhndpg.org/home)
- CARF: Commission on Accreditation of Rehabilitation Facilities (https://carf.org/)
- CBT: Cognitive Behavioral Therapy
- CMS: Centers for Medicare & Medicaid Services (https://www.cms.gov/)
- CoP: Conditions of Participation (https://www.cms.gov/medicare/health-safety-standards/conditions-coverage-participation)
- CPI: Crisis Prevention Institute (https://www.crisisprevention.com/)
- DBT: Dialectical Behavioral Therapy (https://dialecticalbehaviortherapy.com/)
- EAL: Evidence Analysis Library (https://www.andeal.org/)
- FDA: Food and Drug Administration (https://www.fda.gov/)
- HIPAA: Health Insurance Portability and Accountability Act (https://www.cdc.gov/phlp/php/resources/health-insurance-portability-and-accountability-act-of-1996-hipaa.html)
- IDP: Individual Development Plan
- IOP: Intensive Outpatient Program
- MNT: Medical nutrition therapy
- NCQA: National Committee for Quality Assurance (https://www.ncqa.org/)
- NFPE: Nutrition-focused physical exam
- NIAAA: National Institute on Alcohol Abuse and Alcoholism (https://www.niaaa.nih.gov/)
- NIDA: National Institute on Drug Abuse (https://nida.nih.gov/)

- NIMH: National Institute of Mental Health (https://www.nimh.nih.gov/)
- PHP: Partial Hospitalization Program
- SAMHSA: Substance Abuse and Mental Health Services Administration (https://www.samhsa.gov/)
- SDOH: Social determinants of health
- SUD: Substance use disorder

REFERENCES

1. Anderson Girard T, Russell K, Leyse-Wallace R. 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. *J Acad Nutr Diet*. 2018;118(10):1975-1986.e53. doi:10.1016/j.jand.2018.07.013
2. Definition of Terms List. Academy of Nutrition and Dietetics. Accessed May 21, 2026. https://www.eatrightpro.org/practice/scope-and-standards-of-practice/definition-of-terms
3. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics/Commission on Dietetic Registration. Accessed May 21, 2026. https://www.eatrightpro.org/practice/code-of-ethics
4. Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force. January 2024. Accessed May 21, 2026. www.eatrightpro.org/practice/scope-and-standards-of-practice
5. Crisis Prevention Institute (CPI) | CPI Training | United States. Accessed May 21, 2026. https://www.crisisprevention.com/
6. Mental Health First Aid. Substance Abuse and Mental Health Services Administration. Accessed May 21, 2026. https://www.samhsa.gov/resource/dbhis/mental-health-first-aid
7. Applied Suicide Intervention Skills Training (ASIST). Substance Abuse and Mental Health Services Administration. February 21, 2025. Accessed November 9, 2025. https://www.samhsa.gov/resource/dbhis/applied-suicide-intervention-skills-training-asist
8. NCC-National Certified Counselor. National Board for Certified Counselors. Accessed May 21, 2026. https://nbcc.org/certification/ncc#ncc
9. CCMHC - Certified Clinical Mental Health Counselor. National Board for Certified Counselors. Accessed May 21, 2026. https://nbcc.org/certification/ccmhc#ccmhc
10. MAC - Master Addiction Counselor|. National Board for Certified Counselors. Accessed May 21, 2026. https://nbcc.org/certification/mac#mac
11. What does a LMSW (Licensed Master Social Worker) do? Career Overview, Roles, Jobs. National Association of Social Workers. Accessed May 21, 2026. https://joblink.socialworkers.org/career/lmsw-licensed-master-social-worker
12. Trauma-Informed Approaches and Programs. Substance Abuse and Mental Health Services Administration. February 8, 2026. Accessed May 21, 2026. https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs

13. Grossman S, Cooper Z, Buxton H, et al. Trauma-Informed Care: Recognizing and Resisting Re-traumatization in Health Care. *Trauma Surg Acute Care Open*. 2021;6(1):e000815. doi:10.1136/tsaco-2021-000815

14. Scope of Practice Decision Algorithm. Academy of Nutrition and Dietetics. Accessed May 21, 2026. www.eatrightpro.org/practice/scope-and-standards-of-practice

15. Panchal N, Saunders H, Rudowitz R, Cox C. The Implications of COVID-19 for Mental Health and Substance Use. KFF. March 20, 2023. Accessed May 21, 2026. https://www.kff.org/mental-health/the-implications-of-covid-19-for-mental-health-and-substance-use/

16. National Institutes on Drug Abuse. Common Comorbidities with Substance Use Disorders Research Report. April 2020. National Institutes on Drug Abuse. National Institutes of Health. Accessed May 21, 2026. https://www.ncbi.nlm.nih.gov/books/NBK571451/pdf/Bookshelf_NBK571451.pdf

17. Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health. Accessed May 18, 2026. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024

18. First MB. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5-TR*. American Psychiatric Association Publishing; 2024.

