

Kaleidoscope

A MAGAZINE FROM AUTISM SUPPORT GROUP

SEARCH FOR
A MIRACLE SOLUTION

My Journey with
Lily's Food Aversion



My Son's World:
A Mother's Plea

Video Modeling

CONTENTS



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We extend our heartfelt gratitude to
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A Spectrum of Stars

A world of colors, bright and wide,
A universe where truths reside.

Silent whispers, louder streams,
A tapestry of vivid dreams.

A touch, a sound, a fleeting glance,
A rhythm deep, a curious dance.

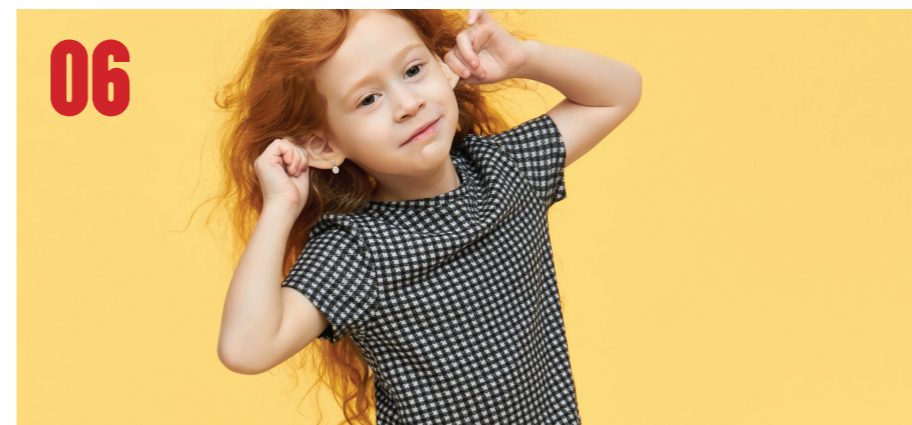
Unique as snowflakes, rare as gold,
Stories waiting to be told.

The spark within, a glowing fire,
A soul that reaches, climbing higher.

In every heart, a boundless sea—
Autism's light shines brilliantly.



06



06 - 07 : Editors Picks

Global Prevalence of Autism Spectrum
Disorder

08 : Helping My Son Overcome Gagging



10 - 11 : Search for a Miracle Solution

12 - 13 : My Son's World: A Mother's Plea for Understanding

12



14 : Simple Approach to Feeding Children

15 : Gently Ending a Relationship

16 - 17 : The Watchful Hour: A Grandmother's Journey

18 - 19 : My Journey with Lily's Food Aversion

20 - 21 : Video Modeling

22 - 25 : A Child in Emotional Distress

26 - 28 : What is Virtual Autism

30 - 32 : Why What How

34 - 35 : An Imaginary Friend Named ,Ear

36 - 39 : Photos

40 - 46 : Time Pass

FROM THE EDITOR



Get Involved: Share Your Voice!

Have a burning question about autism? A personal story that could inspire others? Or perhaps some snapshots capturing special moments? Send them our way!

Your input adds depth and richness to our magazine, creating a space that truly reflects the collective spirit of our community. **Don't hesitate**—your voice matters, and we can't wait to feature your unique perspectives!

Sent to :
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This month, we bring you a collection of heartfelt stories, practical insights, and innovative approaches to understanding and supporting autistic individuals and their families. Each story is a testament to resilience, creativity, and the power of empathy in navigating the unique challenges of autism.

In "Helping My Son Overcome Gagging," a mother shares her journey of patience and persistence in addressing her son's food sensitivities, offering strategies that helped transform mealtimes into moments of progress and connection.

"My Journey with Lily's Food Aversion" dives further into the complexities of feeding challenges, highlighting the emotional toll on parents and providing actionable advice to foster positive and gentle approaches to eating.

For those seeking clarity, "What is Virtual Autism" explores this growing concept, examining how excessive screen time may impact young children's development and offering suggestions for creating a balanced environment.

In "My Son's World: A Mother's Plea for Understanding," we hear a deeply personal call to embrace and appreciate the unique perspectives and experiences of autistic children. This moving narrative challenges societal misconceptions and encourages compassion.

Relationships are at the forefront in "Gently Ending a Relationship," which provides thoughtful guidance for navigating breakups with respect and understanding, particularly in the context of neurodiverse relationships.

"The Watchful Hour: A Grandmother's Journey" offers an intergenerational perspective, sharing the unique role grandparents can play in providing unconditional love and support for their autistic grandchildren.

In the creative and endearing story "An Imaginary Friend Named Ear," we delve into a child's world of imagination and how such friends can serve as a safe space for expression and comfort.

Practical tools like "Video Modeling" are explored as a powerful way to teach social skills and daily routines through visual learning, opening doors to new possibilities for autistic children.

For moments of intense emotion, "A Child in Emotional Distress" provides guidance on how to respond with calmness and care, turning crises into opportunities for connection and understanding.

Finally, our feature, "Simple Approach to Feeding Children," simplifies the overwhelming task of encouraging healthy eating habits, with tips that balance nutrition, patience, and compassion.

Through every article, our goal is to inspire and empower our readers to approach autism with understanding, flexibility, and hope. Thank you for being a part of this journey with us.

GEORGE



Contributors

A big thank you to everyone who adds to our magazine! Your stories and thoughts make our community special. We love hearing from you because each story is like a friendly guide for others. Your ideas and experiences help us all connect and understand each other better. So, thank you for being a crucial part of our Autism Support family!

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Pick



Global Prevalence of Autism Spectrum Disorder Is High

The global prevalence and rank of nonfatal burden of autism spectrum disorder are high, according to a review published online Dec. 19 in *The Lancet Psychiatry*.

Damian Santomauro, Ph.D., from the University of Queensland in Archerfield, Australia, and colleagues conducted a systematic literature review to estimate the global prevalence and health burden of autism spectrum disorder.

The researchers found that in 2021, an estimated 61.8 million individuals were on the autism spectrum globally. The global age-standardized prevalence was 788.3 per 100,000 people, which was equivalent to 1,064.7 and 508.1 males and females with autism per 100,000 males and females, respectively. Globally, autism spectrum disorder accounted for 11.5 million disability-adjusted life-years (DALYs), which was equivalent to 147.6 DALYs per 100,000 people. Age-standardized DALY rates varied from 126.5 to 204.1 per 100,000 people in Southeast Asia, East Asia, and Oceania and in the high-income super region, respectively. Across the lifespan, DALYs were evident, emerging for children younger than 5 years (169.2 DALYs per 100,000 people) and decreasing with age (163.4 and 137.7 DALYs per 100,000 people aged younger than 20

and aged 20 years or older, respectively). For people younger than 20 years, autism spectrum disorder was ranked within the top 10 causes of nonfatal health burden.

“We hope that this study provides a foundation for future research and policy interventions, so that key stakeholders work to ensure that the unique needs of all autistic people are met, contributing to a better, more inclusive, and more understanding future,” the authors write.

Several authors disclosed ties to the pharmaceutical industry.

The Autism CARES Act goes far beyond funding



Prevalence of dementia diagnoses increased

The Individuals with an autism spectrum disorder (ASD) diagnosis have an increased prevalence of identified dementia diagnoses, according to a research letter published online Jan. 2 in *JAMA Network Open*.

Giacomo Vivanti, PhD, from the A.J. Drexel Autism Institute at Drexel University in Philadelphia, and colleagues conducted a retrospective cohort study to examine the nationwide prevalence of identified dementia diagnoses in individuals with assigned ASD diagnoses in linked Medicare and Medicaid data. Given the known association between intellectual disabilities (ID) and dementia, an ASD-only group and an ASD-plus-ID group were created (46,877 and 67,705 individuals, respectively).

The researchers found that an identified dementia diagnosis was present in 8.03 and 8.88% of the ASD-only and ASD-plus-ID groups, respectively. With age, there was an increase seen in the odds of a dementia diagnosis, with prevalence rates of 35.12 and 31.22% in the ASD-only and ASD-plus-ID groups, respectively, among individuals older than 64 years. After controlling for residence state, higher odds of a dementia diagnosis were seen in individuals with cardiovascular risk factors and depression or other psychiatric conditions.

“Our data highlight the importance of health policy efforts for the growing ASD population at risk for or affected by dementia,” the authors write. “Future research should address factors that might contribute to the cooccurrence of neurodevelopmental and neurodegenerative conditions, including barriers to accessing educational and social opportunities, as well as biological mechanisms of shared pathophysiology.”

Congress Authorizes Nearly \$2 Billion For Autism

President Joe Biden signed a five-year extension of the Autism Collaboration, Accountability, Research, Education and Support, or Autism CARES, Act late last month. The move came days after the measure, which originated in 2006, expired.

The law allocates federal funding for research, prevalence tracking, screening, professional training and other government activities related to autism.

“I know this legislation will help make a huge difference in the lives of the millions of Americans with autism by providing robust funding for durable remedies as well as effective early detection and intervention services to allow them the highest quality of life possible,” the law’s chief sponsor, U.S. Rep. Chris Smith, R-N.J., said on the House floor.

The renewal, which garnered overwhelming bipartisan support, ensures that a myriad of federal autism activities will continue while also adding some new priorities. Specifically, the law directs the National Institutes of Health to back research that reflects the full range of people on the autism spectrum including those with co-occurring conditions and various needs for support and it adds an emphasis on studying autism and aging. The number of NIH Centers of Excellence will increase and the agency will be required to produce an annual budget plan for autism research for the first time.

In addition, the law includes efforts to promote the adoption of assistive communication and it calls for a government report looking at how to grow the number of developmental behavioral pediatricians as well as an update to a report focused on youth aging out of school.

Robyn Linscott, director of family and education policy at The Arc of the United States, called the renewal of the autism law “a critical step forward in addressing the needs of people with disabilities.”

“The Autism CARES Act goes far beyond funding — it’s a commitment to ensuring better futures for millions,” she said. “From early intervention services that help young children grow and learn, to programs addressing the growing gaps in adult services, this legislation moves us closer to ensuring that all individuals have access to the care they need.”



Multilingualism Offers Unexpected Benefits for Children with Autism

Growing up in a multilingual household may help children with autism develop stronger cognitive abilities and reduce core autism symptoms, according to new research that challenges previous concerns about language exposure.

The study, published in *Autism Research*, found that children from multilingual homes showed enhanced executive function—the mental skills needed for daily tasks—regardless of whether they had autism. For children with autism, these benefits were particularly pronounced in certain areas.

Breaking Down Barriers
“It turns out that speaking multiple languages, whether or not you have a diagnosis of autism, is associated with better inhibition, better shifting or flexibility, and also better perspective taking ability,” explains Dr. Lucina Uddin, a UCLA Health Psychiatry and Biobehavioral Sciences Professor and study lead author.

The Power of Multiple Languages
The researchers studied over 100 children between ages 7 and 12, including both autistic and non-autistic children from monolingual and multilingual households. Most multilingual families in the study spoke Spanish and English at home.

The findings revealed that multilingual children demonstrated stronger abilities in several key areas:

Better inhibition (ability to avoid distractions)
Improved shifting (ability to switch between tasks)

Enhanced perspective-taking skills
A Natural Exercise for the Brain
“If you have to juggle two languages, you

have to suppress one in order to use the other. That’s the idea, that inhibition might be bolstered by knowing two languages,” Uddin notes.

Reassuring News for Parents
The research addresses a common concern among parents of autistic children that exposure to multiple languages might delay development. “The big takeaway is we don’t see any negative effects of speaking multiple languages in the home,” Uddin emphasizes. “It’s actually beneficial to celebrate all the languages associated with your culture.”

Looking Ahead
Building on these promising results, researchers are now expanding their investigation. A new study will recruit approximately 150 children with autism and include additional executive function and language tests, along with brain imaging, to better understand these beneficial effects.

Categories Brain & Behavior

If you found this piece useful, please consider supporting our work with a small, one-time or monthly donation. Your contribution enables us to continue bringing you accurate, thought-provoking science and medical news that you can trust. Independent reporting takes time, effort, and resources, and your support makes it possible for us to keep exploring the stories that matter to you. Together, we can ensure that important discoveries and developments reach the people who need them most.

Useful Link

<https://www.youtube.com/@BeChangeCenter>

Helping My Son Overcome Gagging



when it happened. I'd clean him up quickly, without scolding or comforting, and then move on. It felt counterintuitive at first—what parent doesn't want to comfort their child when they're upset? But I reminded myself that staying calm and neutral was the best way to break the cycle.

