How Do We Keep Them? Teaching, Mentoring, and Retaining the Addiction Workforce

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SUBMISSION DETAILS

Workshop Summary Addiction psychiatry has undergone meaningful change over the past decade. The subspecialty entered the NRMP Match in 2023, and despite the highest fill rate since joining, the 2025 cycle still left nearly a third of training positions unfilled. Clinical demand has risen sharply over the same period. Approximately 48 million Americans now meet criteria for a substance use disorder, roughly double the prevalence a decade ago.

Workforce shortfalls are usually framed as problems of training and recruitment. These framings are necessary but incomplete. They do not explain why clinicians who enter the field do not always stay, or what sustains those who do. Addiction work, at its best, asks clinicians to stay curious, creative, and relationally present, often when outcomes do not fit standard metrics. The clinicians who last have learned to protect these capacities. Across the field, these capacities are underused, undertaught, and unprotected. Building and protecting them is itself a workforce intervention. It can be practiced through mentorship, sponsorship, and program design. It applies across career stages and clinical settings, not only in academic training programs.

This workshop is organized around the three capacities: curiosity, creativity, and relational presence. The session devotes one section to each capacity. Each section pairs a short evidence-based presentation with structured audience engagement: live skits in two of the three sections, real-time polling and word clouds, and small-group discussion.

Recruitment alone will not sustain the addiction psychiatry workforce. Sustainability will depend on what the field chooses to teach, model, and protect in the clinicians it has already trained.

Workshop Interaction and Engagement Methods Skill-Building Exercises – incorporating tools such as hands-on training, quizzes, toolkits, worksheets, facilitated small group discussions or breakouts., Digital Interactivity and Audience Response Systems - We encourage engagement using polling and audience response systems. Please inform AAAP staff prior to your workshop if you

wish to use one of these methods for leaner engagement., Practical training and problem solving (Role play/Real play) - Presenters or prepared audience members take on various roles to practice techniques/skills., Case Discussion - Use of cases to engage the audience in brainstorming about diagnosis, treatment planning, clinical issues.

Interactive Plan Description The workshop runs 90 minutes. Roughly 30 minutes are didactic, distributed across three short presentations. The remaining 60 minutes are interactive. The four interactive methods are live skits, audience polling and word clouds, small-group discussion, and case discussion. Each capacity section uses several of these.

The Curiosity section opens with a short presentation. A skit follows, performed by the presenters with a prepared trainee participant, demonstrating curiosity-driven encounter-building with a patient. The audience debriefs the scene. The small-group discussion then asks participants to identify when curiosity has been visibly modeled or visibly absent in their own clinical settings.

The Creativity section uses a real-time word cloud on barriers to creative practice. The cloud surfaces shared concerns the presenters engage. A case discussion follows, focused on an early-career clinician without a clear advancement pathway. Participants discuss mentorship and sponsorship practices that build creative engagement.

The Relational Presence section opens with live polling on audience experience. A skit follows, performed by audience volunteers, depicting a colleague-to-colleague exchange about a difficult patient. The debrief connects the scene to the empirical literature on therapeutic alliance and burnout. Small-group prompts ask participants to identify structures at their own programs that support, or fail to support, the processing of difficult clinical feelings.

These methods support learning in three ways. Skits and cases give the audience concrete clinical material to react to. Polling and word clouds surface the room's lived experience in real time and let the content respond to who is present. Small-group discussion lets participants apply the material to their own clinical settings before sharing back with the full room.

Writing Educational Learning Objectives

Learning Objective 1 Define curiosity as a teachable clinical capacity that strengthens the therapeutic encounter, and identify specific practices that build and protect curiosity when caring for patients with substance use disorders.

Learning Objective 2 Define creativity as a teachable capacity that sustains addiction practice across the arc of a career, and identify multiple practices, including mentorship, sponsorship, and curated professional development, that build and protect creative engagement at any career stage.

Learning Objective 3 Identify evidence-based practices that protect relational presence and reduce burnout, including the bidirectional relationship between therapeutic alliance and burnout, and commit to one practice attendees will adopt in their own clinical setting.