

## **Episode 275—Victoria Grinman: Exploring the Possibilities and Opportunities for Post-Traumatic Growth Among Parents of Children with Autism**

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at [www.inSocialWork.org](http://www.inSocialWork.org). We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hello and welcome to inSocialWork. I'm Louanne Bakk, your host for this episode. Research has demonstrated that there can be numerous challenges when raising a child with autistic spectrum disorder. However, there is little consideration about the possibility of Post-Traumatic Growth among parents of autistic children. It is critical that this be considered in order to identify strategies that can promote the mental health and well-being of parent carers and children. In this podcast, Victoria Grinman describes the history, logistics and aspects of Post-Traumatic Growth and the difference between Post-Traumatic Growth and resilience. She discusses her research involving Post-Traumatic Growth experiences among parents of young adult children with autism and summarizes the benefits and changes that occurred among these parents. Because therapies that currently exists for autism spectrum disorder are typically behavioral modification interventions, the importance of training practitioners to hear the signs through Post-Traumatic Growth and consider relational aspects is stressed in order to treat the family and child more holistically. The episode concludes by emphasizing the need for social work students, clinicians and researchers to consider literature pertaining to Post-Traumatic Growth and to contemplate how to use this knowledge and integrate into work with autistic children and their families. Victoria Grinman is an educator, national speaker and integrative practitioner with a passion to contribute positively to others in ways that helps facilitate a more connected and integrated experience of self in life overall. She is a licensed clinical social worker and a PhD candidate at Adelphi University researching Post-Traumatic Growth in parents of young children with autism. Victoria is a certified family and trauma professional and the founder of Growing Kind Minds, an independent practice based in New York. She was interviewed in June 2019 by Dr. Kathleen Knaak, a recent graduate of the UB School of Social Work PhD program.

[00:02:54] So my name is Katie Knaak. I am a recent graduate of UB School of Social Work, PhD program and I am here interviewing Victoria Grinman. Victoria is a licensed clinical social worker and a PhD candidate at Adelphi School of Social Work. And to get started, Victoria, what do you do as a social worker?

[00:03:13] Thank you for asking. So I have a private practice called Growing Kind Minds, and as a social worker currently I am servicing young children all the way throughout the spectrum of life to older adults with a specialization in trauma and anxiety, parenting and autism. And in addition to having my private practice, I also serve as an adjunct professor. Currently I am in Boston. I will be transitioning to New York soon and I serve as an adjunct at Boston College School of Social Work and also Columbia University's School of Social Work. And I also travel nationally speaking on the topic of trauma informed care, utilizing yoga and mindfulness and sensory based approaches to supporting kids and teens post-trauma. So this is what I'm doing now, and a lot of my background in social work has to do with creating programs for people with differences in abilities, as well as working in a premier school for children with different special needs in New York.

[00:04:17] Great. So what sparked your interest in Post-Traumatic Growth?