At the same time, I wanted to give him better ways to meet his needs. Since I suspected that part of the gagging might be sensory-driven, I introduced some safe alternatives. I got him a chewable necklace, and he loved it! He could chew on it whenever he felt the urge to put his hands in his mouth. I also gave him a stress ball to fidget with when he needed something to do with his hands. These small changes made a big difference.

As for his love of recording himself and mimicking the videos, I decided to lean into it. Instead of trying to stop it, I structured it. I set specific times during the day when he could record himself and watch the videos. He absolutely loved this and started looking forward to these moments. I even used it as a reward: if he avoided gagging all morning, he earned 10 minutes to record and watch his videos. This gave him something positive to focus on and encouraged him to practice self-control.

Over time, I started seeing real progress. The gagging began to decrease, and he started using the tools and strategies we had introduced. While it's still a work in progress, I feel much more in control now, and I can see that he's learning healthier ways to communicate and meet his needs.

The biggest lesson I've learned is that his behavior wasn't random or meant to upset me. It was his way of communicating or trying to meet a need, even if it wasn't the best way. By observing, understanding, and staying consistent, I was able to help him replace the gagging with safer, more appropriate behaviors. If you're going through something similar, my advice is to be patient and stay curious about why your child might be acting out. It's not easy, but with time and effort, things can improve. Remember, you're not alone in this.

what happened right before and after he gagged. Patterns started to emerge. He often did it when I was busy or distracted, and my immediate response—comforting him, cleaning him up, or trying to stop him—seemed to reinforce the behavior. It struck me that maybe he was doing this as a way to get attention, even if it was negative attention.

With that realization, I decided to make a plan. My first step was to focus on prevention. I noticed that the gagging often happened when he was bored, so I started giving him more structured activities throughout the day. Sensory bins, puzzles, and simple crafts became our go-to. These kept his hands and mind busy, making it less likely for him to resort to gagging. I also made an effort to give him positive attention when he wasn't gagging. If he played nicely or asked for my attention appropriately, I'd praise him enthusiastically: "Wow, I love how you asked me to play with you! That's amazing!" By catching him being good, I hoped to reinforce the behaviors I wanted to see more often.

The hardest part, though, was changing how I reacted when he did gag. In the past, I would rush to clean him up, comfort him, or try to stop it immediately. But I realized this was probably giving him the attention he wanted, even if it wasn't the kind he needed. So, I decided to stay neutral

“
He started using the tools and strategies we had introduced.
”

A few weeks ago, my 6-year-old son started doing something that completely baffled me—he began putting his hand in his mouth to make himself gag and even vomit. At first, I was shocked and overwhelmed. Why would he do this? Was it something serious? At the same time, I noticed he had this fascination with recording himself and watching the videos to mimic his actions. While it was adorable in some ways, I couldn't help but wonder if the two behaviors were somehow connected. I felt at a loss, unsure of how to help him or how to handle the situation.

After the initial wave of frustration and concern, I decided to approach this systematically. I started with the basics: observing his behavior to try and understand why he was doing it. I kept a little notebook for a week, jotting down

Be Change
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2025
Happy New Year

Courtesy to
Stalin

SEARCH FOR A MIRACLE SOLUTION

“

One minute you feel
connected

”

Noah's diagnosis came when he was just 2 years old. I remember feeling a mix of relief for finally having an explanation for his behaviors and an overwhelming fear about what the future would hold. Like many parents, I was determined to find the best treatment to help him reach his fullest potential. What I didn't anticipate was the maze of treatments, promises, and misconceptions I would encounter along the way.

When Noah was first diagnosed, I was bombarded with advice from well-meaning friends, family members, and even strangers. Everyone seemed to have an opinion, and I was desperate to try anything that might help him. One of the first things I tried was a popular dietary approach. A friend who had read about gluten-free and casein-free diets for autism swore by them. She was convinced that certain foods could “cure” autism or at least alleviate symptoms.

So, I changed our whole family's diet, eliminating wheat and dairy products completely. We spent months carefully reading food labels and preparing special meals. It wasn't easy, and the cost was substantial. But we pressed on, hoping to see a change. Unfortunately, as the weeks turned into months, Noah's behaviors and communication didn't improve. He still struggled with meltdowns and barely made eye contact. The only change was the extra stress I felt trying to manage our new lifestyle.

Turning to Alternative Therapies

After the diet didn't yield results, I turned to various alternative therapies I read about online. We tried everything from essential oils to specialized sound therapy that claimed to “retrain the brain.” I remember spending hundreds of dollars on gadgets and attending workshops where I sat surrounded by other parents who, like me, were searching for hope.

One therapy that particularly stood out was a form of energy balancing. I was skeptical but willing to try anything for Noah. The practitioner assured me that balancing his energy would calm his sensory overload and behavioral challenges. Week after week, I drove an hour to the sessions, watched as the practitioner performed techniques I barely understood, and held onto hope. But, deep down, I started questioning if I was doing the right thing.

Even though some parents shared

success stories, Noah remained the same. His meltdowns were still frequent, and his communication was nearly non-existent. My heart ached with each failed attempt, but the hope that something would work kept pushing me forward.

The Moment of Realization

The turning point came during Noah's third birthday. The party was small and simple, but the sensory overload from the few guests, the decorations, and the noise turned the event into chaos for him. He screamed and retreated into a corner, covering his ears, unable to process the environment. He didn't engage with the other kids, and I saw the concerned looks from friends who didn't know how to react.

That night, I sat at my kitchen table, exhausted and defeated. All the time, money, and energy I had poured into different treatments felt wasted. I needed a new approach, one based on logic and evidence, not hope and hearsay.

Discovering ABA Therapy

One day, during a routine visit to Noah's pediatrician, I shared my frustrations. The doctor listened patiently and suggested I look into Applied Behavior Analysis (ABA) therapy. He explained that ABA was evidence-based, data-driven, and tailored to the unique needs of each child. Initially, I hesitated. I'd heard mixed opinions about ABA, some calling it rigid or too intense. But with

nowhere else to turn, I decided to give it a try.

Starting the Journey with ABA I connected with an experienced ABA therapist named Maria. She was warm, empathetic, and thorough in her assessment of Noah. Before the therapy started, Maria explained that ABA focuses on understanding triggers behind behaviors and using positive reinforcement to encourage desired actions. She assured me that progress might be slow at first but would be measurable.

The initial weeks were tough. Noah resisted changes, and I questioned if we were doing the right thing. Maria worked closely with us to set simple goals, like sitting at the table for a few minutes or pointing to request an item. Every time Noah completed a task, he was met with immediate praise and a small reward, such as his favorite snack or toy.

A Light at the End of the Tunnel

Gradually, I started to notice small victories. One day, when Noah pointed to a toy instead of crying, it felt like winning the lottery. He was

learning to communicate, even if only in small ways. Maria taught us to celebrate these moments and build on them. Over time, Noah's behaviors became more manageable. He began to understand that he could use gestures and simple words to express his needs instead of resorting to meltdowns.

What surprised me the most was how Noah's sensory sensitivities started to improve. Maria used desensitization exercises to help him tolerate different sensory inputs. For example, she exposed him to soft background music while gradually increasing the volume over several sessions. Each time, Noah became less anxious and more tolerant.

Six months into ABA therapy, Noah made significant strides. He learned to say a few words, make eye contact, and follow simple instructions. These may seem like small milestones to others, but to us, they were monumental. I was finally seeing my child's personality shine through the barriers that autism had put up.

Noah transformed in ways I couldn't have imagined. He could participate

in playdates without feeling overwhelmed and could join us at the dinner table without shutting down. His communication skills flourished, and although he still had challenges, he was now better equipped to handle them.

A Message to Other Parents

If there's one thing I want other parents to know, it's that not all treatments are equal. The early years with Noah were filled with trial and error, and I fell for the lure of quick fixes and unproven methods. ABA therapy taught me that meaningful progress takes time, consistency, and evidence-based practices.

While ABA wasn't a “magic cure,” it provided Noah with the skills he needed to engage with the world more effectively. It equipped us as a family to support him in practical, meaningful ways. I learned to set realistic expectations and to be patient not only with Noah but with myself as well.



My Son's World: A Mother's Plea for Understanding

Dear world

I'm a mother to a beautiful amazing boy who happens to be autistic. I'm writing this letter because I need you to see him the way I see him—beyond the tantrums, the labels and the challenges. I need you to understand what it's like for him and for me as his mom navigating a world that often doesn't bend to meet him where he is.



My son doesn't have words yet to explain what he's feeling when

he screams or cries or throws himself on the floor he isn't being "bad" or "spoiled." He's overwhelmed, confused or frustrated because the world isn't making sense to him in that moment. Maybe the noise is too loud. Maybe he can't tell me he's thirsty or hungry or scared. Maybe he just doesn't have the tools to process what's happening around him. Those screams that might make you stare—or worse judge—are his way of crying out for help when words fail him.

I want you to know I'm trying my best. When you see me at the grocery store kneeling next to my screaming child, please don't shake your head or mutter something about "discipline." I'm not spoiling him, ignoring him or failing him. I'm trying to calm him, trying to keep him safe, trying to teach him how to cope. But I'm also just a human being, sometimes running on fumes, sometimes questioning whether I'm doing enough and sometimes just needing a kind smile instead of a disapproving glare.

Every day is a learning curve for both of us. We had to learn what his tantrums mean—whether it's frustration because he can't explain what he wants or sensory overload because the world is too bright, too loud, too much. We learned to anticipate what might upset him and try to avoid it, but I can't protect him from everything. We learned to celebrate the little victories that others might take for granted. A word spoken, a calm transition from one activity to another or a hug he initiates—they're treasures that fill my heart.

But we also had to learn that my son is more than his challenges. He's not a diagnosis. He's not a list of "behaviors" or milestones he hasn't hit yet. He's a boy who lights up when he hears his favorite song, who laughs in pure delight when he spins his favorite toy, who gives me the most wonderful unexpected moments of connection when I least expect it. He's my heart and soul, and I need the world to see that.

So world, here's what I'm asking of you: please have a little patience. When you see my son having a hard time, know that he's doing his best, even if it doesn't look like it to you.

When you see me struggling, know that I'm doing my best too. A little understanding goes a long way.

I also need you to understand that families like mine aren't looking for pity. We're looking for acceptance. My son doesn't need to change who he is to fit your idea of "normal." What he needs is a world willing to meet him where he is, willing to see his strengths and his potential, not just his differences.

He may not be able to say "I love you" in words, but I see it in the way he reaches for my hand, in the moments he looks into my eyes. He may not play the way other kids play, but he finds joy in his own way, and that joy is contagious. He's teaching me to see the world differently, to slow down, to appreciate the beauty in the little things.

My son is autistic, and that's part of who he is, but it's not all he is. He's my everything. And if you give him the chance, I think he might surprise you with just how much he has to offer the world.

With love and understanding,

A proud mother of autistic child





Simple Approach to Feeding Children

Feeding challenges can be tough for families. When a child refuses most foods and only eats a few, it can feel frustrating and stressful. This happens a lot with kids who are being assessed for autism. It's not just about being picky. It's about how they experience food, routines, and sensory input.

Right now, there's a family dealing with this exact issue. Their two-year-old used to eat a few things like nuggets or Weetabix. Now, he won't eat those either. He only eats cereal bars and biscuits. The parents are worried. They've tried build-up shakes from a dietitian, but he won't drink them. They're scared he might not be getting enough nutrients. And they don't know how to help him eat better.

This is where therapy, especially Applied Behavior Analysis (ABA), can help. Eating is a behavior, and like all behaviors, it can change. But it takes time. It also needs the right plan. Here's how I'd explain it to anyone dealing with this kind of problem.

First, eating happens in an environment. If the environment feels stressful, kids might avoid eating altogether. So, the first step is to make meals calm and predictable. Have set times for meals and snacks. Even if the child doesn't eat, they need to see food at these times. This helps their body learn when to expect food. It also teaches them that mealtime is for eating, not playing or avoiding food.

Next, it's important not to push too hard. Forcing kids to eat can make them more anxious about food. Instead, we use small steps. This is called "food chaining."

You start with a food the child likes. For this child, that might be a cereal bar. Then, you introduce a small change, like a different brand. Once they accept that, you add another small change. Over time, this builds a bridge to new foods.

