[00:00:00] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm Stephen Calabria.

[00:00:10] On this episode, we welcome Leah Habersham, an assistant professor in the Department of Psychiatry, as well as the Department of Obstetrics, Gynecology and Reproductive Sciences at the Icahn School of Medicine in Mount Sinai.

[00:00:23] Dr. Habersham serves as the director of the BRIDGE program at Mount Sinai, which provides reproductive health care and addiction treatment to women living with addiction, including pregnant people.

[00:00:33] The program is one of the first of its kind in New York City, and comes amid a nationwide crisis in substance abuse. The physical and psychological challenges borne by both the patients and their caregivers are a model of true resilience, and of perseverance through hardship. We're honored to have Dr. Habersham on the show.

[00:00:49] Dr. Leah Habersham, welcome to Road to Resilience.

[00:00:54] **Leah Habersham:** Thank you.

[00:00:55] **Stephen Calabria:** So who is Dr. Leah Habersham?

[00:00:59] **Leah Habersham:** I am an OB GYN, and I'm also an addiction specialist, making me an OB addiction specialist. I care for women within the Mount Sinai Health System who are living with addiction, whether they're pregnant or not. They can be at any point in the lifespan. And so I just provide that segment of care.

[00:01:21] **Stephen Calabria:** And what inspired you to specialize in treating women with addiction?

[00:01:26] **Leah Habersham:** It's twofold. I am originally from the Bronx. My family, many of them live in the Bronx still. And, that's an area we know is riddled with addiction. I also am a daughter of addiction, and so I have multiple family members, including my father, who have struggled with addiction, and so I'd say that is the first aspect because it gives me, a different perspective of addiction and how long the road to recovery can be, but the fact that no one is too far removed from that.

[00:01:55] But then it's the other half of my drive to pursue this field is the fact that I have worked with patients with substance use disorders and I've found that being an OBGYN and seeing the lack of care available to them, and having that perspective, together, those things also make me want to do this work, because I realized that it's a field where you need people who want to be there and who can understand.

[00:02:25] **Stephen Calabria:** What are the values and principles, you would say, that guide your approach to providing care for this particular patient population?

[00:02:34] **Leah Habersham:** Because I've had family members who have dealt with addiction and having people so close to me, I would say that it makes me want to treat my patients the way that I would want my family members in this type of situation to be treated. That's one thing.

[00:02:50] I'd say the other thing is just being understanding and having compassion and empathy for people, because, people come from all walks life, and just being able to have that level of empathy and compassion I think is really important.

[00:03:05] **Stephen Calabria:** We've talked before about Even the word addict being kind of out of vogue now, it's not really used anymore. What was the reason for that change and what is the preferred word instead?

[00:03:21] **Leah Habersham:** The reason for the change, I think it's just a bit pejorative and so, referring to patients as addicts, I just wouldn't feel right doing it, and I know many other providers who do this work don't feel comfortable referring to patients as addicts.

[00:03:36] **Stephen Calabria:** Now you've spoken before about how there's such little support for pregnant people suffering from addiction. What specifically is missing for this population you'd say is normally there for other folks suffering from addiction and why it might be missing?

[00:03:53] **Leah Habersham:** Yeah, I think first of all, there's a lack of knowledge just about addiction in general, about treating it as a disease about how you treat it.

[00:04:02] Then in addition to that, there's a lack of understanding of how it impacts patients' lives and the choices that they make. And then beyond that, like, that's more on the social side, but then on the medical side, there's this lack

of knowledge and treatment, knowledge of the treatment available to pregnant people.

[00:04:23] So, providers who are OBGYNs may not know how to provide addiction treatment for pregnant people and addiction providers may not know how to provide addiction treatment for pregnant people because you can't always use, apply the same principles and use the same techniques.

[00:04:41] You have to adjust because you have to consider mom and baby when you're prescribing medication for this population.

[00:04:48] **Stephen Calabria:** That brings us to the BRIDGE program at Mount Sinai. Could you tell us a little bit about it?

[00:04:53] **Leah Habersham:** Sure. So, I lead the BRIDGE program. It's been around since September of 2022. After I finished my fellowship, I began this program where I provide reproductive health care for women who are either pregnant or not pregnant throughout the lifespan.

[00:05:09] And I also provide addiction treatment. So, anything that can be provided in the addiction outpatient setting, I'm able to provide that care and my real niche, a special specialty or specialization, is providing addiction care for pregnant people. But as I said, I provide that care throughout the lifespan. It's not just for pregnant people.