19. Mental Health by the Numbers. National Alliance on Mental Illness. Accessed May 21, 2026. https://www.nami.org/mental-health-by-the-numbers/

20. Rohner H, Gaspar N, Philipsen A, Schulze M. Prevalence of Attention Deficit Hyperactivity Disorder (ADHD) among Substance Use Disorder (SUD) Populations: Meta-Analysis. *Int J Environ Res Public Health*. 2023;20(2):1275. doi:10.3390/ijerph20021275

21. Reisner SL, Katz-Wise SL, Gordon AR, Corliss HL, Austin SB. Social Epidemiology of Depression and Anxiety by Gender Identity. *Journal of Adolescent Health*. 2016;59(2):203-208. doi:10.1016/j.jadohealth.2016.04.006

22. Schilt-Solberg MA, Blair LM, Kurzer JAMJ. Intersectionality in substance use disorders: Examining gender, race/ethnicity, and sexual orientation in the 2021–2022 National Survey on Drug Use and Health. *Addictive Behaviors Reports*. 2025;21:100587. doi:10.1016/j.abrep.2025.100587

23. Words Matter - Terms to Use and Avoid When Talking About Addiction. National Institute on Drug Abuse. National Institutes of Health. November 29, 2021. Accessed May 21, 2026. https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

24. SMART Recovery USA - Addiction Recovery Support. Accessed May 21, 2026. https://smartrecovery.org/

25. Peregrin T. Telehealth Is Transforming Health Care: What You Need to Know to Practice Telenutrition. *J Acad Nutr Diet*. 2019;119(11):1916-1920. doi:10.1016/j.jand.2019.07.020

26. Evidence Analysis Library: Nutritional Genomics. Academy of Nutrition and Dietetics. Accessed May 21, 2026. https://www.andeal.org/topic.cfm?menu=5916

27. Dietitian Licensure Compact. Academy of Nutrition and Dietetics. Accessed May 21, 2026. https://www.eatrightpro.org/advocacy/licensure/dietitian-licensure-compact

28. National Recovery Month. Substance Abuse and Mental Health Services Administration. Accessed May 21, 2026. https://www.samhsa.gov/about/digital-toolkits/recovery-month

29. Out of the Darkness Walks. American Foundation for Suicide Prevention. Accessed May 21, 2026. https://afspwalks.donordrive.com/OOTDWalks

30. National Alliance on Mental Illness. NAMI. Accessed May 21, 2026. https://www.nami.org/

31. About Us - BHN. Behavioral Health Nutrition Dietetic Practice Group. Academy of Nutrition and Dietetics. Accessed May 21, 2026. https://community.eatrightpro.org/bhn/about

32. Hackert AN, Kniskern MA, Beasley TM. Academy of Nutrition and Dietetics: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Eating Disorders. *J Acad Nutr Diet*. 2020;120(11):1902-1919.e54. doi:10.1016/J.JAND.2020.07.014

33. Conway C, Lemons S, Terrazas L. Academy of Nutrition and Dietetics: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities. *J Acad Nutr Diet*. 2020;120(12):2061-2075.e57. doi:10.1016/j.jand.2020.08.094

34. Peregrin T. Revisions to the Code of Ethics for the Nutrition and Dietetics Profession. *J Acad Nutr Diet*. 2018;118(9):1764-1767. doi:10.1016/j.jand.2018.05.028

35. Peregrin T. Current Topics in Health Care Law. *J Acad Nutr Diet*. 2022;122(9):1764-1767. doi:10.1016/j.jand.2022.06.222

36. Peregrin T. Telehealth Is Transforming Health Care: What You Need to Know to Practice Telenutrition. *J Acad Nutr Diet*. 2019;119(11):1916-1920. doi:10.1016/j.jand.2019.07.020

37. Peregrin T. The Ethics of Competence, a Self-Assessment is Key. *J Acad Nutr Diet*. 2022;122(5):1049-1052. doi:10.1016/j.jand.2022.03.001

38. Peregrin T. Managing HIPAA Compliance Includes Legal and Ethical Considerations. *J Acad Nutr Diet*. 2021;121(2):327-329. doi:10.1016/j.jand.2020.11.012

39. Klemm S. Health Equity and Dietetics-Related Inequalities. *J Acad Nutr Diet*. 2022;122(8):1558-1562. doi:10.1016/j.jand.2022.05.015

40. Peregrin T. Social Determinants of Health: Enhancing Health Equity. *J Acad Nutr Diet*. 2021;121(6):1175-1178. doi:10.1016/j.jand.2021.02.030

41. Peregrin T. Identifying and Managing Conflicts of Interest. *J Acad Nutr Diet*. 2020;120(3):445-447. doi:10.1016/j.jand.2019.12.014

42. *Competencies. In: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*. 7th ed. Saunders; 2003.