Sometimes kids don't want to even see a new food on their plate. That's okay. You can start by just putting the food near them. Maybe it's on the table. Maybe it's on a separate plate. The goal is to help them get used to the food being there. When they're ready, you move closer to having them touch, smell, or even lick it. Each step is progress.

It's also helpful to use rewards. If the child tries a new food, even if it's just a tiny bite, praise them. You might also let them play with a favorite toy after trying the food. The reward shows them that trying something new is a good thing. But rewards should match the effort. A big reward for a small bite might feel overwhelming. Keep it simple.

Some kids with autism also have sensory issues. Food might feel strange or even unpleasant in their mouth. If that's the case, think about the food's texture. Does the child like crunchy foods? Or do they prefer soft ones? Once you know, you can offer foods with similar textures. You might also experiment with temperatures. Warm food feels different from cold food. Sometimes small changes like this make a big difference.

It's also important to think about what happens when the child refuses food. If they always get cereal bars or biscuits after refusing, they'll learn to stick with

those foods. Instead, offer the preferred food only after they've tried something else, even if it's a tiny bite. This teaches them that trying new foods leads to getting what they want.

Another helpful tool is communication. Some kids can't explain why they don't like a food. Teaching them simple ways to communicate, like using pictures or pointing, can help. When kids feel understood, they're more likely to cooperate.

Parents often feel like they're failing when these problems happen. But they're not. Feeding challenges are common, especially for kids with autism. The important thing is to take small, steady steps. And it's okay if progress is slow. Trying one bite of toast after weeks of refusing it is still progress.

Therapists, dietitians, and other professionals are here to help. Families don't have to figure this out alone. A good plan takes the child's needs into account and makes everyone feel supported.

This process works because it's built on trust and understanding. Kids don't change their eating habits overnight. But with patience, they can learn to try new foods. And families can feel less stressed. It's about creating a routine that works for everyone for their children to lead fulfilling and enriched lives, ensuring they are not alone in their experiences.

Courtesy to
Devin



Gently Ending a Relationship

Relationships aren't always straightforward, and when both individuals involved have autism, the complexities can multiply, particularly if one is more affected by the condition than the other. Drawing from our decades of experience in special education and applied behavior analysis at The Ohio State University, where we've guided many through the intricacies of human connection, we offer this guide on how to respectfully and compassionately end a relationship where autism plays a significant role.

The Medium: In-Person or Message?

Deciding how to convey the end of a relationship is crucial. An in-person conversation is valuable for its sincerity and the ability to clarify misunderstandings on the spot. However, for someone who might be less high-functioning with autism, this direct approach could lead to sensory overload or difficulty in processing emotional content in real-time.

On the other hand, a message provides the luxury of time for the recipient to digest the news at their own pace, though it misses the emotional cues conveyed through tone, facial expressions, and body language.

We suggest initiating the conversation with a message for its gentleness and consideration. You might say, "I've been thinking a lot about our relationship, and I feel there's something important we need to discuss. Would you prefer we do this over the phone or in person?" This approach respects their choice in how they receive this significant news, preparing them for the conversation ahead without the immediate pressure of an in-person meeting.

If You Decide to Talk:

Choose the Right Environment: If meeting in person, opt for a calm, familiar place with minimal distractions. For a phone call, ensure you're in a quiet, uninterrupted space. The setting is as important as the message itself. **Use Simple Language:** Keep your words clear and direct.

Avoid complex explanations or jargon. The focus should be on expressing that the relationship isn't working due to differing needs and expectations, not because of their autism. You could say, "I think we want different things from a relationship, and it's not fair to either of us to keep going when we're not compatible."

Allow Time for Processing: People with autism might need more time to think and respond. Silence isn't a sign of disengagement but a need for reflection. If they seem overwhelmed, suggesting a pause in the conversation can be an act of kindness, showing you respect their emotional processing speed.

After the Conversation:

Consider the Emotional Impact: Ending a relationship can disrupt the routines and structures individuals with autism rely on for stability. Gently suggesting support like counseling or joining autism-specific support groups can help, but frame it as aiding in transition, not as a critique of their capabilities.

Monitor Their Well-being: After the breakup, watch for signs they're struggling. Changes in behavior might not be verbal; look for shifts in routine or increased withdrawal. If you notice

these signs, suggesting they reach out to a trusted friend, family member, or professional could be supportive, done with the intent of care rather than passing off responsibility.

Take Care of Yourself:

Seek Your Own Support: Ending a relationship, especially one where both parties share the experience of autism, can be emotionally draining. It's important to have your support network, whether it's friends, family, or a therapist who understands autism. This will help you navigate your feelings, affirm your decision, and heal at your own pace.

In essence, ending a relationship when autism is a factor on both sides requires a careful balance of clarity, compassion, and patience. By considering the unique communication and emotional needs of both individuals, you can manage this transition in a way that, while painful, honors the dignity and growth of each person involved.

Remember, the goal isn't just to end the relationship but to do so in a manner that allows both parties to move forward with as little harm as possible. This means taking into account the sensory, emotional, and cognitive differences autism can bring, ensuring the message is communicated in a way that respects each person's way of processing the world. Whether through messages, phone calls, or in-person discussions, the focus should always be on empathy, understanding, and mutual respect.

Courtesy to
Be Change

The Watchful Hour: A Grandmother's Journey

When I took my granddaughter to her pediatrician for her 15-month well-check, I wasn't entirely sure what to expect. Over the last few months, I had noticed some behaviors in her that seemed different—things that made me wonder if they could be signs of autism. These weren't just fleeting moments but patterns I had started to pick up on. She wasn't always making eye contact the way other kids her age seemed to, and sometimes she would get so focused on repetitive actions that it was hard to get her attention. I decided to record some videos of these behaviors so I could show the doctor exactly what I was talking about, hoping it would help them understand my concerns better.

At the appointment, I brought up what I had been observing and showed the doctor the videos. The doctor was patient and took the time to watch them carefully. She asked questions about my granddaughter's daily behaviors, how she interacts with others, and how she communicates. I explained that while she does smile and respond at times, there are also moments when she seems very disconnected or doesn't respond to her name being called. I also mentioned that her words seemed limited compared to what I thought was typical at this age.

After we talked, the doctor brought up a scale that they use to assess developmental concerns related to autism. She said it ranges from 1 to 8 and explained that my granddaughter's behaviors placed her at a 5. This rating, according to the doctor, showed a definite concern, but not enough to trigger an immediate referral to a specialist. She explained that children aren't typically evaluated formally for autism until at least 16 months, partly because developmental patterns can change so rapidly at this age. What struck me was how carefully she explained that while these behaviors are concerning, it's not definitive or something to panic about just yet. She encouraged me to take some time over the next three months to observe and evaluate my granddaughter's development more closely.

The doctor also mentioned that if her behaviors remain consistent or grow more pronounced, they could send her for early intervention, which might include occupational or speech therapy. This stuck with me because it gave me a sense of direction, even if we weren't making big decisions yet. She explained that therapies like these could help her develop communication skills, motor skills, and ways to process sensory input, even before an official diagnosis. I appreciated this because it made me feel like there were steps we could take to help her, regardless of whether or not she was formally diagnosed with autism.

I left the appointment feeling a mix of emotions—relief that my concerns were taken seriously, gratitude for a doctor who seemed to genuinely care, and confusion about what all of this actually meant for my granddaughter. I wasn't entirely sure what to do next or how to approach the three-month waiting period. The idea of “watching and waiting” felt a little passive to me, especially when the doctor clearly thought there was something to be concerned about. At the same time, I understood that rushing into a diagnosis too early might lead to unnecessary stress or even inaccurate conclusions.

When I got home, I started going over everything in my head. I realized I needed to be more intentional about observing my granddaughter's behaviors. I wanted to be as prepared as possible for the next appointment, so I started paying closer attention to how she interacted with her surroundings. I noticed little things, like how she sometimes avoided eye contact or seemed uninterested in playing with other kids. On the other hand, there were moments of connection—like when she smiled back at me during a game of peek-a-boo or reached out to show me her favorite toy. It felt like she was caught somewhere between typical development and something that needed extra attention.

I also dove into the paperwork the doctor had given me. It was a developmental screening tool with detailed questions about my granddaughter's behavior and milestones. At first, it felt a bit overwhelming. The questions were so specific, and I worried about answering them correctly. I didn't want to overstate my concerns, but I also didn't want to underplay them. I decided to take my time with it and answer as honestly and thoroughly as possible. I could see how this kind of structured assessment would be useful for the doctor when we followed up in three months.

The mention of therapy during the appointment had also stuck with me. I began researching early intervention programs and learned that they are often available for children under three, even without a formal autism diagnosis. These programs focus on supporting areas of developmental delay, like speech, motor skills, or social interaction, and they are tailored to each child's specific needs. I decided to reach out to my local early intervention program to see if they could evaluate my granddaughter. The idea that I didn't need to wait for a diagnosis to seek support was empowering. It made me feel like I could take proactive steps to help her, even during this period of uncertainty.

Over the following weeks, I found myself reflecting on what I really wanted for my granddaughter. A diagnosis, while important, wasn't the end goal. What mattered most to me was making sure she had the tools and

support she needed to thrive, no matter what her developmental path looked like. This realization helped me reframe my thinking. Instead of focusing on whether or not she would be diagnosed with autism, I started focusing on how I could help her grow and learn in the best way possible.

I also found it helpful to connect with other families who had been through similar experiences. Talking to them gave me a sense of community and reassurance that I wasn't alone. They shared stories about their journeys—how they navigated evaluations, therapies, and parenting challenges. Hearing about their successes and struggles helped me understand that while this process might be complicated, it's also full of opportunities for growth and connection.

One piece of advice that really stuck with me was to take things one step at a time. It's easy to get overwhelmed by the “what

ifs” and the uncertainty of it all, but focusing on the present—on what I can do for my granddaughter today—has been grounding. Whether it's spending extra time playing interactive games, encouraging her to use new words, or just being there to support her, I know that every little effort counts.

As we move forward, I'm trying to stay as proactive and informed as possible. I plan to continue observing her closely, documenting her behaviors, and seeking out resources like early intervention. I also want to keep building a team of people—pediatricians, therapists, and even other parents—who can help guide us through this process. It's clear to me now that this isn't about labeling her or fitting her into a category. It's about understanding who she is and giving her every opportunity to reach her full potential.



My Journey with Lilys Food Aversion

My alarm goes off in two hours, but I know my brain won't shut off



You know, I'd heard of food aversions in kids before, but I never imagined what it would really mean until my daughter, Lily, started showing hers. She was so picky that at one point, she only ate crackers and plain pasta. It was beyond frustrating and exhausting, but I knew it wasn't just "picky eating" or something I could push her through. With her autism, there were layers to this issue—ones I'd learn about little by little, and honestly, I needed every bit of patience I could find.

Early on, I tried just making mealtime peaceful and predictable for her. The idea was to give her a calm, structured space where food didn't feel like an enemy or a scary new experience every day. I created a specific spot for eating, always kept the TV off, and played gentle background music. \

To keep things as consistent as possible, I'd serve her meals on the same plate, with her favorite cup and utensils. I read that routine can really make or break things for kids with autism, and it was true for Lily. Just knowing what to expect seemed to give her a little peace of mind.

Her sensory sensitivities were a huge part of the issue too. I kept a little notebook and wrote down what she did and didn't like about each meal, and soon enough, patterns started emerging. It turned out she had a real sensitivity to mushy textures. Anything like mashed potatoes or oatmeal would send her into a fit, but crunchy foods like crackers or toast? She was totally fine with those.

So, I got creative. If she liked crunch, I'd try introducing foods that had a similar texture but were a bit more nutritious. I started with soft crackers, then moved to slightly steamed carrots that still had a bit of crunch to them. And yes, it took time. I'd sit with her, talking gently, but never pressuring her. It sounds simple, but just sitting there and modeling calmness during her mealtimes was a huge shift. Over time, Lily got used to those new textures.

Smells were another struggle. The aroma of cooking meat or anything heavily spiced would instantly set her off. I learned to serve some things cold or at room temperature to cut down on the strong smell. I also introduced her to the smells of new foods when she was calm, away from mealtime.

It might sound funny, but I'd show her a piece of cheese or a new fruit and let her sniff it like it was a flower. I didn't expect her to eat it, just smell it, and become familiar with it. I learned that those little sensory experiences helped, and slowly, she began tolerating a broader range of smells in the kitchen.