[00:05:34] **Stephen Calabria:** What are the characteristics of your typical patient? What demographics do they belong to, would you say? Income? Everything.

[00:05:42] **Leah Habersham:** I'd say the majority are of lower socioeconomic status, though not all, at least in this community. And then, they are very, my patients are very diverse. Black, Hispanic, White. Primarily White and Hispanic, in that order, though.

[00:05:59] And then, as far as the types of addiction that patients are dealing with, oftentimes it's opioid use disorder, but I also see a lot of alcohol use disorder, and then some benzodiazepine use disorder, lots of nicotine use disorder, cocaine use disorder.

[00:06:17] **Stephen Calabria:** Are there triggers for substance use that you've seen most often in your patients?

[00:06:22] **Leah Habersham:** I would say for the pregnant patients, a lot of it has to do with hormonal changes. So with pregnancy, we're metabolizing medications much more quickly. Substances, I should say, much more quickly, including substances of abuse.

[00:06:39] And so this leads to increased withdrawal, increased cravings, and kind of sets patients up for increased use in general. And so that's a trigger in and of itself. Also with pregnancy, you know, there's more pain, more stress because patients are dealing with so much changes in their body.

[00:06:58] The hormonal changes, like I said, and then also mentally. And so all of these things can be triggers.

[00:07:06] **Stephen Calabria:** A non-addict might look at this population and think they have every reason in the world not to use these substances. What are some of the most common reasons why folks avoid getting treatment?

[00:07:22] **Leah Habersham:** So, for patients with substance use disorder who are particularly pregnant or parenting, I would say that fear is one of the primary drivers of not getting treatment, because many patients are fearful of the involvement in New York City of ACS and the nation's CPS or Child Protective Services.

[00:07:44] And, in addition to that, there's also a lot of stigma and bias that patients have to deal with. And I just actually was with a patient recently who said to me, that one of the reasons that she didn't want to get pregnant again was simply because she didn't want to have to deal with how people treat her.

[00:08:05] Patients, when it's known that they have a substance use disorder, when it's something that's very obvious and apparent, and they're pregnant, it can be really daunting because you're going to come across stigma from every angle.

[00:08:17] I mean, even from others who have substance use disorders that, like, it's, it's shocking that even amongst that group, they're still stigmatized. And so there's fear in getting treatment, to admit that you have a problem or to have to deal with people that you think, or it may actually be looking down on you.

[00:08:38] It can make it, to something that's like a daunting task to have to seek out and to actually get and deal with on a day to day basis.

[00:08:47] One other reason is that some patients find themselves pregnant and didn't plan on it, and so they may not be ready for change, right? They may be at that point where they're possibly enjoying what they do, or just not ready for change.

[00:09:01] Like, they're not ready for that change, but they find themselves pregnant and then there's that like cognitive dissonance of like, I want to use but I don't want and they have to resolve that.

[00:09:13] **Stephen Calabria:** You talk about that stigma. What does it most often look like? What are the things that these sorts of patients are hearing from just regular people?

[00:09:22] **Leah Habersham:** You know, just Judgment of, why are you using, or automatically bringing up ACS and bringing up things like that, even if there's, even though the patient is there to try to get help, having people automatically, you know, treat them as though they're not trying to get help and they just want to continue using.

[00:09:43] Or not being empathetic or even trying to be understanding. And so maybe they're more dismissive. They don't treat them as kindly. Beyond that, I think that many of us, and you know, like the reason for this, I should say is, many of us have come in contact with people who have addiction.

[00:10:03] And usually those experiences are not positive ones. We have very negative thoughts and perceptions of what people with addiction, like who they are, what they do it's all negative. And I'm not saying it shouldn't be negative, but I'm also saying it's just all negative and there's nothing that really negates that.

[00:10:23] And so when you come across a patient who's pregnant, this often strikes a nerve when that person is using drugs. Think it's difficult for many to put themselves in that person's shoes to understand why they might be doing that.

[00:10:38] **Stephen Calabria:** There must be so many fears attached to coming to grips with oneself having addiction, facing the judgments that you will feel, facing the long road to recovery, because I imagine so many patients also avoid treatment because of the withdrawal issues. What does that first consultation look like when you sit with them?