43. Evidence Analysis Library. Academy of Nutrition and Dietetics. Academy of Nutrition and Dietetics. Accessed June 2, 2026. https://www.andeal.org/

44. Evidence-Based Practices Resource Center. Substance Abuse and Mental Health Services Administration. Accessed May 21, 2026. https://www.samhsa.gov/libraries/evidence-based-practices-resource-center

45. Cochrane Library. Cochrane Library. Accessed May 21, 2026. https://www.cochranelibrary.com/

46. Hand RK, Davis AM, Thompson KL, Knol LL, Thomas A, Proaño G V. Updates to the Definition of Evidence-Based (Dietetics) Practice: Providing Clarity for Practice. *J Acad Nutr Diet*. 2021;121(8):1565-1573.e4. doi:10.1016/j.jand.2020.05.014

47. State Licensure. Academy of Nutrition and Dietetics. Accessed May 21, 2026. https://www.eatrightpro.org/advocacy/licensure/licensure-map-and-statutes-by-state

48. Accreditation and Regulations. Academy of Nutrition and Dietetics. Accessed May 21, 2026. https://www.eatrightpro.org/practice/quality-care/accreditation-and-regulations

49. The Joint Commission. *2026 Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)*. Joint Commission Resources; 2025.

50. Medicare State Operations Manual Appendix. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed May 21, 2026. https://www.cms.gov/files/document/som-appendix.pdf

51. Medicaid. Academy of Nutrition and Dietetics. Accessed May 21, 2026. https://www.eatrightpro.org/career/payment/medicaid

52. Occupational Safety and Health Administration. US Department of Labor. Accessed May 21, 2026. https://www.osha.gov/

53. Legault M, Pasternak D, Lawless L, Clark L. Landmark U.S. Supreme Court Ruling Prohibits Sexual Orientation and Gender Identity-Based Discrimination in Employment (US). 2020. Accessed September 1, 2025. https://www.employmentlawworldview.com/landmark-u-s-supreme-court-ruling-prohibits-sexual-orientation-and-gender-identity-based-discrimination-in-employment-us/

54. U.S. Equal Employment Opportunity Commission. Sexual Orientation and Gender Identity (SOGI) Discrimination. https://www.eeoc.gov/sexual-orientation-and-gender-identity-sogi-discrimination.

55. Nutrition Standards for School Meals. Food and Nutrition Service. US Department of Agriculture. Accessed May 21, 2026. https://www.fns.usda.gov/schoolmeals/nutrition-standards

56. FoodSafety.gov. US Department of Health and Human Services. Accessed May 21, 2026. https://www.foodsafety.gov/about

57. Regulations by State. State Retail and Food Service Codes. | FDA. Accessed May 21, 2026. https://www.fda.gov/food/fda-food-code/state-retail-and-food-service-codes-and-regulations-state

58. HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules. Medical Learning Network (MLN) Fact Sheet. Centers for Medicare and Medicaid Services. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. May 2025. Accessed May 21, 2026. https://www.cms.gov/files/document/mln909001-hipaa-basics-providers-privacy-security-breach-notification-rules.pdf

59. The 21st Century Cures Act. US Food and Drug Administration. January 31, 2020. Accessed May 21, 2026. https://www.fda.gov/regulatory-information/selected-amendments-fdc-act/21st-century-cures-act

60. Supplemental Nutrition Assistance Program (SNAP). US Department of Agriculture. Accessed May 21, 2026. https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program

61. Dreyfus HL. *Mind over Machine: The Power of Human Intuitive Expertise in the Era of the Computer*. Free Press; 1986.

62. Davidson P, Macleod J, Hei K, Lau K. Revised 2025 Scope and Standards of Practice for Registered Dietitian Nutritionists in Diabetes Care. Academy of Nutrition and Dietetics. July 2025. Accessed May 21, 2026. www.eatrightpro.org/practice/scope-and-standards-of-practice/focus-area-scope-and-standards-for-rdns

63. CADC-I - Certified Alcohol & Drug Counselor-I. California Consortium of Addiction Programs and Professionals (CCAPP). Accessed May 21, 2026. https://ccappcredentialing.org/sud-career-ladder/cadc-i/

64. Substance Use Disorder (SUD) Career Ladder. CCAPP Credentialing. Accessed May 21, 2026. https://ccappcredentialing.org/sud-career-ladder/

65. Chambers DW, Gilmore CJ, Maillet JOS, Mitchell BE. Another Look at Competency-Based Education in Dietetics. *J Am Diet Assoc*. 1996;96(6):614-617. doi:10.1016/S0002-8223(96)00172-1