[00:04:21] It's a great question. Well, let me first define Post-Traumatic Growth for folks out there and then tell a little bit of the story behind my interest in this really amazing topic. Post-Traumatic Growth is the growth or benefit finding that people, whether a person or a group of people experience post trauma, not because of the trauma that they've experienced, but because of the struggle through which they go through after a trauma. So as you can imagine, we talk a great deal about PTSD and the experience of Post-Traumatic Stress after trauma and the concept of Post-Traumatic Growth and the experience of it is something that is really near and dear to my heart as it relates to the population that I'm currently researching, which I'll get into in just a little bit. So what sparked my interest is something that happened many, many years ago when I was actually a student in the School of Social Work at Adelphi because I went to Adelphi in Columbia and then I'm back it at Adelphi. And so this was many years ago and I had a deep interest in working with children on the spectrum. And at the time I had gone to a workshop that was primarily geared towards parents of children on the spectrum. And to be honest with you, there is not much that I knew about autism, more so than what I learned from textbooks and what I heard from people that I was in touch with who had experiences with having children with autism and what we learned in the classroom about autism, generally what it is and how it impacts a child or the life of the family and so on and so forth. So when I went to this very special workshop, there weren't many professionals there, but it was really more geared towards parents of young children on the spectrum. And something that I witnessed, and this was many years ago, like I said, at that time, that day was this group of parents in this huge auditorium at this workshop, this long day seminar talking about their experience of having children with autism as being something that really was like the light of their life. It was something that they were experiencing as parents and they were growing and benefiting from it. And their lives were in some way better because they had either one child or a couple of children on the spectrum in their family. And as you can imagine, being a young student with not much to go off of, just textbooks and what I was learning in the classroom and just what I was reading, I was kind of struck by what I saw. And I was surprised even at some of the proclamations that these parents were making because my anecdotal experience up until that point was such that parents were suffering a great deal, not really being able to have access to resources, not knowing where to go, what to do. The experience of autism was a difference in life experience, and so they weren't connecting to their children in the way that they had hoped. And so my experience of parents prior to that workshop was such that they were really suffering. But I had not yet had the opportunity to see these kinds of parents that were having not just experiences of suffering through certain things, but also finding benefits. And so at the time I became enlightened, a light bulb went off in my head. And for many years after that, I became very involved in working with the autism community. I really had this idea of benefits in my mind as a duality and the experience of parenting a child with autism. And then fast forward many years later after I received my degree and started working and then switched many jobs and went on to do many different things, I decided to go back to receive my PhD and to really do some of the research in the field. And my mentor, and she happens to be my mentor now working alongside me on this research on my dissertation, my advisor happened to be a researcher that really looks into Post-Traumatic Growth and writes about it and researches it herself. And when she expressed in my doctoral program during one of my classes this concept of Post-Traumatic Growth, just an explosion in my mind occurred, you know, so, you know, things just kind of came together full circle. And it really actually helped me develop my research interests, my research question, the things that I'm looking into now. So my interest in Post-Traumatic Growth has always been there. It's just that it was later on in my career

and in my life that I really learned about this concept and put everything together and now have been able to look into it in such a way that it will hopefully support families and maybe even support how we look at different treatments and how we look at treating children and helping families along the way.

[00:09:20] So this aha moment you had when you were starting your doctoral program and the coursework and this concept of Post-Traumatic Growth, can you talk a little bit more about that as it relates to parents of children with autism spectrum disorder?

[00:09:34] Sure. And I'd actually like to talk a little bit about Post-Traumatic Growth and just what it is and how it relates. So just sort of logistics around Post-Traumatic Growth itself. Post-Traumatic Growth is something that has been spoken about for a very long time, even in Greek mythology and psychoanalytic literature. People talk about the benefits that come from bad or horrible experiences quite often in the past. But this concept really was coined by Tedeschi and Calhoun, who are from the University of North Carolina, and they were working in the 1990s with veterans who were experiencing PTSD and what they were finding with the people that they were conducting this research with and exploring things with was that in addition to the Post-Traumatic Stress symptomology that they were experiencing, these researchers found that people were talking about aspects of growth and benefits that they were getting post trauma. And as we know diagnostically, when we look at PTSD there's no signs of benefits and growth being enveloped within that. And they started to become very curious about what these people were talking about. And so through their research we have developed the domain of Post-Traumatic Growth and there are five domains of Post-Traumatic Growth, and they are Personal strength, people have found new possibilities in their life, a new life perspective, a shift in that, they've found that they've been able to relate to others differently or better and have become closer to the people in their life, have been able to see what supports they have and become grateful for those. The other domain is appreciation of life. They've been able to find the small joys and new meanings and things, and also a spirituality that many trauma survivors have reported a shift in relating to the spiritual world in a different way. And so this concept of Post-Traumatic Growth, this experience can be studied qualitatively, which is the way I'm studying it now and it can also be studied quantitatively. There is a PTG inventory, there's a PTG model. So there's an inventory that can actually measure the different domains for a person or group. And it's been studied in different populations from breast cancer survivors to Holocaust survivors to parents of children with disabilities and also in different cultures. And the reason it's been studied in different cultures and different languages is because the experience of trauma itself is a very culture dependent thing. Trauma is a break, a shattering of an assumptive world. We have an assumption about something in life, and that is the scaffolding of our life. Trauma is when that scaffolding comes crashing down, exposing us to the stark reality of our existence. And so it exposes us to the stark reality of our existence. And so for different people and different cultures trauma means different things. The best way that I can describe that and people have asked me about this. So I'll give an example. I had a client that I was working with who got a diagnosis of cancer and simultaneously going on in his life was his wife left him. And for a lot of us, the diagnosis of cancer that's terminal is very shocking and very traumatic. But for this gentleman, because he had an expectation and assumption that one day he would probably have to deal with a cancer diagnosis because he had predisposition and he had it running in his family and it was something that was not shocking to him. It was something that he assumed, that was not as traumatic as the shock of his wife leaving him, his marriage being dissolved. So how people see trauma differs. So that's why it's so important to be really culturally aware in the way that we look at Post-Traumatic Growth in different populations and different cultures. And the other

