

## Opportunities in Behavioral Health for DTR and DPD Graduates

Cynthia Johnson, Dietetic Intern

For many Didactic Program in Dietetics (DPD) graduates, the dietetic internship is started shortly after graduation, or in conjunction with a master's program. For others, due to a variety of reasons, the internship is either postponed or avoided altogether. Besides becoming an RD, other options in dietetics exist for a DPD graduate. These include finding work as a DPD graduate, earning a specialty certification prior to credential (or as stand-alone), or becoming a Dietetic Technician Registered (DTR). This article explores these options to see how they compare, and if they warrant pursuing.

Currently, the most popular option may be to obtain the Dietetic Technician, Registered (DTR) credential. With the Pathway III that became available in 2009, (allowing DPD graduates to sit for the DTR exam) DPD graduates are gravitating toward this option in increasing numbers. The Commission on Dietetic Registration (CDR) reports that as of November 1, 2013, the registry included 5,072 Dietetic Technicians, Registered. This is the first time since 2000 that the DTR registry has exceeded 5,000. That is due, in part, to the fact that since 2009 over 3,800 DPD graduates have become eligible to sit for the DTR exam, and of those, approximately 1,634, or 43% have taken the exam, with a 65% passing rate (1). Once registered, where are DTRs employed? Are they working in Behavioral Health? If so, in what capacity and at what compensation?

According to the Academy's *2013 Compensation & Benefits Survey of the Dietetics Profession* (2), the majority of DTRs (base: 866 practicing DTRs) are working in clinical, inpatient/acute care (33%); long-term, extended care, or assisted living facilities (27%). The primary positions held are in clinical nutrition – acute care/inpatient (44%) and food and nutrition management (19%). The positions with the most earning potential for DTRs are those in food and nutrition management, particularly if the DTR is in charge of a budget. Incidentally, food and nutrition management is the practice area that affords the DTR the most independence as well. The Academy's *Scope of Practice for the DTR* delineates the supportive and assistive role of the DTR to the RD when it comes to the Nutrition Care Process, and in all direct patient care clinical and specialty nutrition settings (3).

Regarding Behavioral Health Care, there are *Standards of Practice* and *Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced)* by the Academy, but these documents do not exist for the DTR. Generally speaking, when direct patient care is involved, the DTR is subordinate to, and in an assistive role to the RD, but in other settings such as food management and community, the DTR generally seems to have management potential and more autonomy.

There are 15 specialty certifications that the DTR (and in some cases, the DPD graduate) do qualify to take, which according to the survey increases earning power and responsibility. The two most popular DTR specialty certifications are the Certified Dietary Manager (CDM) and Certified Food Protection Professional (CFPP). Incidentally, the median wages between a DTR holding an associate's degree as highest degree, and the DTR who entered via Pathway III (DPD graduate with bachelor's degree) are equal at entry (2).

In perusing the *Compensation & Benefits Survey 2013*, it was noted that there were behavioral health categories for the following: 'Clinical Dietitian, Specialist – Psychiatric,' which had 37 dietitians answering for hourly wage compensation, but zero results for DTRs; 'Eating Disorders' had 1 DTR respondent compared to 34 RD respondents (for hourly wage). The last Behavioral Health Nutrition-related area in the survey was 'Other' which contained an aggregate of specialties including Cardiac, Developmental Disorders, HIV/AIDS, Substance Abuse, Surgery and Transplant. The number of

## Students Corner.....

DTRs responding that they spent more than 50% of their time in this area was 2 (for hourly wage), compared to 90 for RDs. Salary values were not shown for the DTR, as the number of respondent DTRs in each of the above-mentioned categories was less than 15 (2).

In February 2013, a Joint CDR/ACEND Task Force (in conjunction with the Academy) developed and sent out a survey which was part of a practice audit to define the practice role of the DPD Baccalaureate program graduate. The survey included both DPD graduates who held the DTR credential, and those graduates who did not. From CDR, "The Task Force determined the DPD...graduate practice was not differentiated from the practice of [DTRs]. The results did not differentiate the practice activities performed by the Baccalaureate graduate and the DTR (1)". In addition, the Academy announced at the Food & Nutrition Conference & Expo in Houston, TX, that a new Nutrition and Dietetics Associate (NDA) designation for DPD graduates is currently under development.

In conclusion, based on the survey and documents referenced in this article, it seems that for the DPD graduate or DTR specifically interested in working in Behavioral Health Nutrition, in direct patient care, the opportunities, responsibility and earning potential appear to be somewhat limited, specifically regarding direct patient care to special populations. However, many opportunities exist for the DPD graduate who may want to pursue the DTR credential, and that is interested in food service/dietary management. The populations served may well cross-over with clients of behavioral health. It appears the DTR credential and specialty certifications are certainly viable short-term or long-term career options, with most limitations specific to direct patient care and median salary.

**About the Author:** Cynthia Johnson is a dietetic intern in Sacramento, CA. She can be contacted at [sandycyn@yahoo.com](mailto:sandycyn@yahoo.com)

## References

1. Telephone and Email correspondence with Christine Reidy, Executive Director, Commission on Dietetic Registration, 11/6/13.
2. The Academy of Nutrition and Dietetics, *2013 Compensation & Benefits Survey of the Dietetics Profession*, Chapters 3, 4, 5 and Summary, Accessed 11/8/13.
3. The Academy of Nutrition and Dietetics: *Scope of Practice for the Dietetic Technician, Registered, 2012*, Accessed 11/9/13.