I remember one time, I tried cooking scrambled eggs. It filled the house with that strong smell, and she came into the kitchen, covering her nose and frowning. I turned on a fan, and she went back to her spot, a little more comfortable. I realized then just how much these sensory triggers affected her.

I even started using noise-canceling headphones for her at the table when we had other family members eating nearby. The simple sounds of clinking silverware or chewing were enough to make her meal stressful. With the headphones, though, she could focus on her food and actually enjoy it.

Introducing new foods was the next challenge. The idea of food chaining worked wonders. Lily would eat one brand of cracker religiously, so I started introducing similar items in small steps. I'd switch to a similar cracker with a slightly different flavor or texture, and after she got used to that, I'd try something else crunchy, like a breadstick. It was slow going, but it was a way to expand her diet without throwing her off completely.

One of the best tricks I found was empowering her by giving her choices. I'd put two different foods on the table—let's say, carrots and peas—and let her pick which one she wanted to try. The trick was that both were things I was happy for her to eat, so no matter what, we'd make progress. It made a world of difference because she felt in control. Slowly, she started trying small bites here and there, and eventually, I'd see her pick up both options on her own.

Now, here's the part I never expected: family mealtimes became a huge help. Her little brother would eagerly try anything on his plate, and I realized she'd watch him closely, almost studying his reactions. One evening, he grabbed a bite of broccoli with such excitement that Lily curiously took a piece too. That was the first time she ever voluntarily tried a vegetable. I realized that having her brother there helped her see food

in a different way, and I encouraged more family meals after that. It made a positive difference for everyone.

I'd be lying if I said it was easy or that I never worried about her nutrition. For a while, she had issues with low iron, which made her tired and sluggish. That was when we worked with a pediatric dietitian to find ways to boost her nutrients without overwhelming her. I started adding a tiny bit of pureed spinach to her favorite pasta sauce, increasing the amount slowly over weeks. By the time she noticed, she'd already adjusted to the taste.

It's funny because looking back, I used to stress about all these little things like trying to get her to take vitamins or eat her vegetables. But I learned it's a marathon, not a sprint. Every small step was progress, and I celebrated every single win, no matter how small. One day, she tried a smoothie with hidden spinach, and now it's one of her favorite snacks.

It hasn't been a perfect journey. I still have to be careful with what I cook, and I keep her favorite snacks on hand as backups. But now, she eats a variety of foods that I'd never have imagined, like roasted potatoes and even a bit of grilled chicken. I remember once thinking it would be impossible, but here we are. I just kept trying, step by step, keeping things positive, and respecting her comfort zones.

If I could give advice to any other parent going through this, it would be to take it slow and celebrate every tiny victory. Don't underestimate the power of routines and predictability. And most importantly, trust that your child will make progress at their own pace. I'm so proud of how far Lily's come, and every mealtime now feels a little bit like a victory.

Courtesy to
Lilys Mother



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VIDEO MODELING

Video modeling is an evidence-based teaching technique rooted in the principles of applied behavior analysis (ABA). It involves using video recordings to demonstrate a specific behavior or skill, which the learner is then encouraged to observe and imitate. This method has proven effective across various populations, including individuals with autism spectrum disorder (ASD), developmental disabilities, and other learning challenges. The utility and effectiveness of video modeling lie in its ability to capture attention, provide clear and consistent demonstrations, and facilitate learning in a structured yet flexible manner.

In the practice of ABA, video modeling serves as a tool for teaching both simple and complex behaviors. It is particularly advantageous in contexts where live modeling may not be as practical or effective. Video modeling can be used to teach a wide range of skills, from functional life tasks such as brushing teeth or tying shoelaces to social interactions, communication, and even academic skills. By providing a visual representation of the desired behavior, video modeling helps bridge the gap between abstract instructions and concrete performance.

The Process of Video Modeling

The process of video modeling begins with identifying the specific behavior or skill to be taught. This behavior must be observable and measurable, aligning with the fundamental principles of ABA. Once the target behavior is defined, a video is created or selected that showcases a model performing the desired behavior. The model in the video can be a peer, teacher, parent, or even the learner themselves in certain cases. The key is that the behavior is demonstrated in a clear, concise, and contextually appropriate manner.

For example, if the goal is to teach a child how to greet others, the video might depict a peer approaching someone, making eye contact, saying "hello," and waiting for a response. If the target skill is tying shoes, the video might show close-up shots of the hands performing each step of the task, ensuring clarity and precision. The video is designed to be engaging and free of unnecessary distractions to maintain the learner's focus on the task at hand.

Once the video is ready, the learner watches it in a controlled environment. Depending on

the learner's needs and the complexity of the skill, they may watch the video multiple times. During this viewing, the therapist, teacher, or parent may provide prompts or encouragement as needed. After observing the video, the learner attempts to replicate the behavior. Reinforcement is provided for successful attempts, and additional guidance is given if necessary. Over time, the learner is expected to perform the behavior independently and in different contexts.

Video modeling has a wide range of applications within the field of ABA. It is particularly effective in teaching social and communication skills to individuals with ASD. Many individuals with autism struggle with understanding and participating in social interactions. By observing peers or adults engaging in appropriate social behaviors through video modeling, they can learn to replicate these behaviors in their own lives. For instance, a video might show a child sharing toys during playtime or initiating a conversation with a friend. These visual examples provide a concrete framework for learners to understand and practice these interactions.

In addition to social skills, video modeling is also used to teach functional life skills. Activities such as cooking, dressing, personal hygiene, and household chores can be broken down into manageable steps and demonstrated through videos. This approach is particularly helpful for learners who may feel overwhelmed by complex tasks. Watching a video that sequentially demonstrates each step of a task can make it more approachable and achievable.

Academic skills are another area where video modeling has shown promise. For example, videos can be used to teach handwriting, solving math problems, or completing science experiments. By observing the correct procedures and techniques, learners can gain a better understanding of how to approach academic tasks. Video modeling can also support vocational training by demonstrating workplace behaviors, such as clocking in, interacting with colleagues, or using specific tools and equipment.

The benefits of video modeling extend beyond its versatility in teaching different skills. One of its primary advantages is consistency. Unlike live modeling, which may vary depending on the person providing the demonstration, video modeling ensures that the behavior is demonstrated in the same way every time. This consistency is particularly important for learners who rely on repetition and predictability to acquire new skills.

Video modeling also allows for individualized pacing. Learners can watch videos multiple times and pause or rewind as needed to fully

understand the behavior. This flexibility caters to the unique learning styles and needs of each individual. Moreover, video modeling can reduce anxiety for learners who may feel self-conscious or overwhelmed by live demonstrations. By observing a video in a controlled environment, they can focus on the behavior without the added pressure of immediate performance.

Variations of Video Modeling

There are several variations of video modeling, each with its unique applications and benefits. Basic video modeling involves showing the learner a video of someone else performing the target behavior. This is the most commonly used form of video modeling and is effective for teaching a wide range of skills. In contrast, video self-modeling involves recording the learner themselves performing the desired behavior, either with assistance or after initial training. Watching themselves successfully perform the behavior can be highly motivating and reinforce their ability to replicate it independently.

Point-of-view modeling is another variation where the video is recorded from the perspective of the person performing the behavior. For example, a video teaching handwashing might show the hands turning on the faucet, applying soap, and rinsing under running water. This perspective can make the task more relatable and easier to imitate.

Finally, there is mixed modeling, which combines video modeling with other instructional techniques, such as live modeling, prompting, and reinforcement. This hybrid approach can be particularly effective for learners who require additional support or who benefit from multiple modes of instruction.

Research Supporting Video Modeling

The effectiveness of video modeling

is supported by a substantial body of research. Studies have consistently shown that video modeling can lead to significant improvements in a variety of skills for individuals with ASD and other developmental disabilities. For example, research has demonstrated that video modeling can increase social initiations, improve communication skills, and enhance independent living skills.

One of the reasons video modeling is so effective is that it aligns with the principles of observational learning. Observational learning, first described by Albert Bandura, involves acquiring new behaviors by observing others. Video modeling leverages this principle by providing a clear and focused demonstration of the desired behavior. Moreover, the visual nature of video modeling caters to the strengths of many individuals with ASD, who often excel in processing visual information.

While video modeling is a powerful tool, it is not without its challenges. Creating effective videos requires careful planning and attention to detail. The behavior must be demonstrated clearly and without distractions, which may require multiple takes or editing. Additionally, the videos must be tailored to the individual learner's needs, ensuring that the model, setting, and context are appropriate and relatable.

Generalization is another consideration when using video modeling. Learners may initially perform the behavior only in the context shown in the video. To address this, therapists and educators must actively work on promoting generalization by varying the settings, materials, and people involved in the teaching process. For example, if a video teaches a child to greet someone at school, additional practice may be needed to ensure the child can generalize this skill to other environments, such as home or community settings.

Summary ...

Video modeling is a valuable teaching technique in applied behavior analysis, offering a visual and systematic approach to teaching new behaviors and skills. Its applications span social interactions, communication, life skills, academics, and vocational training, making it a versatile tool for learners with diverse needs.

By leveraging the principles of observational learning and catering to individual strengths, video modeling helps bridge the gap between instruction and independent performance. As with any ABA intervention, careful planning, implementation, and monitoring are essential to maximize its effectiveness. With continued research and innovation, video modeling holds great promise for improving the lives of individuals with developmental disabilities and empowering them to achieve greater independence.

A Child in Emotional Distress

How to Support Your Child Through Emotional Distress

Parenting a child is one of life's most rewarding journeys, but it can also bring immense challenges, especially when your child experiences frequent emotional meltdowns. For parents of children who express distressing behaviors, such as self-critical comments ("I'm such an idiot" or "I wish a truck would hit me") or self-injury like scratching their arms, these episodes can be heart-wrenching, exhausting, and even frightening. These behaviors signal a child in deep emotional pain who needs support. While occupational therapy might already be part of your toolbox, you may be wondering whether additional therapies, such as Applied Behavior Analysis (ABA), could help. Let's explore how to approach these situations with care, strategy, and love.

Understanding the Behavior

Every behavior serves a purpose, even when it's challenging to understand on the surface. In Applied Behavior Analysis (ABA), we look at behaviors through the lens of function: What is your child trying to achieve? Meltdowns, for instance, might stem from frustration, sensory overload, or a need for attention or escape. Identifying these triggers is crucial, and a Functional Behavioral Assessment (FBA) conducted by a trained professional can help you pinpoint the underlying causes.

When a child expresses self-critical or harmful thoughts, such as "I don't deserve to live," this behavior often reflects emotional distress rather than a deliberate intention. These statements are red flags that require immediate attention from both behavioral specialists and mental health professionals. Understanding the "why" behind these words is the first step in providing effective support.

Meltdowns may also be exacerbated by an unmet need for communication skills. Some children lack the words or emotional literacy to express their feelings, leading to intense outbursts. Addressing this gap through structured learning, such as social-emotional curriculums or speech therapy, can be transformative. Encouraging open dialogue about feelings in a non-judgmental setting can also help your child feel heard and understood.

Building a Safety Net

Safety is paramount when dealing with meltdowns that involve self-harm. A crisis intervention plan can help mitigate risks while you and your child work through the underlying issues. For instance, you might:

Designate a safe, calming area in your home where your child can retreat during meltdowns.



Provide sensory tools, such as a weighted blanket or stress ball, to help them self-regulate.

Teach and practice calming techniques, such as deep breathing or guided imagery, during moments of calm.

It's also essential to address self-injurious behaviors like scratching by offering alternatives. This could include redirecting their hands to safe, sensory-focused activities, such as squeezing a soft toy, using fidget tools, or even engaging in sensory play with materials like kinetic sand.

Additionally, incorporating preventative measures can help reduce the likelihood of meltdowns. Maintaining consistent routines, ensuring adequate sleep, and identifying early warning signs of emotional distress can empower you to act before a full-blown meltdown occurs. Regular check-ins with your child to gauge their emotional state can also foster trust and open communication, creating a foundation for long-term behavioral and emotional growth.

Another vital aspect of the safety net involves educating other caregivers, teachers, or family members about your child's needs and strategies for de-

escalating meltdowns. Consistency in responses across all environments helps your child feel secure and supported.

