

Windshield Therapy by Marcy

I have had many roles in my life, daughter, sister, wife, mom, widow, and grandmother.

Professionally, I was a preschool teacher, substitute teacher, Head Start home visitor, and co-director of a therapeutic childcare. I went back for my BA in social work 30 years after graduating from high school.

I had remarried and had a husband that stated, "GO GET IT DONE". So, with his support, I did!

I had my associates for Early Childhood Education. I was hiring staff with higher degrees and felt it was time to finish what I had started many times during that 30-year period. I was co-director of a therapeutic childcare and getting close to the age of 50. I wanted to leave that position with grace, as it was getting a little more difficult to get off the floor and on my knees with the toddlers.

My supervisor asked if I would attend a meeting at our local hospital. She stated, it was called the Central Vermont Community Response Team (CVCRT) and worked with women in substance use recovery. I agreed to attend as we had had a few children in our childcare center whose families had been affected by substance use disorder. I heard their stories and their parent's stories. I attended the meeting and met a supportive community team.

Mindy Parisi, who was the pioneer of the program, was working with the Burlington "CHARM Team". She was trying to support women in MAT programs or those who were searching for assistance with substance recovery services with their pre and postnatal care and supports within our local hospital setting. The team felt that a person in the community could support the women with ongoing community services as a service coordinator and case manager. Our director at WCMHS stated if I was up for the position, he would support this position for 6 months. That was in 2005.

I met with women in various stages of recovery and knew transportation and connections in the community were needed. I drove women to wherever they needed to go in the community: WIC office, prenatal appointments, pediatrics office, the recovery centers. After the first month and a \$485.00 gas bill, WCMHS gave me an agency vehicle to use. I was fortunate that the agency saw my vision, as well as the needs of the women.

Mindy and I worked together with the guidance of Anne Johnston and Jerilyn Metayer. These exceptional women with their fortitude and dedication were such a driving force to support women in recovery. I worked with Mindy for 14 years until her retirement. I was fortunate to see them in their roles with women I supported. Their support within the field is truly missed. I work with CVCRT, which include many community service providers, and we meet monthly as an empaneled group.

In this journey, the women I worked with are my teachers. They tell me of their needs, their struggles, as well as what they hope for their future. I work with 6 to 10 women and see them once a week, sometimes 5 times a week. It is hours of driving to support services and resources. I stay involved if they want until the infant's 1st birthday or at least a year with the woman. I connect them with other support services in the community so as our time finishes together, there is someone else they are working with.

My first lesson was, I cannot do the recovery piece for them. That is out of my control and if a relapse happens, we pick up and move forward. The most difficult part for me is still when a woman is doing well in her recovery for an extended period, and then has a major relapse. What could I have done differently? What should I have seen as a sign? I want so much for the women to succeed, and I need to keep these words in my head daily: assist, support, and access. That is my job.

I have worked with our team to support the education of community members and hospital teams. There have been many changes and added supports for those in recovery. There is always much more work to do. Burlington and Dartmouth were the first hospitals I worked with in 2006. As our women were considered high risk, they were not seen for their prenatal care by our community hospitals. A lot of driving and time in the van together. My colleagues called it "Windshield Therapy".

We asked a midwife to work with us within the local hospital as we had the added supports in place with our program. She agreed and within a year, our pregnant moms were being supported by our local hospital. We knew care in their own community would better support their prenatal visits and ease access to services. Healthy babies and their care, as well as moms, are our major concerns. We created a care book for moms talking about the subjects they wanted to hear about. What happens if my baby is born dependent? Will DCF take my baby if they are dependent? What happens after they are born? It explains that Eat, sleep, and console is now in place instead of scoring. It discusses how to best support yourself and your baby while in the hospital for those 4 days after their birth.

There is so much to share from the 16 years with the program. One of the best rewards of this job is going into a business and seeing a young woman I worked with years ago looking at me and say, "The kids are doing great. I am so thankful I stuck with the program." The hardest is holding a mom's hand while she signs to give up parental rights. She knows it is not the right time in her life to parent her child. That takes so much courage.

I still struggle with doing an intake to DCF when I have that gut feeling that things are not right. I ask the women to call with me and though most do get angry and "fire" me, some do ask to start again; some do not. I will miss the relationships and hope I do not lose them. I have had some women die as well as infants. I have such a difficult time not

running things through my head a million times...what did I miss? I am a mandated reporter and do not make the decision to open a case or not. It is my job to assist, support, and access. I am honored to work with these women and be part of their stories for a short time in their lives.