[00:11:01] **Leah Habersham:** So, I always meet with my patients first, as you said, for a consultation. And many of them are fearful, just as you described, and they're fearful because they may think that even if they're in treatment, that the medication that they're using is harming their baby or they're worried about what they might hear when they sit down of, you know, like, Oh, you've been doing all these awful things.

[00:11:23] They don't know what to expect. And so, I will gather their history, but I always try to make sure that I educate them throughout the meeting, because that gives them a sense of empowerment and this ownership of their health care and their baby's health care.

[00:11:40] And I think they appreciate it that someone is not just talking to them, but trying to explain things and make sure that they understand. And it helps to make them feel comfortable that someone knows about their disease, in this case, which is a substance use disorder because most don't understand it.

[00:11:58] And most, even when they do understand substance use disorders, they don't understand or they don't have knowledge or very much knowledge of the treatment of the pregnant patient who has a substance use disorder. So, that's typically how those visits go.

[00:12:13] **Stephen Calabria:** It must also be common to view pregnant women as being especially vulnerable. Are there certain things happening both physiologically and socially that might make pregnant people more vulnerable when it comes to addiction?

[00:12:30] **Leah Habersham:** Yes. So, many times there is a level of intimate partner violence involved, which is one aspect, socially, that can impact their care.

[00:12:43] Like, for instance, quite often the relationship, the continuation of the relationship, the continuation of access to substances that they may not, before they may have been able to do whatever they needed to do to get substances, but now that becomes more

[00:13:01] difficult since they're pregnant and so they may be more dependent on the partner. And there's this level of real contingency that is based or rooted in this relationship and the substance use and it's just kind of cyclical.

[00:13:15] In addition to that, pregnant women, because of the changes, the physiological changes of pregnancy, the hormonal changes of pregnancy, the

psychological changes that happen, these women are often more likely to enter withdrawal, and to experience withdrawal, which leads to greater cravings, greater use, greater need for the substance of choice.

[00:13:38] And so, all of this collectively puts them in this vulnerable position.

[00:13:44] **Stephen Calabria:** From there, what does the treatment usually look like?

[00:13:47] **Leah Habersham:** So, treatment is typically two fold. There's an aspect of behavioral therapy that should occur, but then there's also the aspect, depending on the substance, of medical treatment.

[00:13:59] So that's the addiction, but then also getting them the health care that they need, in terms of having them assessed because they are pregnant, having the baby assessed, things like that.

[00:14:12] **Stephen Calabria:** Is there a change in strategy if there are multiple substances involved?

[00:14:16] **Leah Habersham:** I wouldn't say that the fact that there's poly substance use that that changes how I treat the patient. It is more dependent upon which substances are involved, because that can definitely change treatment.

[00:14:29] For instance, if someone has both an alcohol use disorder and opioid use disorder, it may change the treatment approach that I'm going to have for that patient, as opposed to if somebody had opioid use disorder and a cocaine use disorder.

[00:14:46] **Stephen Calabria:** From a resilience standpoint, it's also important to talk about finding meaning and purpose in life. The thing or things that make us get out of bed in the morning. What kinds of things might you say and do in treatment to instill or re instill a sense of meaning and purpose in a pregnant patient?

[00:15:04] **Leah Habersham:** For all of my patients, including pregnant patients, I try to use motivational interviewing, which is a technique where you help the patient come to terms with their level of ambivalence. So, you kind of put a mirror to them without being offensive. You're just helping them to realize that their goals may not align with their current actions.

[00:15:26] So that's one way of helping patients to realize that. Because I, I can't instill that in someone, right? They have to want to change and to enter recovery, but helping them to see it for themselves that that's something that they want, one of the tools that I use to do that is motivational interviewing, as well as some level of CBT or cognitive behavioral therapy.

[00:15:48] So, educating patients about why they may be making the choices that they're making, why they're dealing with this addiction, why different things are happening.

[00:15:57] That's also helpful. I think really a lot of it is just knowledge and education and helping patients to be more thoughtful and cognizant about the choices that they're making and why they're making.

[00:16:10] **Stephen Calabria:** Dealing with relapses or setbacks is probably common in addiction treatment. How do you maintain hope and positivity for both the patients and for your team during these kinds of challenging moments?

[00:16:26] **Leah Habersham:** So, it's definitely a part of what I do is having to identify and manage relapse. And I think preparing everyone for the fact and reminding everyone, educating everyone of the fact that relapse is a part of the cycle of recovery that, while there are those few very rare instances where patients don't relapse, most will relapse.