The Role of Therapeutic Supports

While occupational therapy (OT) is an excellent resource for addressing sensory processing and motor regulation, your child may benefit from a broader range of therapeutic interventions. Consider the following options:

ABA Therapy: Often associated with early intervention, ABA can be adapted for children of any age. For a nine-year-old, ABA might focus on building emotional regulation, teaching coping strategies, and replacing harmful behaviors with constructive ones. A Board-Certified Behavior Analyst (BCBA) can develop a tailored plan that aligns with your child's unique needs.

Cognitive Behavioral Therapy (CBT): This approach, led by a child psychologist, can address self-critical thoughts by teaching your child to recognize and reframe negative thinking patterns. CBT also equips children with skills to manage intense emotions.

Dialectical Behavior Therapy (DBT): A

specialized form of therapy that emphasizes emotional regulation and distress tolerance, DBT is particularly effective for children experiencing frequent and intense emotional outbursts.

Collaborating with a multidisciplinary team that includes OTs, BCBA's, and mental health professionals can provide a comprehensive approach to your child's care. Combining these therapies ensures that your child's physical, emotional, and behavioral needs are addressed holistically, giving them the best chance to thrive.

Therapies such as mindfulness-based interventions are also gaining traction for their ability to help children focus on the present moment, reducing anxiety and emotional dysregulation.

Integrating mindfulness activities into daily routines, like guided meditation or mindful coloring, can provide your child with accessible tools for self-soothing.

Teaching Positive Skills

Helping your child build emotional resilience involves teaching them healthier ways to express their needs and manage frustration. Start by identifying what your child is trying to communicate through their meltdowns. For example, if meltdowns occur when tasks feel overwhelming, teach your child to request a break or ask for help. Similarly, if they're seeking attention, encourage them to use verbal or nonverbal signals, such as saying, "Can we talk?" or showing a visual cue.

Reinforcement is a cornerstone of behavior change. Praise your child specifically and consistently for using appropriate coping strategies or calmly expressing emotions. Statements like, "I'm so proud of how you asked for help just now" can build their confidence and reinforce positive behaviors.

Visual supports, such as emotion charts or social stories, can also help your child better understand and communicate their feelings. Practicing role-play scenarios during calm moments can prepare your

child to handle challenging situations more effectively. These tools, combined with consistent reinforcement, will help your child develop a robust skill set for managing emotions and interactions.

Another strategy to foster resilience is to teach problem-solving skills. Breaking down challenges into manageable steps and brainstorming solutions together empowers your child to approach difficulties with a proactive mindset. Over time, this not only reduces meltdowns but also builds self-efficacy.

Caring for Yourself

Supporting a child through frequent meltdowns can be emotionally taxing. It's essential to seek support for yourself as well. Joining a parent support group, connecting with a counselor, or simply sharing your experiences with trusted friends or family members can make a significant difference in how you cope with the challenges. Remember, prioritizing your well-being allows you to be fully present for your child.

Incorporating self-care practices into your routine—such as regular exercise, mindfulness, or engaging in hobbies—can provide a much-needed emotional recharge. By modeling self-care and emotional regulation, you also set a powerful example for your child to follow.

Consider seeking professional guidance for yourself if feelings of guilt, frustration, or burnout become overwhelming. A therapist specializing in parental stress can offer coping strategies and a safe space to process your emotions.

A Path Forward

Dealing with meltdowns and concerning behaviors requires patience, compassion, and a willingness to adapt. Start by working with your child's current occupational therapist to address emotional regulation strategies. Seek out a BCBA to conduct an FBA and design a personalized Behavior Intervention Plan (BIP). At the same time, consult a child psychologist for an evaluation of your child's emotional and mental health.

Creating a partnership with your child is equally important. Involve them in the process by discussing their feelings, challenges, and goals in a way they can understand. This collaboration can empower your child to take an active role in their growth, fostering both resilience and trust.

By integrating these resources, you can create a supportive environment that helps your child navigate their emotions, build resilience, and thrive. Your advocacy and dedication are powerful forces in your child's journey toward emotional well-being. Together, you can weather the storm of meltdowns and emerge with deeper understanding and

connection. With time, consistency, and professional guidance, you can help your child develop the tools they need to lead a happier, more balanced life.



Tips ...

One of the most impactful strategies to support your child is teaching them how to identify and express their emotions effectively. Start by dedicating calm, structured time to build their emotional vocabulary using tools like emotion cards, storybooks, or videos that depict various feelings and situations. Engage in activities where you name emotions together, such as saying, "This character looks frustrated because they can't open the jar."

What do you think they could do?" This practice allows your child to recognize and label their own emotions more accurately, fostering self-awareness. Over time, this emotional literacy empowers them to articulate their needs during challenging moments, reducing the intensity and frequency of meltdowns. Combined with consistent reinforcement and modeling by caregivers, this skill becomes a critical component in their emotional toolkit.



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It can often be mitigated or even reversed

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What is Virtual autism

Virtual autism is a phenomenon that has emerged in recent years as a significant concern in the field of child development. It is defined as a set of autism-like behaviors observed in children who have experienced excessive screen exposure during their formative years. While traditional autism has deep-seated neurological or genetic roots, virtual autism is believed to be triggered by environmental factors, most notably the overuse of digital devices.

These behaviors can include delayed speech, reduced eye contact, social withdrawal, and repetitive actions. As an ABA therapist, I have seen how these symptoms manifest and how they differ from those seen in classical autism spectrum disorder (ASD). The promising aspect of virtual autism is that it can often be mitigated or even reversed with timely intervention.

The role of digital devices in everyday life has evolved rapidly over the past decade. Smartphones, tablets, and other screens are integral tools for work, education, communication, and entertainment. While they provide tremendous benefits, their impact on young, developing minds is a topic that has raised concern among parents and child development professionals alike.

The COVID-19 pandemic further underscored these concerns by dramatically increasing children's screen time as families adapted to new routines. The combination of school closures, limited social interactions, and parents managing work-from-home demands led to digital devices becoming the primary source of entertainment and engagement for children.

This sudden surge in screen dependency has illuminated the potential developmental effects on children who are in their most critical period of cognitive and social growth.

The symptoms of virtual autism are nuanced and can be easily overlooked, especially by busy parents who may attribute behaviors like delayed speech or reduced responsiveness to typical childhood phases.

However, these early signs are important to recognize because the first five years of life

are crucial for the development of language, social, and emotional skills. If a significant portion of this developmental period is spent passively interacting with screens instead of engaging in real-life activities, the child may miss out on experiences that nurture their cognitive and social skills.

Unlike passive screen time, active human interactions teach children the subtleties of language, the importance of eye contact, and how to read and respond to social cues. These essential skills are often underdeveloped in children who spend excessive time with screens and minimal time in face-to-face interactions.

One of the most concerning trends linked to virtual autism is the replacement of interactive play and communication with solitary screen time. Parents and caregivers may find it convenient to hand a child a tablet or smartphone to keep them occupied, especially when juggling multiple responsibilities.

While it may seem like an easy solution, this reliance on screens for entertainment can have long-term consequences. Children who spend hours each day engaged with screens may start to show signs of social withdrawal or become less interested in playing with others or engaging in conversation.

They may focus intensely on their device and become upset when it is taken away. This behavior mimics some of the traits observed in ASD, creating concern and confusion for parents who may not understand why their child is exhibiting such symptoms.

The COVID-19 pandemic added an unprecedented layer to this challenge. With schools, playgrounds, and community centers closed or restricted, children lost out on the regular opportunities to play with friends, interact with extended family, and participate in group learning.

Activities that previously fostered development, such as playdates, sports, and storytime at the library, were canceled or moved online. This shift further limited children's exposure to activities that promote social and communicative growth, creating a

gap that digital activities simply could not fill. Parents who may have previously maintained balanced routines found themselves turning to screens as a necessary means of survival in a period of uncertainty and confinement.

What sets virtual autism apart from traditional autism is the possibility for improvement through behavioral and environmental changes. Many parents who recognized the signs early and took action have reported significant progress in their children.

For instance, limiting screen time and focusing on interactive, real-world activities like playing with peers, reading, and storytelling can have a profound impact. Children who were initially showing signs of delayed speech, reduced eye contact, or minimal social engagement began to demonstrate improvements when their screen time was curtailed and they were encouraged to engage more actively with their environment. These improvements highlight the importance of balancing technology use with interactive, hands-on experiences.

For parents looking to manage and mitigate the risk of virtual autism, there are practical steps that can make a significant difference. One effective method is to gradually reduce the amount of time a child spends on screens, replacing it with activities that require imagination and social participation.

Structured play that involves building blocks, crafting, or storytelling engages children's minds and prompts them to practice communication skills. Creating tech-free zones in the home, such as during family meals or in the living room, reinforces the idea that not every moment should revolve around a device. By establishing boundaries for screen use, parents can help children appreciate moments of connection without digital interruptions.

Parents can also model healthy screen habits, as children learn by observing the behavior of adults. When children see their parents engaged in conversation, reading books, or spending time together without screens, they are more likely to understand the value of personal interaction.



Reliance on screens for entertainment can have long-term consequences



Even simple activities like baking, playing board games, or taking walks together can reinforce the joy of shared experiences. By modeling these behaviors, parents send the message that human interaction and physical activities hold intrinsic value that screens cannot replicate.

Outdoor play plays an essential role in countering the effects of excessive screen time. Activities like running, climbing, and exploring nature not only stimulate physical health but also support cognitive development.

Outdoor environments provide sensory-rich experiences that can't be found on a screen, encouraging curiosity and creativity. Time spent outdoors also provides opportunities for children to interact with peers, learn the give-and-take of conversation, and develop an understanding of social dynamics that are necessary for healthy emotional and social development.

Attending community events, enrolling in sports or classes, and simply playing with other children at a park are all ways to encourage socialization and communication.

When it is difficult to completely eliminate screens, choosing high-quality, educational content is a useful alternative. Programs and apps that are interactive and require responses can engage children in ways that are more beneficial than passive watching. Co-viewing these programs with children and discussing them adds an interactive element that bridges the content with real-world concepts. For example, pausing a story to ask questions or relating an on-screen character's actions to a real-life situation encourages critical thinking and reinforces language skills.

The impact of these changes is often noticeable and heartening. One family I worked with described how their three-year-old son, who had been displaying limited speech and minimal interest in eye contact, began to show signs of significant improvement after the parents reduced his daily screen time from several hours to under 45 minutes.



They incorporated daily reading sessions, played interactive games, and took short walks as a family. Within weeks, the child was responding more readily, using new words, and initiating interactions with his siblings. Such cases are a testament to the resilience of children's development when provided with the right environment and support.

