This article appeared in the fall 2009 issue of *Autism Spectrum Quarterly* (www.ASQuarterly.com).
Permission to reprint is granted to the authors.

The Social-Affective Diet

The Launch of a New Concept

Karen Levine, Ph.D., Naomi Chedd, M.A., LMHC, and Deborah Bauch, M.S., O.T.R./L

John sits in math class. He pays attention to the teacher; raises his hand; gives the right answer; and works appropriately. When the bell rings he joins his peers as they move to the hall. He is doing well academically and behaviorally; however, the other children, during class and even more during the transition, are in frequent flows of interaction. One child nonverbally jokes with classmates about her tiny pencil; several exchange glances and smiles as their teacher makes a subtle joke. During the transition, the children burst into more interaction, moving and shifting about in pairs and groups. Apart from answering the math question, John does not engage in either verbal or nonverbal interaction during the class or the transition.

John likes his peers; they like him. While he loves happy interaction, he is not able to access their fast-paced, disjointed, playful engagements. He is socially "in a class of one", even while in the midst of his peers. He is likely becoming increasingly socially "hungry" as the day wears on, while his peers are getting their "social-affective snacks" all day.

Most typically-developing children experience frequent, self-imposed, playful, social breaks throughout their school days, involving chit-chat with children and teachers; good-natured teasing; non-verbal exchanges; and looks, smiles, and gestures. These interactions occur between and during classes; at lunch and recess; and before and after school. Research across the education, medicine, mental health, and neurology fields suggests that happy interaction has multiple positive benefits, including increased social participation and learning, and decreased anxiety and behavioral challenges. These exchanges likely contribute to expanding social skills and friendships; staying regulated for academic work; and enjoying school. For additional information on the benefits that accrue from feelings of belonging, see Dr. Teresa Bolick's article on page 47.

A social-affective diet is a term we are introducing to refer to an *explicit plan* to ensure that the child with ASD is engaged in many frequent, happy interactions throughout his or her day.

In an ideal world, children with ASD will develop sufficient social capacity to independently participate in the social-affective "action" happening around them, and ideally their peers will also learn ways to include them. However, children with ASD, across educational settings, are often unable to spontaneously access much of this type of action, due to their social/communication challenges. Hence, they are often left out of the flow of social engagement and accompanying social-learning opportunities. While schools have increasingly provided social skills groups and "lunch bunch" experiences for social skills teaching, children with ASD—in stark contrast to their peers—may go through hours of their school day with few, if any, experiences of happy social interaction. Unfortunately, social isolation can lead to anxiety, maladaptive attention-seeking behavior, emotional dysregulation, and depression (e.g., Laursen, Bukowski, Aunola, & Nurmi, 2007). This social isolation may go unnoticed unless or until a child manifests obvious behavioral issues. In the absence of behavioral indicators, adults may assume that the child is choosing to be alone. Or, they may be focused on the child's academic progress and simply not have this key component of education on their "radar screens".

What is a "Social-Affective Diet"?

A social-affective diet is a term we are introducing to refer to an *explicit plan* to ensure that the child with ASD is engaged in many frequent, happy interactions throughout his or her day. These interactions can be initiated by adults (e.g.,

Examples of how to document a social-affective diet in the IEP

IEP Section	Example
Student Profile	While John is able to engage in most aspects of the school routine, he lacks meaningful social exchanges with peers and adults.
Present Levels of Academic Achievement	John lacks social reciprocity with his peers, leaving him isolated socially. This impacts his ability to complete group academic tasks and work with partners.
Accommodations	**Social-affective diet strategies**
Academic and Functional Goals/ Benchmarks	At least twice during each period, including a class and a transition, John will engage in a positive social-affective interaction with decreasing adult initiation.

Table 1

paraprofessionals, therapists, and teachers) or peers. Peer interactions, however, may more likely have to be facilitated by adults. Furthermore, it is important that these interactions be tailored in such a way that they are pleasant and engaging, but not dysregulating, for the child with ASD.

Use of humor, incorporating easy-access topics that are familiar to the child with ASD as well as to the other children, often lead to happy, shared exchanges. Further, simple humor has broad appeal across varying levels of social sophistication, and hence is accessible to children at different ability levels. Examples of social-affective experiences incorporating humor follow:

An unpopular hot lunch item is announced over the loud speaker and a teaching assistant playfully says to Becky (with ASD), and a few other children, "Oh man! Not those watery, gooey peas AGAIN!" They all chuckle and a few start miming eating the gooey peas while the others look and laugh.

A therapist sits across from Mike (with ASD) at lunch. Mike and another boy both have Cheezits. The therapist says, "I remember eating Cheezits when I was a kid, 100 years ago!" The children laugh. "Do you think they had cars back then? Ipods?" The therapist makes sure that the theme, pace, and humor are such that Mike can participate, and along with the others, add silly and real suggestions.

While humor is a powerful "social magnet", a social-affective experience need not involve humor. It could involve a brief adult-child chat about something important to the child, such as a favorite movie or game, especially if the adult knows a nearby peer also likes this. It is important to note the difference between praise, which is *delivered to* the child, and a social-affective experience in which the child is *an active participant,* as evidenced by smiles, eye contact, and reciprocal communication.

Children in specialized settings often also have a reduced number of happy social engagements, and their peers often have limited ability to spontaneously socialize. Teachers can effectively integrate a social-affective diet into their day such as in the following manner:

The teacher arrives at morning meeting wearing huge costume glasses while acting otherwise totally normally. "Why are you laughing?" she asks seriously, as the children laugh. Then she too laughs and takes the glasses off. This can be later referenced by pulling them out again, through visuals and re-enactments, making the entire experience a shared class joke.