really interesting concept about Post-Traumatic Growth and I get this question a lot is related to what is the difference between Post-Traumatic Growth and resiliency. And there are many outcomes of trauma. And we have the symptomology that we have with PTSD and then we have resiliency. And resiliency is bouncing back to where we were pre-trauma. And then further from resiliency we have thriving, or what I would call Post-Traumatic Growth. And in the research it's been found that the less resiliency a person has pre-trauma, the more potential they have to experience Post-Traumatic Growth post-trauma. So it has a co-linear relationship. And why that is, is because if we think about it for Post-Traumatic Growth to happen, a person has to struggle post-trauma and struggling involves rumination and it involves really going back and forth and struggling and processing. And so if a person has so much resiliency pre-trauma and they're able to get back to their normal state of functioning post-trauma and they're resilient, there's no reason to struggle. Whereas people that we normally see in our practices who are struggling and coming in every week and really working through their trauma and processing it and they're struggling through it, those are the people that are more apt to experience Post-Traumatic Growth later on. So the way it relates to parents of children with autism is I became really aware that the way that we help parents will ultimately impact the children that they have. And through the process of diagnosing of autism, it's not a straightforward process at all. It's a very sometimes lengthy process for parents. It's very important that autism is diagnosed early on, which means that if it's such a lengthy process in reality, that could be very anxiety provoking, not knowing what's happening with your child. The experience of having a child diagnosed with autism is multilayered. Parents are experiencing the impact of becoming a parent in general, parents are experiencing the impact of being a parent of a child that has some sort of difference in abilities or the way that they are being or are occurring in life. And then on top of that, parents are experiencing the very unique aspect of what it means to have a child with autism, which is very distinct from other developmental issues or challenges or differences or other disabilities or differences in abilities that children may have. So how we support parents through this process from the very, very beginning, as practitioners, as physicians, as the gatekeepers of care from the very beginning is going to impact the child. And so with my early experience and knowing this I became very passionate about wanting to look into what is it that is different about these parents who are self identifying as having experienced some sort of Post-Traumatic Growth benefit finding throughout their parenthood experience. What is it about them that's special? What is it about them that we need to know? I became curious about what are the experiences that they had that maybe other parents did not have? What are the character logical traits that they have or the way that they think about life? Or what assumptions do they have that maybe contribute to this Post-Traumatic Growth later on? So I figured that if we were able to really look into this and really find out and explore this, we could have more information, because there is a huge gap in the literature about this, because in our society we're so focused on the negative and we're not always looking at the positive within the trauma, within the negativity, within the struggle.

[00:17:33] That's fascinating. Thank you. So you said that you are studying those using a qualitative approach. Can you tell me a little bit about your current research?