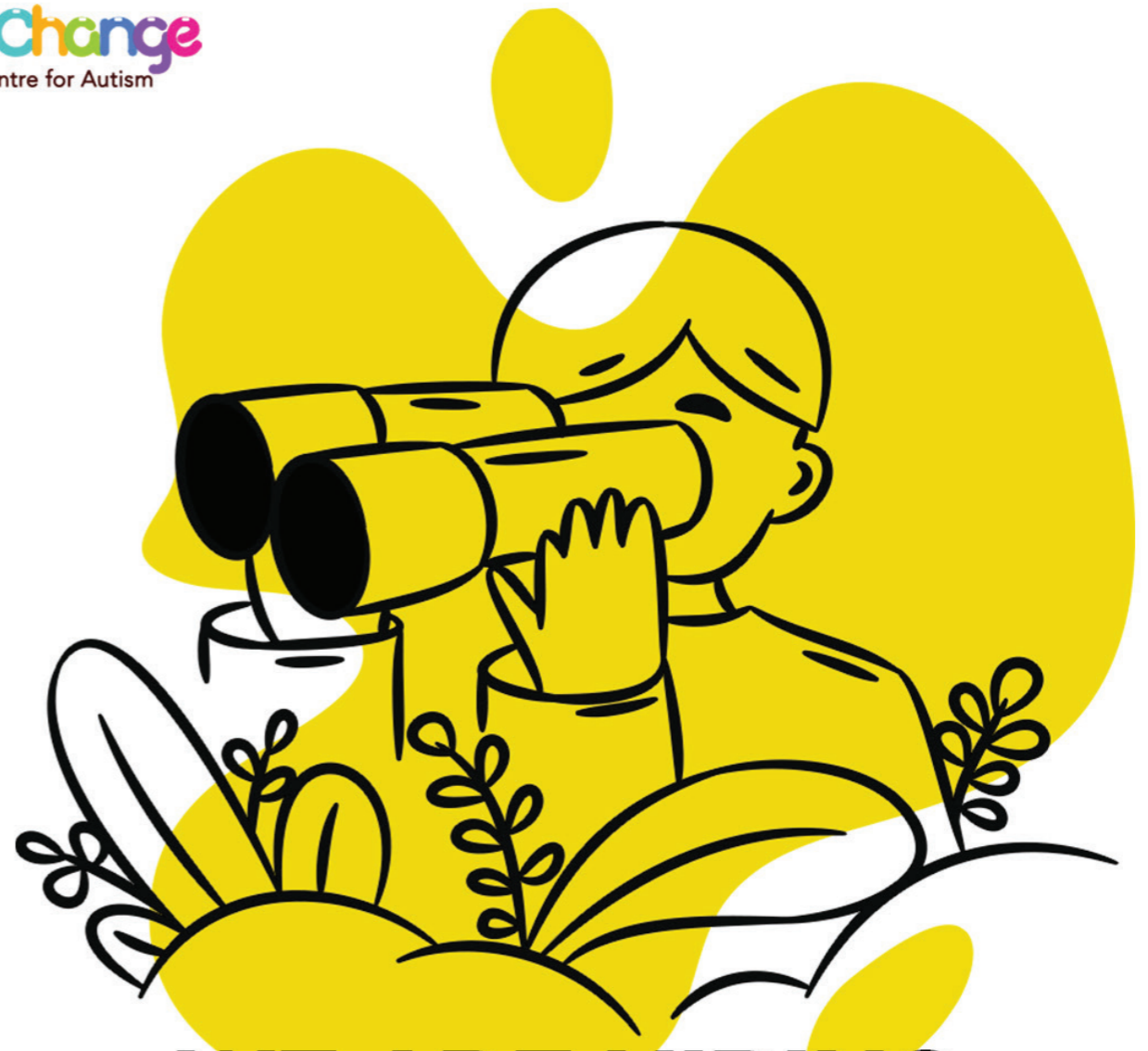
Virtual autism serves as a reminder that while technology is a remarkable tool, it must be balanced with real-world interaction. Screens cannot replace the rich, spontaneous learning that comes from face-to-face communication, play, and exploration. Recognizing early signs of developmental delays and taking proactive steps can lead to positive changes.

Children thrive in environments where they can engage their senses, communicate freely, and explore their surroundings. The experiences of families who have taken action show that addressing virtual autism is not only possible but achievable. With intentional changes and a commitment to interactive, technology-balanced routines, parents and caregivers can support their children's healthy development and pave the way for a more connected, engaged future.

Quick Tip

Designate daily tech-free times, such as during meals and the hour before bedtime, to foster more interactive family moments. Use this time for activities like reading together, playing games, or sharing stories.

Consistent screen-free routines not only promote bonding but also help children develop communication and social skills more effectively.



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WHY WHAT HOW

if your high functioning autistic child (or non autistic child) can feed themselves, bathe themselves, change their own clothes, wipe their own butts, does not elope, started reading early because you homeschool them, etc....as a parent am I NEVER allowed to have "time to myself" sometimes while the child is still awake? Or is my child supposed to own my entire existence every second of their waking hours? I find it odd that some people think I'm not even entitled to a bubble bath or a smoke break at the very least, just because my child is awake..

It's crucial to recognize that even as a parent, you have the right to personal time and self-care. Here are some points to consider:

Parental Well-being: Your mental and physical health are vital for being an effective caregiver. Taking time for yourself can help prevent burnout, reduce stress, and maintain your patience and energy levels.

Child's Independence: If your child, whether autistic or not, has learned to manage basic self-care tasks and can engage in safe, independent activities, this is a positive development. It's beneficial for children to learn independence as it promotes their growth and self-esteem.

Balancing Care: You're not neglecting your child by taking time for yourself. It's about balance. Ensuring your child is safe and occupied with something appropriate while you take a short break is perfectly reasonable. For instance, setting up a safe play area where they can read, play with educational toys, or engage in another quiet activity allows you some time for personal care.

Setting Boundaries: It's important to teach children about boundaries, including that parents have their own needs. This can be done by explaining in simple terms that you're taking a little time for yourself, perhaps even involving them in choosing what they'll do during that time.

Cultural and Social Norms: The expectation that a parent should be constantly available might stem from various cultural backgrounds or personal beliefs about parenting. However, this isn't universally applicable or healthy. It's essential to critique these norms and adjust them to what works for your family's well-being.

Communication: If there's criticism from others, consider explaining your approach or, if necessary, setting boundaries with those critics to protect your family's dynamic. Your parenting strategy should be based on what's best for both you and your child, not external pressures.

Legal and Ethical Considerations: In many societies, there's no law stating parents can't have personal time when children are awake, provided the child is safe. Ethically, ensuring your child's safety and well-being while also taking care of yourself is responsible parenting.

In conclusion, you are absolutely entitled to take time for yourself while your child is awake, provided they are safe and occupied. This doesn't reflect poorly on your parenting; on the contrary, it can model healthy self-care behaviors for your child. Remember, taking care of yourself is part of taking care of your family..

Is stimming a bad thing ?

Stimming, or self-stimulatory behavior, is not inherently bad. Here's a nuanced look at stimming:

Stimming involves repetitive movements or sounds, such as rocking, flapping hands, or repeating words. It's commonly associated with autism but can occur in various contexts.

Positive Aspects:

Self-Regulation: Many individuals use stimming as a way to manage sensory input or emotional states. It can help in calming down, focusing, or expressing joy.

Communication: For some, stimming can serve as a form of non-verbal communication, expressing needs or emotions where words might fail.

Potential Challenges:

Social Perception: In some social settings, stimming might be misunderstood or stigmatized, leading to social isolation or

bullying.

Physical Impact: In rare cases, if stimming becomes very intense or self-injurious, it might need to be addressed to avoid harm.

Cultural and Contextual Considerations:

Acceptance of stimming varies widely by culture and community. In more understanding environments, stimming is seen as part of neurodiversity to be respected.

Stimming should not be viewed as "bad" or something to be eradicated. Instead, the focus should be on understanding why someone stims and how it affects their life. If stimming does not harm the individual or others, it can be seen as a natural behavior,



A good therapist will know how to make sessions enjoyable



potentially beneficial for self-regulation. However, if it's self-injurious or significantly impacts daily functioning, support or strategies might be explored to manage it.

The key is education, acceptance, and individual support rather than a blanket judgment of the behavior itself..

How do you know if you've 'accepted' your child's autism?

To Recognizing if you've 'accepted' your child's autism can be a nuanced and personal journey, but there are several signs that might indicate acceptance:

Emotional Response:

Relief and Empowerment: After the initial diagnosis, you might feel a sense of relief because you now understand why your child is different, and this understanding can empower you to seek the right supports. This feeling can indicate acceptance as it shifts the focus from confusion to action.

Positive Self-Talk: If you find yourself discussing autism as a part of who your child is without negative connotations, it suggests acceptance. This might involve celebrating

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your child's unique traits, understanding their challenges, and not viewing autism as a personal or familial failure.

Practical Actions:

Engagement with Services: Actively seeking out and engaging with autism services, therapies, and educational support shows acceptance as you're working to understand and cater to your child's needs. This includes early intervention, which is often recommended for better outcomes.

Incorporating Autism into Daily Life: If you naturally integrate autism into everyday conversations or activities with your child, like explaining why they might need certain accommodations or celebrating their strengths, it's a sign of acceptance. This could be as simple as discussing autism when they notice differences between themselves and peers.

Community and Support:

Connecting with Others: Acceptance might be shown through your engagement with the autism community, whether by joining support groups, attending workshops, or connecting with other families. This connection can help normalize your child's experience and yours, fostering a sense of belonging and understanding.

Advocacy and Education: If you're educating others about autism, advocating for your child's needs, and ensuring they have access to inclusive environments, it reflects an acceptance of their condition as an integral part of their identity.

Child's Self-Perception:

Supporting Identity: Helping your child understand and accept their autism is crucial. If you're aiding them in seeing their diagnosis as part of their identity rather than a limitation, it's a strong indicator of your acceptance. This might involve discussing autism in a way that empowers them rather than stigmatizes them, providing them with resources like books or online communities where they can see successful autistic individuals.

Personal Growth and Reflection:

Letting Go of Grief: Acceptance often comes when parents move past mourning the 'typical' child they might have imagined and start appreciating the unique individual their child is. This doesn't mean you won't have moments of sadness or worry, but these are balanced with a genuine appreciation for your child's personality and abilities.

Self-Care and Support: Recognizing that your acceptance also involves taking care of yourself and seeking support for your own emotional health can be part of the process.

This ensures you're in a better place to support your child.

Acceptance isn't a one-time event but an ongoing process where your understanding and feelings might evolve. If you find yourself in many of these scenarios, it's likely you've made significant strides towards accepting your child's autism. However, remember that this journey is personal, and these signs might vary from one parent to another.

I'm feeling overwhelmed and concerned about my 2.5-year-old daughter's development. Her pre-nursery school suggested a behavioral therapist or shadow aide due to difficulties following directions, because she won't sit down to eat she always wants to get up and not sitting for circle time.

In just one month there i have seen I've her thrive in activities and paralleling with her peers through photos. Now, the prospect of behavioral therapy makes me worried and sad, especially since no one interacts with her during sessions now that I have had her at her school for a week . Has anyone navigated similar challenges? Your guidance, support and reassurance would mean a lot during this difficult time now when i look at her pictures i get sad cause it makes me feel like she not enjoying her self. Any advice would be amazing ?

Your It's understandable to feel overwhelmed and concerned about your daughter's development, especially when you receive suggestions about behavioral therapy. Many parents go through similar feelings when faced with developmental challenges in their children. The fact that you've seen her thrive in activities and engage with her peers is encouraging. It's important to remember that children develop at their own pace, and some may need more support in certain areas.

Regarding the recommendation for behavioral therapy or a shadow aide, it's worth considering how these options can help your daughter. A behavioral therapist can provide strategies to support her in

following directions and managing transitions, like sitting for meals or circle time. This doesn't mean there's something wrong with her; rather, it's about finding ways to help her adapt to different situations.

It's also crucial to ensure that the support she receives is engaging and interactive. If you feel that the therapy sessions are not interactive or fun for her, you might want to discuss this with the school. A good therapist will know how to make sessions enjoyable and relevant for your daughter, incorporating activities she likes and using play as a way to teach.

As a parent, it's okay to feel sad or worried when you see her pictures and feel she may not be enjoying herself. Pay attention to how she behaves at home versus at school. Sometimes, children act differently in structured settings compared to when they're at home. Communicate openly with her teachers about your concerns and observations, as they can provide valuable insights about her engagement and happiness in the classroom.

Every child is unique, and while therapy can seem daunting, it can also open up new ways for your daughter to learn and grow. Look for positive signs of progress, and trust that you're doing your best to support her development. Connecting with other parents who have navigated similar challenges can also be helpful, as they can share their experiences and insights.

Be Change
Centre for Autism



Happy Diwali
2024

FAQ ...

- **How can I better understand my son's behaviors?**

Observe his behavior closely to identify patterns and triggers. Understanding the function of his behaviors—whether he is seeking attention, avoiding tasks, or self-stimulating—can help you respond more effectively. Keeping a behavior journal can be helpful.



Dear **Autism Support Group** Community,
We are thrilled to present our monthly magazine dedicated to the vibrant and diverse Autistic community. In our magazine, you'll find inspiring stories, insightful articles, and beautiful photos contributed by readers like you.

Why is it free ?

Because we believe in inclusivity! Everyone deserves access to meaningful content. However, we also believe in supporting our amazing team of designers, writers, and coordinators who bring this magazine to life.



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Thank you for being a part of Autism Support Group. Together, let's create a space where every voice is heard, celebrated, and supported.

With gratitude,



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An Imaginary Friend Named ,Ear

What I've Learned

I'm not usually one to write like this, but I feel like I need to share what's been going on with my son. Maybe you've been through something similar, or maybe you're just as confused and worried as I was – still am, honestly.

For the past six months, my 12-year-old son has been talking... to himself. It's not like how we all sometimes mutter under our breath or think out loud. He holds his hand up to his ear, like he's on an imaginary phone, and has full-on conversations. And when I ask who he's talking to, he says, "I'm talking to *Ear*." At first, I was baffled. I thought it was a phase, maybe a quirky habit. But it didn't go away. He started doing it more often. Sometimes, he would be in the middle of something – eating dinner, doing homework, even in the middle of a conversation with me – and suddenly, it's like he wasn't in the room with us anymore. He'd go into this other world where *Ear* exists, and the voice he uses... it's different. Not his usual tone. A little deeper. Almost like an alter ego.

