As a medical student, do you ever wonder what it’s like to specialize in addiction psychiatry? Meet AMA member Alena A. Balasanova, MD, an addiction psychiatrist and a featured physician in the AMA’s “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in addiction psychiatry might be a good fit for you.

The AMA’s Specialty Guide simplifies medical students’ specialty selection process, highlights major specialties, details training information and provides access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialty of psychiatry. Addiction psychiatry is a major subspecialty concentration.

“Shadowing” Dr. Balasanova (@DrPsychMD)
**Specialty:** Addiction psychiatry.

**Practice setting:** Academic medical center.

**Employment type:** Employed by university/hospital.

**Years in practice:** 3.5.

**A typical day and week in my practice:** The best part of addiction psychiatry is that it’s multifaceted. Having a variety of clinical and academic responsibilities is what I find most stimulating and rewarding. I am fortunate to be involved in both inpatient and outpatient aspects of patient care as well as in the education of medical students, residents and fellows.

One half-day per week I have my own outpatient clinic in which I see dually diagnosed patients with co-occurring substance use disorders and mental illness. I use medication-assisted treatment for opioid and alcohol use disorders as well as individual psychotherapy to help meet a patient where they are in their recovery.

Another half-day per week I supervise trainees in LIMSOC (Longitudinal Integrated Mental Health/Substance use disorder Outpatient Clinic), a rotation I developed and now direct for third-year psychiatry residents and addiction medicine fellows. Two days per week I am the attending psychiatrist leading the inpatient addiction psychiatry consultation liaison service, which is a multidisciplinary team of medical students, psychiatry residents, addiction medicine and pain medicine fellows as well as a psychiatric social worker.

We are consulted about patients on the medical and surgical units who have co-occurring substance use and psychiatric concerns. We can initiate treatment right then and there and arrange for appropriate follow-up care. The rest of my time is spent on special academic and research projects such as educating health care professionals on the opioid crisis and safe prescribing, designing and developing curricula, teaching medical student and resident courses, and providing formal psychotherapy supervision to residents.

**The most challenging and rewarding aspects of addiction psychiatry:** Addressing patients’ psychosocioeconomic needs are such an integral part of promoting recovery. This can be very challenging given the complexity of patients’ needs and the constraints within our health care system. For example, long-term outpatient treatment is what’s been shown to be most effective for chronic illness such as addiction. Unfortunately, not all patients have access to such services, and having a systems level view of community resources is essential as an addiction psychiatrist.

Being able to contribute to a patient’s recovery is an immensely rewarding feeling. Working with a
patient to help them regain employment, repair relationships with their family, improve their health and maintain their recovery is an absolute privilege. Another aspect of my job I find rewarding is the ability to teach medical students, residents, fellows, faculty and staff.

The best way to reduce stigma is to engage with a patient with substance use disorder (SUD). Watching stigma being reduced right in front of my eyes when under my supervision a trainee works with a patient with SUD, forms a therapeutic alliance and helps them on their path to recovery is quite possibly the most gratifying aspect of addiction psychiatry.

**Three adjectives to describe the typical addiction psychiatrist:** Non-judgmental. Flexible. Advocate.

**Skills every physician in training should have for addiction psychiatry but won’t be tested for on the board exam:** Language matters—words have power. Using clinically accurate, non-judgmental and affirmative language when describing SUD and addiction is a small yet crucial thing that every future and current physician can do to reduce the deadly stigma surrounding these diseases.

I am passionate about reducing the stigma around SUDs through language and exposure to patients. An important component to addiction psychiatry is advocacy—advocating for our patients to receive the care they need and deserve. It is an honor to be able to use our voice to advocate for society’s most vulnerable.