[00:16:53] And so you have to have that realistic view when you have conversations with patients because oftentimes when they're pregnant and they're motivated to change, they're like, you know, I'm never going to use again. Especially when it's their first baby. I'm never going to use again, you know, I'm done with that.

[00:17:09] And then if they find themselves relapsing, it's that much harder. And also there's also these aspects of having Child Protective Service involvement and they're fearful of telling you, even, that they've relapsed. So I think from the beginning, coming to the table, we have these things that we use, plan of safe care.

[00:17:30] This is a document that we fill out with the patient. And in that documentation, we discuss with them, what would you do in case you were to relapse? And I, that, that's something that we do before they've relapsed. It's when, when they're there for prenatal care.

[00:17:44] And I think that that's a great way to get them thinking about how they can help themselves even when they do drop to a low point and helping them to, you know, realize that this may happen and that we, not that we're expecting it, but that we understand and that this may happen.

[00:18:05] And also helping them to utilize whatever tool that they have at their disposal because all of these things, all their supports, go into that documentation so that we can refer to and say, well, you know, even though you relapsed, we had this plan in place from before this happened, and this is what we're going to do now.

[00:18:23] You have all these supports, we're going to move on to the next step. And you just keep pushing forward, and you just keep showing patience. I'm here, I'm not going anywhere, I'm not giving up on you just because you relapsed.

[00:18:36] **Stephen Calabria:** The use of support groups in many areas of addiction has been shown to be helpful. Is that something that you utilize in your treatment?

[00:18:47] **Leah Habersham:** So, unfortunately, I have not been able to put in place a support group specifically for pregnant and parenting people, but that is something that I think is integral because, patients, of course, they get support from their therapists, from their addiction specialists, and in my case, from their OB addiction specialists, but having the support of your peers who have been through it is so important.

[00:19:11] And then also, like I said before, that this group is so stigmatized, even amongst other people who are living with an addiction, which is really sad, and so, having the support of people, pregnant or parenting people who have been there, this group in particular, because they're so stigmatized and so vulnerable, I think it's most important to have a group that they can all be a part of and get that kind of, support.

[00:19:40] **Stephen Calabria:** Now the reason it's missing at present is because yours is still a pretty new program, still getting funding off the ground.

[00:19:48] **Leah Habersham:** Right.

[00:19:49] **Stephen Calabria:** Let's say that someone makes it through treatment and they are on the path to recovery. Are there partnerships or referral systems in place to support patients after they leave your immediate care?

[00:20:01] **Leah Habersham:** Yes. So, I continue to provide care because I do outpatient addiction treatment. So, if the patient needs that level of care, I can provide that. Or, for instance, if a patient is choosing methadone, I can refer them to outpatient treatment programs, which I do. I also work in an outpatient treatment program, in addition to my work with the BRIDGE program.

[00:20:24] So, I'm able to, if they want to stick with me, they can do that. And that's something I really do with pregnant people. I can work with anyone. And then, in addition to that, when I've had patients who, in late stages of pregnancy, have begun the entry into recovery and need greater support, I will refer patients to mommy and baby residential treatment programs to intensive outpatient programs.

[00:20:51] These are all referrals that I utilize as well as even within our system, we're only one of two hospitals in the city that accept pregnant people into our detox rehab. So I refer patients to our Mount Sinai West Detox Rehab when they need that as well.

[00:21:09] **Stephen Calabria:** Can you describe a particularly challenging case involving a pregnant patient who was struggling with addiction?

[00:21:16] **Leah Habersham:** Yes, so, I'd say one of the most challenging medications are benzodiazepines and GHB, just because it's difficult to get patients to stop using those substances and we don't really have a replacement for them.

[00:21:33] We have to just use something that's longer-acting and they're just so highly addictive. So I have had patients who are pregnant with benzodiazepine use disorder. And one in particular, she wanted to enter a rehab just to get away from everything and to stop using. And she was unable to because she had older children.

[00:21:57] So it wasn't so much the substance, though, like I said, those are more challenging substances, but the fact that she had older children and was pregnant, I could not find a rehab or even a residential facility that would accept her.

[00:22:12] Because, unfortunately, not just in New York City but in the U.S., there are hardly any programs-- there are none in New York City that will accept children that are 10 and above.

[00:22:23] So if a mom has older children, that really makes it challenging to get treatment. And this is actually one of the difficulties of having an addiction and being a parenting person.

