



American Association of Directors of Psychiatric Residency Training

AAAP-AADPRT Visiting Scholar Award in Addiction Education

Co-chairs: Amber Frank, MD and Scott Oakman, MD, PhD

2026

Manassa Hany, MD, Zucker School of Medicine at Hofstra/Northwell

Goals

Goal 1: To develop and pilot-test a replicable curriculum package on communicating about structural factors in addiction care. Measurable Outcome: A complete, pilot-tested educational package that includes a curriculum toolkit, faculty training modules, and selected evaluation instruments. Goal 2: To generate data to support the expansion of community-based addiction training. Measurable Outcome: A formal report on the pilot's outcomes and presentation delivered to departmental leadership. Goal 3: To create a transferable model for community-academic partnerships in education. Measurable Outcome: A documented guide for academic programs outlining the steps for developing similar educational initiatives in partnership with community sites.



Practice Gap

A recognized training gap exists in medical education, where trainees lack a formal framework to discuss systemic issues impacting their patients (Metzl & Hansen, 2014). Nowhere is this challenge more pronounced than in addiction psychiatry. Patients with substance use disorders frequently exist at the intersection of multiple forms of structural marginalization, such as poverty, housing instability, and justice-system involvement. This makes it uniquely difficult for residents to address these complex realities, which can limit therapeutic effectiveness and hinder patient trust. To address this gap, our program has structured a new institutional educational framework supported by foundational commitments. These include endorsement from the Addiction Psychiatry Fellowship Director, a senior resident lead with dedicated protected administrative time, and the designation of our Far Rockaway clinic as the pilot site. While these commitments provide the necessary personnel and resources to launch the project, we require external methodological expertise to develop this initiative into a validated and replicable educational model.

2023

Tessa L. Manning, MD, University of Oklahoma School of Medicine

Dr. Tessa L. Manning, MD is an Assistant Professor at the University of Oklahoma School of Community Medicine where she serves as the Associate Program Director and the Medical Director of Consultation-Liaison Psychiatry in the Psychiatry Department. She currently serves as the President-Elect and DEI Task Force Chair for the Oklahoma Psychiatric Physicians Association. She received her medical degree and completed Psychiatry residency at the University of Texas Southwestern Medical School in Dallas. She is board certified in Psychiatry by the American Board of Psychiatry and Neurology and in Addiction Medicine by the American Board of Preventative Medicine. Her current clinical work involves the care of Adult Psychiatry and Addiction patients in both inpatient, general hospital, and outpatient settings. Her interests include improving medical student and resident education, psychiatric care of the medically ill, and reducing stigma and inequalities for patients with mental illness and addiction.



Practice Gap

Our program has had several challenges with improving the quality of our Addiction Psychiatry rotation. Currently our residents are providing consultation for patients at a general medical hospital with primary addiction concerns. However, this is not ideal as residents already have sufficient exposure to these issues on their consultation-liaison rotation. The residents also complete online self-directed learning modules including buprenorphine waiver training and attend a local CDIOP program during this rotation. Potential areas to enhance education include exposure to residential addiction treatment and methadone programs. We are currently pursuing an agreement with a local tribal health system to provide telemedicine consultation for patients admitted to their residential addiction treatment programs and citizens in drug court. This agreement would contribute to our goal of providing medical care to diverse and traditionally marginalized populations. We have also been actively talking with a methadone program about ways to include our residents in their clinic. Our program would also benefit from advice about how to get more patients needing buprenorphine treatment integrated into our current outpatient clinic. Although most of our faculty have waivers, we have struggled with the logistics of integrating this treatment with our staffing limitations.

Anne McBride, MD, University of California, Davis

Dr. Anne McBride is a child and adolescent and forensic psychiatrist at the University of California, Davis. She is the Division Chief of Child and Adolescent Psychiatry at UCD, Program Director of the Child and Adolescent Psychiatry Fellowship at UCD, and an Associate Professor of Clinical Psychiatry. Her primary clinical work is at the Sacramento County Mental Health Treatment Center where she evaluates minors in psychiatric crisis on the Children's Intake Stabilization Unit and at the Child Behavioral Health Center and MIND Institute. Her primary forensic work involves consultation and evaluation of juveniles involved in the juvenile justice system. She is the 2020-2021 McDermott Assistant Editor-In-Residence for JAACAP and the 2021-2022 Editor of JAACAP Connect.



Practice Gap

Most adults with substance use disorders (SUDs) begin using substances in adolescence. SUDs are associated with substantial harm including death in youth. Research indicates that adolescents who are already receiving services from a mental health provider are more likely to engage in substance use treatment than youth who are not receiving mental health services. The UC Davis Children's Behavioral Health Center (CBHC) serves children and families in our health system and community spanning a large urban and rural geographical area. While the CBHC is in the best position to (1) directly serve these high-risk children with co-occurring mental health and SUDs, (2) consult with our Primary Care Network, and (3) educate mental health providers in adequate screening and diagnosis, there exists a practice gap as we do not currently provide outpatient-level treatment for co-occurring mental health and SUDs in youth; we do not have a provider and educator who specializes in both child and adolescent psychiatry and addictions; and community resources are extremely limited and often transient. To date, we have successfully integrated child addictions didactics into the CAP fellowship, but have struggled to take our program to the next level of applying knowledge and expertise into clinical service.

Pamela McPherson, MD, LSU Health Sciences Center

Dr. McPherson is program director for Child and Adolescent Psychiatry and Vice-Chair of the Department at the Louisiana State University Health Sciences Center in Shreveport, Louisiana. She has an extensive background consulting with juvenile justice systems in multiple capacities including court-ordered evaluations, civil rights investigations, monitoring consent decrees, and assisting facilities in achieving compliance with standards of care in the United States and Canada. She is a mental health subject matter expert for the US Department of Homeland Security. She has been awarded the APA Assembly Profile of Courage Award, Ridenhour Prize for Truth-telling, Physicians for Human Rights, Human Rights Hero Award and the Ralph Waldo Emerson Award for her advocacy work for persons seeking asylum in the United States.



Practice Gap

The opportunity for a Visiting Scholar comes at the perfect time for our residents and community. Our residents have requested that we establish an Addiction Training Track to

supplement their one-month addiction rotation and to further their knowledge and skill base for serving patients with SUD. This was not simply an idle request, our residents have researched and developed a year-by-year outline for a curriculum. Faculty is committed to making this track a reality, but we are in need of guidance. We have recently established a relationship with our community mental health center and would like to expand the residents' role beyond observing the substance treatment in the intensive outpatient program. Our program has connections with local adult and juvenile drug courts and the Department of Children and Family Services. DCFS has requested that we provide training on the impact of substances on brain development and the resulting behavioral and mental health implications. CAP faculty are on board. Expert guidance could bring this project to the next level. This series of presentations would be available to DCFS staff, court staff, and others in our community through our Institute on Childhood Resilience.