[00:17:42] Sure. So I was interested in looking into the Post-Traumatic Growth experience of parents of young adult children with autism. So one note about why young adult children is because Post-Traumatic Growth has been found to occur over time. It's not something that happened right after a trauma. And a lot of the literature when I was doing my literature review and seeing what we already know and what has been looked into. I found that from the small pool of studies looking into Post-Traumatic Growth of parents with kids

with disabilities or parents of kids with autism, a lot of the studies we're looking into the experiences of parents that had very young children. So they were looking at the experience of parenthood, like in vivo, like right now when their child is young. And I was talking to my advisor about this and knowing that Post-Traumatic Growth happens over time and wisdom builds over time and retrospective experience is just such an important aspect of understanding what a person goes through and that process of Post-Traumatic Growth, I decided to look in to the experience of parenthood with young adult children with autism. So I'm conducting a narrative analysis and looking into their experience and some of the things that I wanted to know were related to how they saw themselves prior to having a child. I really wanted to know about how they saw themselves characterologically, how they would describe themselves. And I ask them about their experience before having their child, any hopes or dreams or expectations that they had about what their child would be like, what their family would be like, and I asked about experiences that they were having during the birth process, directly afterwards. And as you can imagine, throughout the life of their child up until present day.

[00:19:43] So you did individual interviews with these parents then?

[00:19:46] Yes, they did. And those questions you described were the questions that you were interested in learning about. What have you discovered so far from your research?

[00:19:55] I discovered many things. One of the things that's become most apparent is that there is a concept, an ambiguous loss. So having a child that you didn't think that you would have or mourning a child that you thought that you would have that you don't, and you have a different kind of experience, a different kind of child. In the beginning of this research, I thought to myself what would be considered traumatic, what is the trauma there. And what we found is that different parents had different experiences of what their trauma was about. So, for example, naturally, one of my thoughts was, well, the point of diagnosis is trauma. So I'll ask about that. And so what's been found is that some of the parents were delighted when they received the diagnosis because the meaning of it meant they get services, they are able to finally understand where to look for information, they're able to finally better understand what their child might be going through and how they can play a role in the process of treatment and what they can do. And so we found that for some parents, the point of diagnosis was very traumatic. It was quite shocking. It was very surprising because of their previous assumptive beliefs about what things should be like, whereas for other parents, the point of trauma was different. It wasn't the point of diagnosis. It might have been later on where autism sort of occurred in a different way where it was occurring in aggressive behaviors that the child was having. And so that was very traumatic because the aggressive behaviors were out of control and parents were not able to understand how to support their child. Or the point of trauma was when they recognized that not only does their child have an autism diagnosis, but now the child is not fitting into a specific social skills group or they can't find the right school setting or they can't find the right social setting. And even though they have autism, they don't have the same kind of autism as other children in the social group or they can't find the right kind of school setting, even though the school services children on the spectrum, it's not particularly their kind of child that they service. So they were finding that the points of trauma for parents were very different. And it all really depended on what was shocking for the parent. What was something that they were not expecting? What was something that they felt was traumatic to them? So it was a very personal experience. That's been a very interesting finding that I've been writing about. The other thing that I found, and in order to qualify for this study, the parents had to self-identify as having experienced some sort of growth or benefit finding in their parenthood journey. And so I knew that I was going to

hear something related to that in the study and I had questions related to it. And it was really beautiful to find the different points of growth or benefits that the parents had throughout their journey alongside the struggle and the negativity and the other traumatic things that they were feeling. So they really depicted this beautiful intermingling of joy and loss, pain and happiness, growth and disappointment at the same time. So I was really able to capture a lot of really beautiful experiences that the parents were having throughout their journey and better understand how they all went through the process of meaning-making throughout their parenthood experience and still continue to do so. So that information will be very, very important for us as clinicians, which I can talk about in a little bit. Another finding was that most of the parents that I spoke with either had some sort of career change or had some sort of shift in the way that they conducted their lives and occurred in the world. For example, parents who were very shy and quiet, or they describe themselves as self-centered and very assumptive about how their parenting would be. And they had all of these different fixed ways of thinking about themselves turned out to become advocates. The shy ones became advocates. They became big voices in the field of differences in abilities. They changed careers. They stayed back home to do that work. They became really involved in things that they themselves say they never saw themselves doing. So we found that these new possibilities for parents happened. And I would even say that they shifted in their way of being. They almost had to. In order to advocate for their child they had to find their own voice. They had to really choose their friends wisely. They really had to learn how to deal with family members or spouses or their other children who were not so understanding of what was going on. So they really had to rise to the occasion. So that was a really interesting finding to see that parents really found their place in their voice because they had a child on the spectrum.