[00:22:34] Whether you're, you know, a single mom or a single dad or a couple who has children, it makes it really difficult to enter recovery.

[00:22:43] **Stephen Calabria:** From a healthcare worker standpoint, how do you navigate the ethical questions surrounding confidentiality and reporting requirements when it comes to your patients, especially when there is a child involved?

[00:22:58] **Leah Habersham:** So, I make sure that I am knowledgeable and I'm abreast of the most updated requirements for reporting.

[00:23:07] I'm a mandated reporter, so, if I am concerned that a child is being abused or harmed in any way, of course, I would report that. But using a substance or having a substance use disorder by itself does not make one an unfit parent. And so, for that reason, I'm able to provide care and treatment without necessarily having to refer some.

[00:23:33] However, if there was any concern that, because I have had patients who are just newly in recovery, they may be undomiciled, and so I wouldn't feel comfortable sending that patient home with a brand new baby in that situation.

[00:23:50] And when I say undomiciled, I mean even street homeless, not just living in a shelter or something. And so I wouldn't feel comfortable sending that patient home with a baby, right?

[00:23:59] So I inform patients of what my requirements are as a mandated reporter, and I try to work with them to see what can we do that could make your situation safe, so that we can try and keep the family unit together as long as it's safe and healthy.

[00:24:18] I also, having the knowledge that I have, I try to ensure that I'm educating my colleagues, and make sure that they're aware of what is required and what's not necessarily required, so that we don't stumble someone from entering in recovery out of fear that they're just going to be penalized for no reason or for a reason that wasn't really a reason.

[00:24:43] **Stephen Calabria:** So we've talked about the patients now. Let's talk about the provider. What strategies do you personally employ to maintain

your own well-being and resilience while dealing with what I imagine to be the most intense emotional and professional demands that a given doctor could have?

[00:25:02] **Leah Habersham:** Yeah, so, this is very difficult work, for sure, and sometimes you see some really sad stories, some really sad events, and frustrating quite often, having to constantly be like an intermediary between patients who are active in their substance use disorders and other providers trying to link patients with care.

[00:25:25] And that makes it difficult because I'm constantly finding myself as not just the provider, but the advocate, the educator. And, it is daunting. So what I try to do is be balanced, but that's something that, it's difficult, I think, for many physicians, is finding that balance.

[00:25:41] But it's something I work on daily. In addition to that, my work is also kind of broken up by research, which is something that I enjoy doing. And it gives me an outlet.

[00:25:52] When I'm frustrated by things that I'm seeing in clinical practice, I'm able to delve into that with my research and try to find solutions, interventions that work, and so I'd say that's one of the ways that I try to strike a balance, because I'm not only doing the clinical work, I'm also doing the research and then I just try to be balance to life in general.

[00:26:16] **Stephen Calabria:** Right. And so because you're tackling both the clinical aspect and the research aspect, have there been any situations you encountered where your initial approach to treating pregnant people with addiction needed some adaptation or needed some alteration because of the circumstances?

[00:26:36] **Leah Habersham:** For sure, because no case is exactly the same and I'd say the most challenging are the patients who don't want treatment for their substance use disorder and so you have to use different approaches when patients are not just actively using substances, but also have, um, an untreated mental illness.

[00:26:59] Take both of those. That's very difficult because it's difficult to reason sometimes and it just makes things very difficult.

[00:27:06] And so I have to, in those cases, especially, I have to modify my approach and be flexible.

[00:27:14] **Stephen Calabria:** This area of work, I imagine, can be especially both emotionally taxing, but also purposeful and rewarding. Would you say that it's enhanced your personal and professional life?

[00:27:28] **Leah Habersham:** For sure. I would have to say that while I loved being an OBGYN, when I entered this field, adding the addiction aspect and dealing with this population, I really enjoyed the patients that I worked with.

[00:27:43] Not that I didn't enjoy the patients before, but I really felt like I was filling a void in healthcare. I feel like I'm filling a void in healthcare that, is there and that needs to be filled. And I see in my patients' eyes, I see from their comments, I see from my colleagues that this is something that's needed and that really is fulfilling.

[00:28:04] **Stephen Calabria:** What is it that most people don't understand or grasp about addiction, particularly as it pertains to pregnant patients?

[00:28:13] **Leah Habersham:** I don't think a lot of people just understand the disease of addiction and how many of these patients do not want to...

[00:28:21] Like, when I meet, I'd say, almost all of my patients, I can't think of one that I haven't met who was enjoying, at that point of their addiction, they're no longer even enjoying using substances.