An adult can also create a social-affective experience by helping a child with ASD access ongoing humor in the classroom. Drawing the child's attention to the humor taking place; finding a connection between the child and the topic of humor; and simplifying language or cognitive components, are all tools that adults can use to help the child with ASD participate in the social-affective experience.

What Is the Difference between a Social-Affective Diet and a Sensory Diet?

A sensory diet is an individualized activity schedule designed around a child's unique sensorimotor needs to help the child stay regulated; whereas, the emphasis in the social–affective diet is on interaction. The two, however, can be merged. Activities considered "sensory", such as swinging or jumping, can be done interactively to simultaneously provide social-affective input. The sensory and emotional systems are clearly interrelated, notwithstanding that there is currently limited understanding regarding the specifics of the complex, dynamic nature of this interrelationship. Today, sensory diets are increasingly a part of the educational "landscape", with

There are many ways to document effectiveness and progress for an individual child.

some schools documenting their use in children's IEPs. In launching the social-affective diet, we are recommending that its components be included in the child's IEP, given the importance of social interaction—and the need to directly address ways to promote it—for children with ASD. (See Table 1.)

How Can You Document Progress with a Social-Affective Diet?

Since this is a new concept there is not yet research regarding its effectiveness. That said, using a social-affective diet makes intuitive sense, given the well-known deficits in the social domain that are an integral part of ASD. There are many ways to document effectiveness and progress for an individual child. For example, staff can take data prior to, during, and following implementation of the social-affective diet regarding the following relevant behaviors: number of instances and duration of child-child interaction, and child-adult interaction; and the presence of social indicators such as instances of appropriate visual regard, directed smiles, comments, and the like. All of these behaviors are expected to increase as a result of using a social-affective diet. Data may also be taken to determine whether maladaptive attention-seeking behavior or noncompliance, if present, decrease as a result of implementation of this diet.

How Can You Include a Social-Affective Diet in a Child's IEP?

A social-affective diet may be appropriately placed in the *Accommodations* section of the IEP, as an adaptation needed to insure that a child is able to access the social and academic curriculum. Or, it can be placed under a child's social and/or communication goals, or as part of his or her behavior plan.

The IEP Team is encouraged to brainstorm about specific ways to tailor the diet for the child's needs and the classroom culture.

Summary

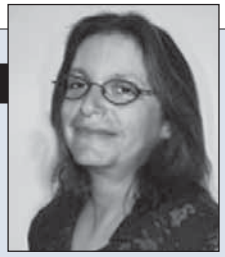
In launching this concept, it is our intention to provide school staff and parents with a definitive and promising method of *explicitly* promoting high-quality, social-affective experiences for children with ASD throughout their school day. We also hope that this will lead others to expand upon this concept practically, conceptually, and through research.

Reference and Resources

Klein, A. (2003) *Humor in child's lives; A guidebook for practitioners*. Connecticut: Praeger Publishers.

Laursen, B. Bukowski, W. M. Aunola, K. & Nurmi, J. E. (2007) Friendship moderates prospective associations between social isolation and adjustment problems in young children. *Child Development*, 78 (4) 1395-1404.

Wilbarger, P. & Wilbarger, J. (1991). *Sensory defensiveness in children aged 2-12: An intervention guide for parents and other caretakers*. Avanti Educational Programs: Santa Barbara, CA.



Karen Levine, Ph.D, is a Developmental Psychologist, instructor at Harvard Medical School, and has a private practice, "Helping Children with Challenges", in Lexington, Massachusetts. She has written numerous articles and book chapters, and is a frequent regional and national presenter to parents and professionals. With her co-author, Naomi Chedd, she wrote *Replays: Using Play to Enhance Emotional and Behavioral Development for Children with Autism Spectrum Disorders* (London: Jessica Kingsley Publishers, 2007). Dr. Levine provides diagnostic evaluations, emotional, and behavioral consultation to families and schools, and conducts workshops for teachers, parents, and early Intervention providers. She can be reached at **klevinehcc@comcast.net** or at 781-799-4348.

Naomi Chedd, M.A., LMHC, is a Licensed Mental Health Counselor specializing in ASD, Prader-Willi Syndrome, and other developmental disabilities. A Massachusetts state-certified diagnostician for children age three and under, she also consults to schools and families, and is a frequently-invited speaker at local and national conferences. Ms. Chedd has written numerous popular and professional articles and is co-author with Karen Levine, PhD, of *Replays: Using Play to Enhance Emotional and Behavioral Developmental for Children with Autism Spectrum Disorders* (London: Jessica Kingsley, 2007). Naomi lives with her husband and three children in Brookline, Massachusetts.

Deborah Bauch, M.S., OTR/L, has more than twenty years of experience in pediatrics and EI. As the Clinical Director at the Astra Foundation, she conducts DIR®-based workshops for parents and professionals and has presented at local, regional, and national conferences. Ms. Bauch is an Adjunct Professor at Lesley University and serves as a senior clinician and facilitator for the Interdisciplinary Council on Learning Disorders (ICDL) and the DIR® Summer Institute. Ms. Bauch consults to school districts, works directly with children and families, and serves as a mentor for professionals. Ms. Bauch has extensive expertise in sensory integration and processing issues, and is the 2008 recipient of the Margaret L. Bauman award for Outstanding Therapy Provider. She has Sensory Integration Certification, and is a registered Occupational Therapist.