[00:25:11] So I have a couple of questions about the research itself. What was your sample size and are you completed with the interviews at this point?

[00:25:19] Yes, I had about 16 interviews. And once I stopped hearing anything different, nothing new was really coming up and they were saying very similar things in different ways we stopped. I've already finished doing the interviews and I'm in the process of tailoring the discussion and the findings.

[00:25:37] So this is always a burning question, why should social workers care about your research? What are the things that you're going to be able to bring to the practice world in terms of how it will help the field, how it will help other parents of children with autism, how might it inform policy?

[00:25:55] When I speak about Post-Traumatic Growth with people, and I'm talking about colleagues or other clinicians, therapists, there's always some sort of question that comes up about Post-Traumatic Growth and is it really possible, people who are not used to the concept, you're not used to listening to it or for it. And people either don't believe that good can come from trauma and they work so long in the field, working with trauma, working with people who've experienced really atrocious events in their lives, really difficult events. And so this idea that good can come from it is kind of jarring to a lot of people. Or we know that there is a lot of benefits in growth finding that people have experienced post-trauma. But what I found is that people are sometimes feeling guilty or feeling shamed that they might have these experiences. And so they don't talk about them or they don't bring them up or other people might feel "Hey, if we talk about this positive thing in trauma that's happened because of the trauma, because of the struggle that we've gone through because of the trauma, then we're invalidating the experience that has happened." And so people don't want to talk about the benefits or the good things that might come out of the

struggle, because how can I invalidate the significant thing that's occurred? And so there are many misconceptions or thoughts that people are having about Post-Traumatic Growth and the reason it's so important to shed light on Post-Traumatic Growth in general. The more we help the adults that are caring for the children to really take on this experience of parenthood in a way that support them and their child best, we're really supporting the children as well. So I feel it's that kind of process. And also, when we as clinicians are hearing the narratives and the stories that our clients are telling us, if we are aware of Post-Traumatic Growth and we're aware of what it sounds like and we train ourselves and become a little bit more fluent in what it sounds like, how it comes up in the narrative, in the stories that our clients are telling us, we can capture it and we can help facilitate it. It doesn't mean that, and I should say this, this is important, not everybody has the potential to experience Post-Traumatic Growth. Not everybody will experience Post-Traumatic Growth. And as clinicians, we should not push Post-Traumatic Growth. We should not push it upon someone who is not experiencing it or is not verbalizing it in their narrative. It's not something that should be pressured upon someone as "hey, other people are experiencing it. Maybe you are, too," because it's something that's very individual and unique for that person. At the same time, if we're trained and we know that it exists and we better understand how it shows up for this population of parents when we're working with them, if we're a physician, when we're diagnosing. If we're in the room where the gatekeepers of how that parent is going to create meaning about the diagnosis, we are contributing to that meaning-making. We're contributing to that experience in the doctor's office. We're contributing to that experience in the therapy room. We're contributing to that experience of that parent making meaning of what it means to have a child on the spectrum, what it means to have a child that you didn't think you would have, what it means to look for different therapies and what kind of therapies are out there that would support the child's best in the family unit best. If we can hear and listen for these nuggets of growth and benefit and we can train practitioners to hear it, we can really help people along the way, help facilitate it and see it within themselves. So in regards to children and treatment, I think this is very important. One of the things that comes up for me is because autism, the way that I see it, right, my lens on autism is that it's a difference in life perspective. It's a difference in how we experience ourselves and life and parents who receive a diagnosis from, let's say a practitioner that may not know about PTG And they may not know about alternative therapies and they may not know that there might be this difference in life perspective that this child is going to have. It's not merely a deficit of some sort just because it's different, these parents may go on to choose therapies or choose how they're going to think about the potential for their child or the outcome of their child's life filtered through the lens of deficit deficiency. We just need to modify behavior, whereas if we are trained practitioners who are able to view the entire spectrum of possibility, we're able to see the entire picture of what's possible for parents' parenthood journey, if we're able to learn from the experience that parents have already had, we can really utilize that to see that when we see new parents of newly diagnosed children, we can give them a different perspective to hold on to. We can open them up to a realm of possibilities that parents years ago didn't have. So this is very important because now that I've been working for quite some time, I have a lot of people that come into my practice when their children are preteens. And they say to me, "Victoria, my child is on the spectrum and they can say hello and they're really doing well in school. And they're pretty socially there, they know what they're doing. And they can say hello to people. They can kind of have conversation, but I can't connect to them. What's going on? What did we do wrong? I'm still not attuned to my child. We don't have a relationship that I thought would be possible by now through all these therapies that we've been through." And so what's happening there is this is also a finding from the research, many of the parents were dissatisfied with the kinds of therapies they put their children through based on the feedback they received