As a parent, you can imagine how concerning this was. I had no idea what was going on. I started to worry about everything – his mental health, social life, school. Would other kids notice? Would they make fun of him? So, I did what most of us would do: I asked. Over and over again. "Who's *Ear*? Why do you talk to him? What are you talking about?" But every time, my son would just shrug and say, "I like talking to *Ear*. He helps me."

That's when I realized that this wasn't something he was doing for attention. He wasn't trying to be difficult or weird. It was something deeper, something he needed. I just didn't understand *why*. I spoke with his teacher and a developmental pediatrician, hoping for some insight. Right now, he's being observed by a behaviorist in

the classroom, and we're waiting for the pediatrician to collect data on his behavior. The pediatrician mentioned something interesting that I hadn't thought of before: maybe he's using this as a way to self-regulate, to manage his emotions or stress. But what does that even mean? How does talking to an imaginary figure like *Ear* help him regulate?

I've been trying to wrap my head around this for months now. It's frustrating because, as a parent, you just want to help your child. You want to fix whatever problem they're facing, make life easier for them. But I've come to realize that sometimes, kids don't need us to "fix" things right away. Sometimes they need us to just... understand, or at least try to. I don't have all the answers yet. We're still figuring it out. But here's what I've learned so far, and maybe this will help another parent out there.

It's so easy to panic when you see your child acting differently, especially when you don't understand why. But instead of jumping to conclusions, I had to remind myself to stay curious. Ask questions, but without fear or judgment. Your child might not be ready to explain it all, but keeping the door open for them to talk when they're ready is so important.

Sure, some things kids do are passing phases. But when a behavior continues for months, there might be more to it. I'm glad I trusted my gut and sought out professional advice, even if I'm still waiting for answers. Early intervention is always better than wishing you'd done something sooner.

My son talks to *Ear* – that's his thing. Maybe for him, it's a way to deal with stress or feelings he doesn't quite know how to express. I still don't completely understand it, but I'm starting to see that this might be his way of handling the

world around him. And honestly, we all have our quirks, don't we? Some people doodle, some people talk to themselves. My son just happens to do it with *Ear*.

This is probably the hardest part for me. I like being in control, knowing what's going on with my child, and fixing problems as soon as they pop up. But this has been a humbling experience. I've had to accept that this is a process, and I may not understand it fully right away. That's okay. What matters is that I'm showing up for him every step of the way.

If there's one piece of advice I can offer from all of this, it's this: Don't panic. Your child is figuring out the world in their own way, and sometimes that looks different than we expect. Maybe it's a sign they need help, or maybe it's just part of their unique way of being. Either way, it's our job to listen, to seek help when we need it, and to be there as they navigate their own path. We're still in the middle of our journey with *Ear*, but I'm hopeful. And if you're in a similar situation, know that you're not alone. It's okay to feel confused, to worry, and to ask for help. Just don't forget to breathe, be patient, and trust that you and your child will figure it out together.





Share Your Moments With Us

Dear members of our incredible **Autism Support Group** and cherished readers,

We invite you to be a part of our vibrant gallery! Whether it's heartwarming moments, achievements, or snapshots of daily life, we'd love to showcase the beautiful diversity of our community.

Send your photos to magkaleidoscope@gmail.com, and let's create a visual tapestry that celebrates the spirit of togetherness. Your moments matter, and each image contributes to the mosaic of our shared journey.

Thank you for being a vital part of our community!

With warmth,
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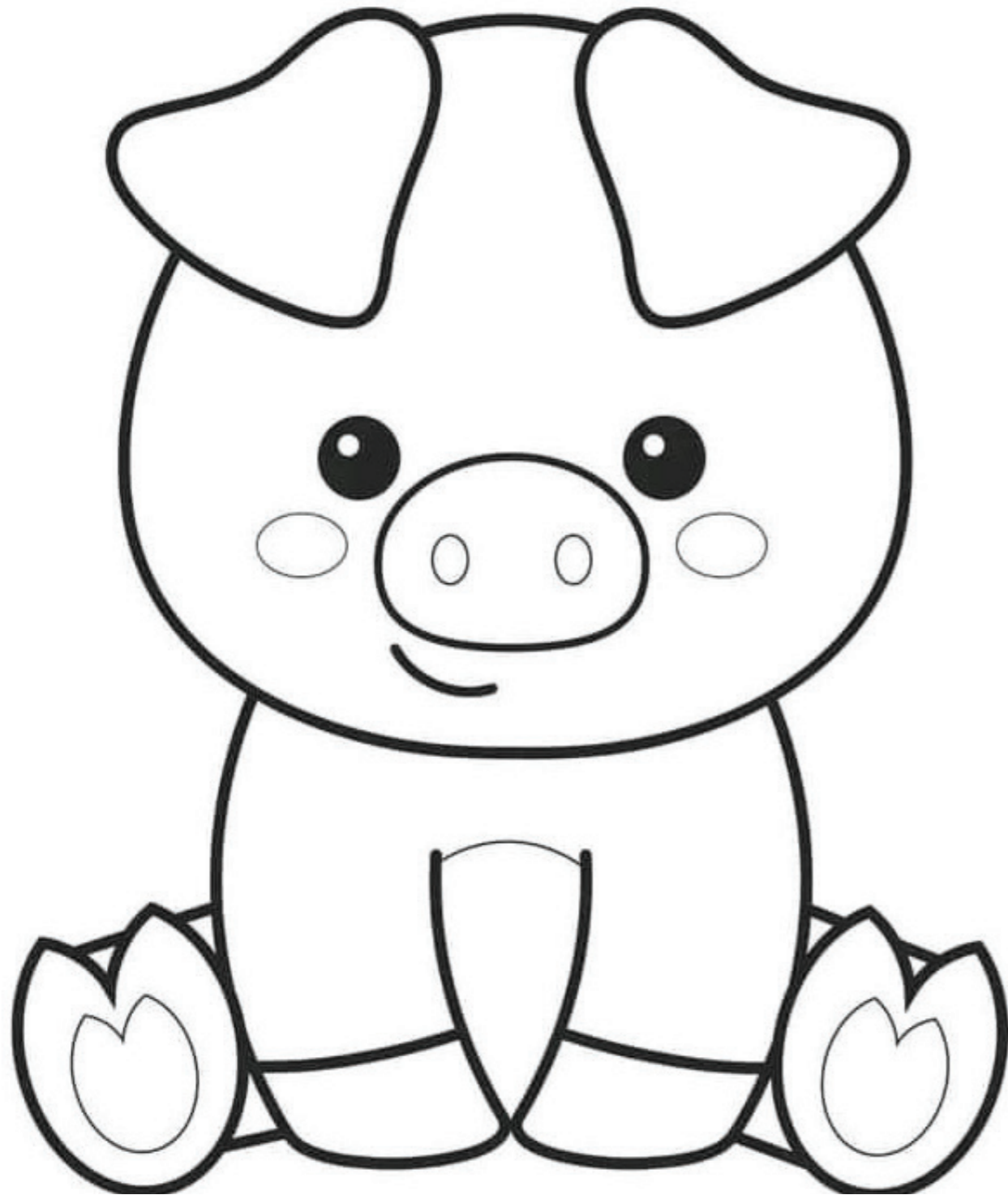
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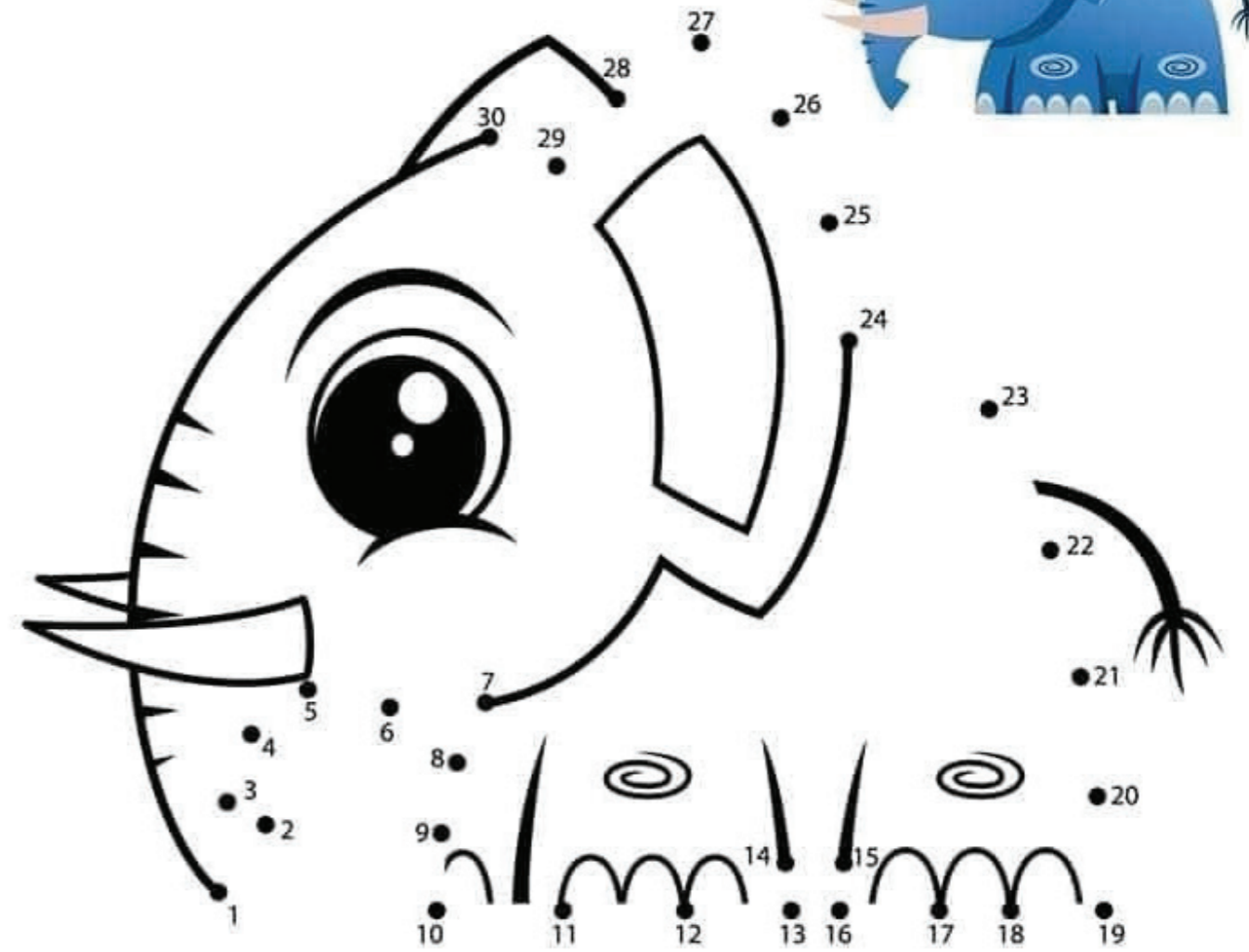