66. Doley J, Clark K, Roper S. Academy of Nutrition and Dietetics: Revised 2019 Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Clinical Nutrition Management. *J Acad Nutr Diet*. 2019;119(9):1545-1560.e32. doi:10.1016/j.jand.2019.05.013

67. Xie SF, Love S, Beard A. An Overview of Updates to the Commission on Dietetic Registration's Recertification Processes and Requirements, 2001–2025. *J Acad Nutr Diet*. 2025;125(9):1611-1616. doi:10.1016/J.JAND.2025.06.025

68. Universal Professional Development Portfolio Guide (PDP). Commission on Dietetic Registration. Accessed May 21, 2026. https://www.cdrnet.org/UniversalPDPGuide

69. Essential Practice Competencies Task Force. 2025-2030 Essential Practice Competencies. Commission on Dietetic Registration. Accessed November 2, 2025. https://www.cdrnet.org/vault/2459/web//CDR_EP%20Competencies_2025.2030_FINAL.pdf

70. Coufal A, Miles A, Paschke A, et al. Revised 2025-2030 Essential Practice Competencies for Commission on Dietetic Registration Credentialed Nutrition and Dietetics Practitioners: Supporting Professional Advancement and Competence. *J Acad Nutr Diet*. 2025;125(8):1188-1192. doi:10.1016/j.jand.2025.04.004

71. Bomberg EM, Miller BS, Addo OY, Rogol AD, Jaber MM, Sarafoglou K. Sex Non-Specific Growth Charts and Potential Clinical Implications in the Care of Transgender Youth. *Front Endocrinol (Lausanne)*. 2023;14:1227886. doi:10.3389/fendo.2023.1227886

72. Austin A, Craig SL, D'Souza S, McInroy LB. Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors. *J Interpers Violence*. 2022;37(5-6):NP2696-NP2718. doi:10.1177/0886260520915554

73. Wanta JW, Niforatos JD, Durbak E, Viguera A, Altinay M. Mental Health Diagnoses Among Transgender Patients in the Clinical Setting: An All-Payer Electronic Health Record Study. *Transgend Health*. 2019;4(1):313-315. doi:10.1089/trgh.2019.0029

74. Acuff SF, Ellis JD, Wolinsky D, Meisel SN, Strickland JC. Treatment Engagement for Substance Use Disorder and Mental Illness in the United States. *Psychiatry Res*. 2025;354:116806. doi:10.1016/j.psychres.2025.116806

75. Baptiste-Roberts K, Hossain M. Socioeconomic Disparities and Self-reported Substance Abuse-related Problems. *Addiction & Health*. 2018;10(2):112-122. doi:10.22122/ahj.v10i2.561

76. Naslund JA, Deng D. Addressing Mental Health Stigma in Low-Income and Middle-Income Countries: A New Frontier for Digital Mental Health. *Ethics Med Public Health*. 2021;19:100719. doi:10.1016/j.jemep.2021.100719

77. Pear VA, Ponicki WR, Gaidus A, et al. Urban-Rural Variation in the Socioeconomic Determinants of Opioid Overdose. *Drug Alcohol Depend*. 2019;195:66-73. doi:10.1016/j.drugalcdep.2018.11.024

78. Conway C, Lemons S, Terrazas L. Academy of Nutrition and Dietetics: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities. *J Acad Nutr Diet*. 2020;120(12):2061-2075.e57. doi:10.1016/j.jand.2020.08.094

79. Gigliotti L, Warshaw H, Evert A, et al. Incretin-Based Therapies and Lifestyle Interventions: The Evolving Role of Registered Dietitian Nutritionists in Obesity Care. *J Acad Nutr Diet*. 2025;125(3):408-421. doi:10.1016/j.jand.2024.10.023

80. Chuong V, Farokhnia M, Khom S, et al. The Glucagon-Like Peptide-1 (GLP-1) Analogue Semaglutide Reduces Alcohol Drinking and Modulates Central GABA Neurotransmission. *JCI Insight*. 2023;8(12):e170671. doi:10.1172/jci.insight.170671

81. Hendershot CS, Bremmer MP, Paladino MB, et al. Once-Weekly Semaglutide in Adults With Alcohol Use Disorder. *JAMA Psychiatry*. 2025;82(4):395. doi:10.1001/jamapsychiatry.2024.4789

82. Chapter 5—Strategies for Working With People Who Have Co-Occurring Disorders. In: Substance Use Disorder Treatment for People With Co-Occurring Disorders: Updated 2020 [Internet]. National Center for Biotechnical Information. National Library of Medicine. Accessed May 21, 2026. https://www.ncbi.nlm.nih.gov/books/NBK571013/

For questions, please email scope@eatright.org