at the point of diagnosis. Later on, retrospectively looking back, they were telling me that they wish that they would have explored other kinds of therapies that really engage the child more socially, that engaged the child more from a relational aspect where what they received at the point of diagnosis was a suggestion to provide mostly behavioral modification therapies, therapies that were more focused on how a child was presenting. And while the parents found that children were able to advocate for themselves and their needs from these behavioral interventions that they received later on in life, they were still lacking the kind of relational aspects to living life. And so we gained so much from doing this kind of research. And I will say that 80 percent of the people that were interviewed for this study were so excited to provide their life experience and had a laundry list of suggestions for parents of newly diagnosed children. They really wanted to express not only their life experience, but what they've learned. And they hoped that what they learned would be used for future policy implementation, for how we look at therapy, treatments for children with autism, how we regard parents of children with autism, what kind of supports we provide, because supports are lacking and especially for people as they age out of services, as they get older the support for parents and children decreases. And so all of these amazing, wonderful things has come out of these interviews and it will really hopefully inform practitioners, policymakers, schools and insurance companies and all of us in supporting our families today.

[00:34:05] Wonderful. So a couple of things I thought of as you were speaking. So this research is not just some information that's going to be helpful in working with parents, but also with working with the children with autism and young adults with autism themselves. Am I hearing that correctly?

[00:34:22] Absolutely. Through this research, what I found is that parents had a lot of feedback and their narratives gave us a lot of information about what children, their needs are as they grow, what families needs are as a family unit as these children grow. And so not only was I able to capture the experiences that these parents were having and the duality of benefits and struggle and suffering at the same time, but we've received a lot of information about what was helpful and what wasn't helpful, what they wish parents knew and a lot of the information they corroborated with one another. There are some of these interviews where they were saying the same thing. And so we see these patterns over time and we're talking years because some of these are 18 to 30. So, yes, the information is going to help us in regards to working with the children, with the teenagers, younger adults with autism, as well as the parents individually and as a family unit.

[00:35:19] Wonderful. The other comment I had has to do with the types of therapies that you say were recommended. And as a person who's worked on developmental disabilities a long time myself, I do see that we tend to be very deficit-based. And so I'd like to hear about things that would be helpful that are also going to encourage social skills, because that's really what it's about in life, is connecting with people and having good relationships.