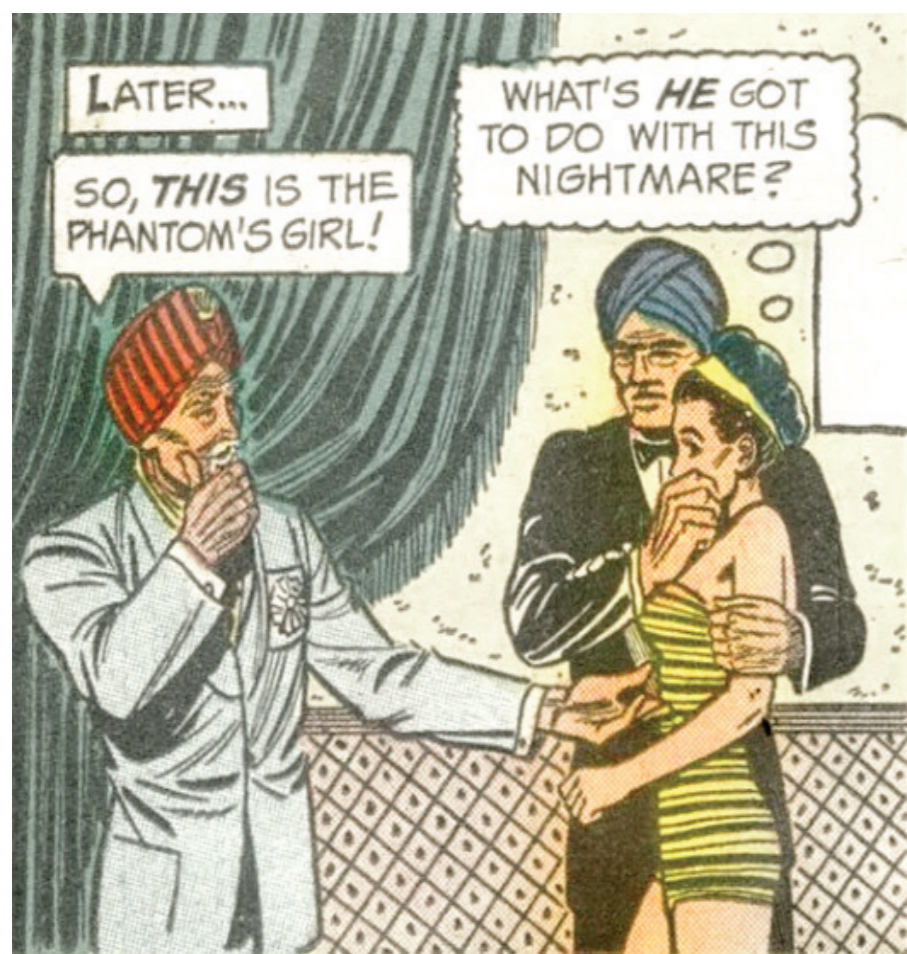
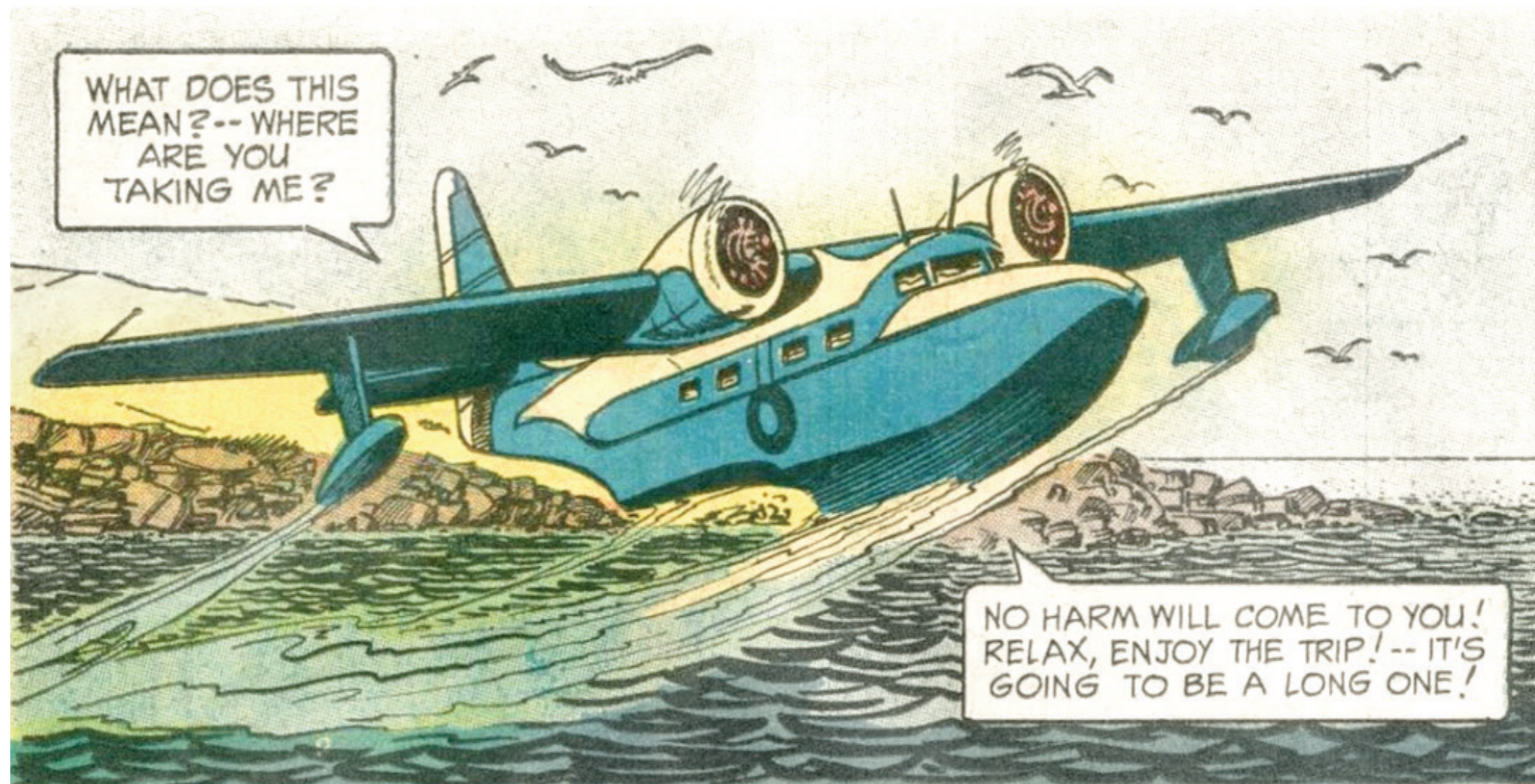
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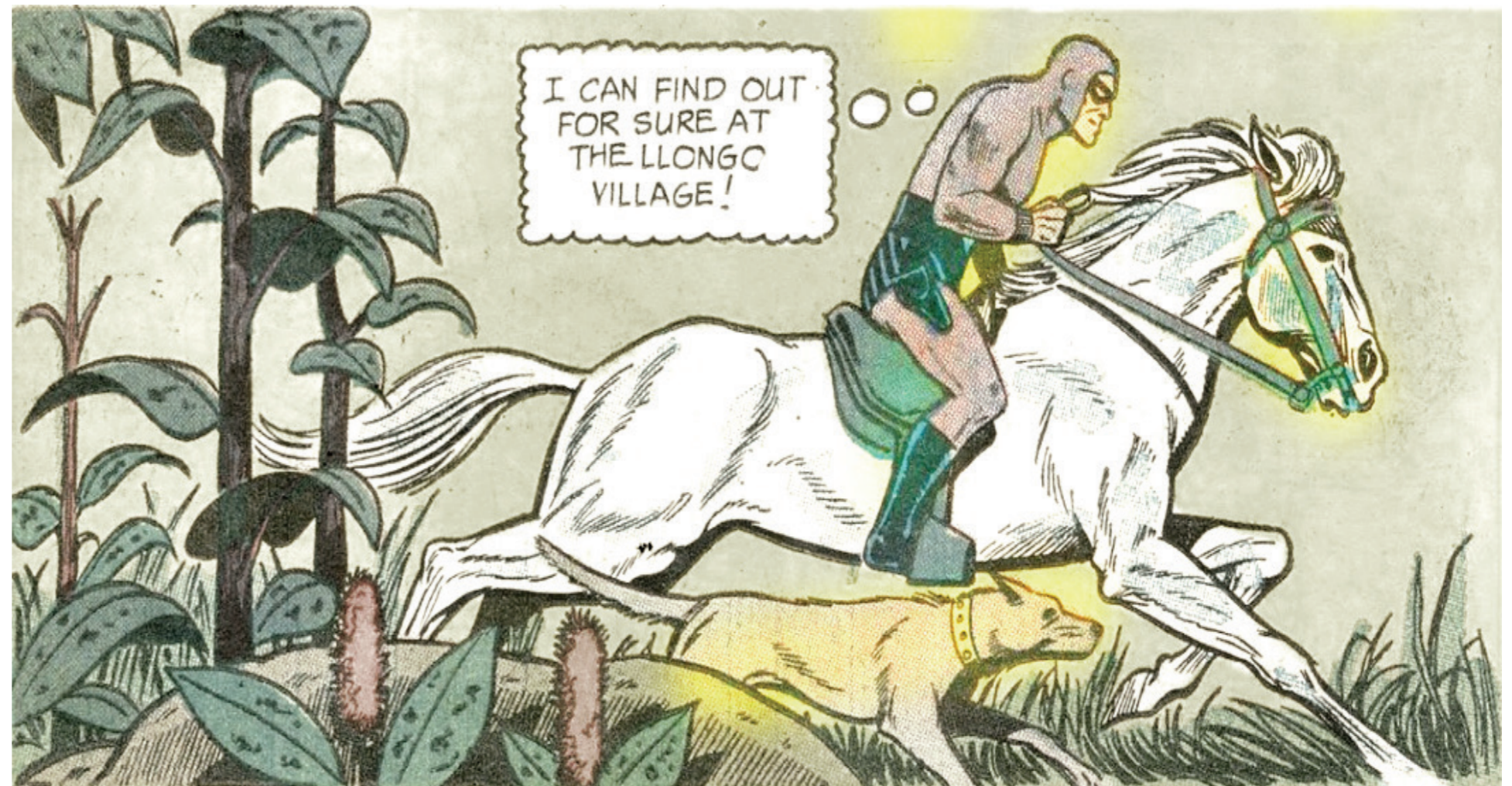
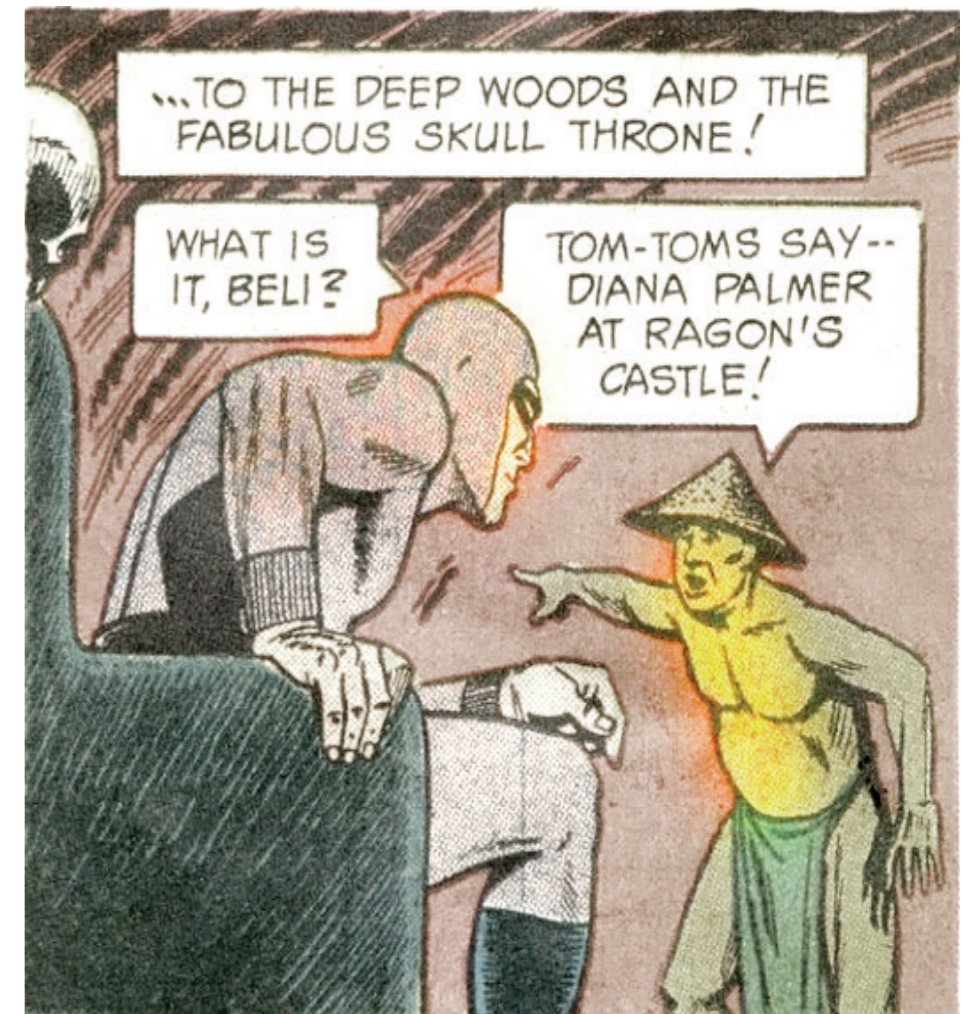


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