[00:28:34] At that point, it's usually that that's what they have to do just to feel normal because their body is quite often, depending on the substance, dependent on the substance.

[00:28:43] And so, having that understanding, that someone's not just waking up every morning saying, I don't care. I want to use drugs. I don't care that I'm pregnant. I don't care what happens to my baby.

[00:28:52] So many of these patients, when I talk to them, they love their babies and they want to change. They want to do better. It's just an internal struggle every single day, every single hour, sometimes every single minute, to get on the other side of all of that.

[00:29:10] **Stephen Calabria:** Why do you think this is such an underdeveloped area of medicine and treatment? Why don't so many other facilities have this kind of program?

[00:29:19] **Leah Habersham:** I feel like I'm saying the same words over and over again, but this is a really stigmatized population. Even as providers who provide treatment for this population, there's some stigma associated with it.

[00:29:31] I remember when I, you know, made the decision to do addiction. My family members were like, what is wrong with you? Why are you going into that? Why would you want to deal with those people? People a lot of times don't see the value in this work. And so, I think that that's one of the primary reasons that this is--

[00:29:50] And, and then also, it's not as lucrative as many of the other fields of medicine. I don't know if this is appropriate, but I definitely took a pay cut to do the work that I do. So, it's a labor of love, not of finance.

[00:30:05] And it's a difficult population to deal with, too, you know? Aside from all those things I just said , when they're actively using and when they're relapsing, it's difficult.

[00:30:14] It's taxing on you emotionally, you know, you get so invested in a patient and then, you know, something awful happens and it's difficult. So, it takes, I think, a special type of person to make the decision to pursue this work.

[00:30:28] **Stephen Calabria:** You're in the earliest throes of establishing this program. What are the next steps?

[00:30:34] **Leah Habersham:** So, as I was discussing before, beginning group therapy for pregnant and parenting people is one thing that I definitely want to do. We are within the Department of OB GYN, moving towards beginning an SBIRT service line, which is where we will provide screening, brief intervention, referral to treatment within the department, with the help of my services.

[00:30:57] And so that's a way of making this work sustainable. So that's a huge thing. I would also like for, within the system, when patients go into our detox rehab, many of them, you know, they're there for three weeks to a month.

[00:31:12] And if they're pregnant, a lot of them have not had any, or very little, prenatal care. Having a prenatal inpatient program for the addiction services would be wonderful, where we're providing prenatal care to those patients who are there for like a month in rehab.

[00:31:29] Bringing our services to Mount Sinai West would be great. Those are some starts.

[00:31:34] **Stephen Calabria:** So you just gave us your next steps, but we've talked about how there is a limited amount of funding for certain aspects of the program. Could you talk a little bit about that?

[00:31:45] **Leah Habersham:** Yeah. So, as I mentioned, getting funding, it's difficult trying to make everyone realize the importance of this work.

[00:31:52] So, being able to have funding to support a social worker who has addiction training is costly and that would be necessary to run. One of the first things that I would like to get off the ground, beyond my program, would be the group therapy sessions for parenting and birthing people and pregnant people.

[00:32:16] So, my hope is that we will, at some point, be able to get that source of funding to offer that, you know, on a weekly basis or at least every other week.

[00:32:27] **Stephen Calabria:** If someone is struggling with addiction, what should they do?

[00:32:31] **Leah Habersham:** So they can reach out to 1 800 662 HELP. That is the SAMHSA hotline to connect patients with providers. There's also findtreatment. gov. And I'm searchable on that site. But you can be linked with a provider who understands addiction and who can provide care in your local area.

[00:32:54] **Stephen Calabria:** Well, that was it for my questions. Was there anything else you wanted to say?

[00:32:57] **Leah Habersham:** No, that was it.

[00:32:59] **Stephen Calabria:** Dr. Leah Habersham of The Bridge Program at Mount Sinai, thank you so much for your time.

[00:33:03] **Leah Habersham:** Thank you.

[00:33:05] **Stephen Calabria:** Dr. Leah Habersham is an Assistant Professor in the Department of Psychiatry, as well as the Department of Obstetrics, Gynecology and Reproductive Sciences at the Icahn School of Medicine at Mount Sinai, and serves as the director of Mount Sinai's Bridge program.

[00:33:19] That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

[00:33:27] Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee. From all of us here at Mount Sinai, thanks for listening. We'll catch you next time.