[00:35:44] Yes, Katie. And what we find when we think about autism, when we really know autism and developmental differences, we know that it's more than just a difference in how people look and how people act in life and how people occur to us. But when we think autism, we're thinking lacking social skills, not looking right, being loud when you should be quiet, not making eye contact, being different. And so what a lot of these parents and a lot of I'm sure your and you know, you can speak to this as well. In my experience has been that the kinds of therapies that are suggested that are evidence-based and managed care really supports because they're really wonderful when you do research. Right, you can measure it, they are time limited, they're really easy to implement and see the results

fast or faster, are the behavioral interventions, ABA, and interventions that are really based on modifying behaviors and creating a common language between us and those on the spectrum so that their needs can be met and that we understand them and not so much they understand us. So there's a lot of these interventions that are offered upon diagnosis for different reasons. Managed Care covers it. Like I said, it's easy to see any sort of progress that's made. But what we're finding about autism when we're speaking to individuals and we work in our clinical practices, is that more so than just a difference in how people conduct themselves in life that might be different socially than someone who may not be experiencing autism. It's also a difference in relating, and it does not mean that people on the spectrum do not want to have relationships. It doesn't mean that they're not wanting intimate relationships. In fact, they yearn to have connections. They yearned to have girlfriends and boyfriends and families of their own, or at the least they yearn to have a friend. The difference is the way that they experience life and the way that they go about it and what makes sense to them. And so over time, what we found is there are other interventions in addition to behavioral interventions that are concerned with behavior modification. There are other interventions that are more based on relationship and attachment and are sometimes viewed skeptically by maybe managed care or those wanting to find very fast approaches to modifying behavior, because these are approaches that are really geared towards joining a child, really looking for that green light and inviting them into our world and joining their world until they're ready to be invited. Really being able to join them with where they're at. I enjoy Sonrise S-O-N rise. In fact, going back to the beginning of my story. The workshops seminar that I attended was for the Sonrise program, which is the Treatment Center of America. And that's a joining program. So those parents that I spoke about in the beginning of this interview, they were parents that were involved with this joining treatment modalities, so to speak, where they were learning how to join their child and wherever their child was in that moment and waiting for that green light to be able to draw them in a little bit to where they were in our world and going that way. And I really do think that if we're able to at the least marry behavior modification with some joining relational based approaches, we can really treat a child and a family unit more holistically because it's really about a relationship. What we found from this research is that what parents really yearned for is a relationship with their child. What parents really yearn for is a connection. It didn't have to be the connection that they wished they had with their child, but any sort of connection that brought them together. So it was the parents that were able to really join their child and accept their child for who they are, for everything that they are and everything that they're not. Those were the parents that were also able to join their child and also draw them in and have a relationship that they never thought that they would have. But it became something that they were able to not only accept, but also really love.

[00:40:14] So you've talked a lot about the implications of your research. Is there anything else you want to add about why this is so important moving forward and what folks might need to know?

[00:40:24] Sure. I really urge people, whether they're students or clinicians or researchers, to delve into this topic a little bit more, to involve themselves in reading literature or articles, books about Post-Traumatic Growth and how to listen for it in narratives. I find that if we're able to hear it, we can act as a net and kind of capture it for people and ask more questions and really, I think dissolve the shame that exists around finding benefits from something that is so traumatic.

[00:40:58] Well, thank you so much. As we kind of wrap up, what's next for you? It sounds like your research is wrapping up. What is on your horizon?

[00:41:05] Thank you for asking. My hope is to wrap up this research, received some feedback from colleagues and really continue speaking locally and also continue traveling nationally, speaking about Post-Traumatic Growth. Perhaps doing a little bit more research. I'm really interested in this research. I had some moms, I had some dads that participated and we found some interesting differences in the way that they experience their parenthood journey. So while my current research does not focus on that distinction, my hope is to dig a little bit deeper into that moving forward.

[00:41:39] You've been listening to Victoria Grinman's discussion on Post-Traumatic Growth among parents of children with autism. I'm Louanne Bakk. Please join us again at inSocialWork.

[00:41:59] Hi, I'm Nancy Smyth, professor and Dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school, our history, our online and on the ground degree and continuing education programs, we invite you to visit our website at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). And while you're there, check out our Technology and Social Work Resource Center. You'll find it under the Community Resources menu.