



How to	<b>STOP</b>
	<b>Thumbsucking</b> and other oral habits

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## **Dedication**

This book is dedicated to my parents, Alan and Darlene Rosenwinkel. Thank you, Mom and Dad, for raising me with love and guidance, for seeing that I could go to college to become a professional, for encouraging me to succeed, and for standing by me every time things got tough. I love you both with all my heart.

## **Special Thanks**

To Joe Zimmerman and Charlotte Boshart for their contributions to the original edition of this book.



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## Introduction

Do you have a child who sucks the thumb? If so, you probably have some of these questions that you hope to have answered:

- Why is it important for a child to stop sucking the thumb?
- Does it damage a child to make him stop thumbsucking?
- How do we help a child stop thumbsucking?
- When do we begin this process?

Thumbsucking is known in professional circles as an *oral habit*, an acquired behavior pattern involving the mouth. It may not be a common subject, but if you're a parent, educator, physician, dental practitioner, or therapist, thumbsucking may become a concern as you live or work with children. Although

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this book focuses on the elimination of thumbsucking, the same information can be applied to many other oral habits:

- Pacifier sucking
- Finger sucking
- Nail biting
- Lip licking
- Cheek chewing
- Hair chewing
- Tongue sucking

For simplicity, the term *thumbsucking* will be used throughout.

This book is about how to help reduce or eliminate thumbsucking. It is not a medical textbook with technical advice, nor is it a simplistic step-by-step procedure manual. Instead, this is a practical book of ideas, techniques, activities, procedures, plans, suggestions, and guidelines that will prove helpful for most children who suck their thumbs. These ideas can be used effectively by parents who want to help their children, or as a resource for professionals in the fields of speech-language pathology, occupational and physical therapy, education, counseling, and medicine.

PLEASE NOTE: For simplicity, male gender pronouns (i.e., *he, him, his*) are used throughout to refer to the child who sucks the thumb.





## Why Stop Sucking the Thumb?

*Six Good Reasons*

**T**here are at least six good reasons why a child should eliminate a thumbsucking habit:

1. It is unhealthy
2. It may cause a child's teeth to move out of place
3. It may interfere with a child's development of correct swallowing movements
4. It may interfere with a child's development of correct speech
5. It may affect the way a child rests the mouth
6. It may create unwanted impressions about a child and about his parents

### **Your Child's Health**

Every child needs to learn to keep his hands out of his mouth, and the thumbsucking child is no different. The first reason is health! Thumbsucking is not healthy for a child, because it puts a dirty thumb into the mouth.

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Children's hands and fingers seem to be dirty all the time with dirt, food, ink, paint, glue, grease, or mucous. And they don't remember to wash after bathroom breaks either. Yuck! Keeping the thumb out of the mouth helps to keep germs, bacteria, hair, staff, parasites, insecticides, detergents, and more out of the child's digestive system.

## **Your Child's Teeth**

Thumbsucking can interfere with the position and alignment of a child's teeth. In order to understand this better, let's review a fundamental principle from the practice of orthodontics: A slight amount of pressure applied to the teeth over a period of time causes the teeth to move and the bones around them to reshape. Specifically, braces are used to reposition teeth. Under the careful guidance of a professional orthodontist, dental alignment and the position of the teeth can improve significantly.

With thumbsucking, the thumb puts a similar pressure on the teeth and the bones around them, which can move the teeth and reshape the bones. However, unlike braces, thumbsucking can move the teeth into undesirable positions. The changes that occur are direct and observable, but they vary depending upon Three Influence Factors:

- Frequency—the *number* of times per day that the child sucks the thumb
- Duration—the *length* of time the child sucks during each occurrence
- Intensity—the *effort* involved in sucking

These three factors—frequency, duration, and intensity—help determine if a child's thumbsucking will interfere with the development and alignment of teeth and bone structures.

You may have known children whose teeth and mouth were not affected by thumbsucking. Habitual thumbsucking does not always move teeth and bone. For example, if a child sucks the thumb only once in a while, for a short period of time, and with little intensity or pressure, there probably will be no major effects. Such a child might suck the thumb for a few minutes at bedtime but, once asleep, might allow the thumb to fall out. This child's thumbsucking habit would be considered weak, mild, and of little concern. Typically, it is outgrown with little or no intervention. If this is the type of thumbsucking your child does, you probably do not need to be concerned.

On the other hand, if a child's thumbsucking habit is more involved because he engages in it often and intensively, it has a greater likelihood of impacting the child's oral structures. Such a child might suck the thumb many times per day—while playing, watching TV, riding in the car, during meals—and for long periods of time, like most of the night. If so, there could be a greater negative effect on teeth and bones.

Whether a child has a mild or a severe thumbsucking habit, the elimination of the problem will be better for the position and alignment of the teeth.

## **Your Child's Swallowing Development**

Thumbsucking can interfere with your child's ability to develop correct swallowing movements. To better understand, let's look at the swallowing process in detail.

Swallowing is the process of moving food from the mouth to the stomach. In the mouth, food is crushed, mixed with saliva, and formed into a mass. Then the mass is pushed from the mouth into the

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throat by the tongue. The throat muscles move the mass down, toward the stomach.

Swallowing movements develop in two stages. The first stage is known as *infantile swallowing* and the second is *mature swallowing*.

- **INFANTILE SWALLOWING:** Babies suck and spoon feed in a pattern known as the suckle-swallow, or infantile swallowing pattern. In the suckle-swallow, the tongue alternately moves forward and back, first sticking out and then pulling in, back and forth in a pumping motion. When a baby suckle-swallows food on a spoon, the tongue pushes the food out right after it has been spooned in. Parents patiently scrape the food off the front of the mouth and shovel it back in, over and over, until most of it has been consumed. The key to feeding a baby is to continuously scrape and shovel until the baby swallows enough to satisfy his hunger.
- **MATURE SWALLOWING:** Here, the tongue no longer moves forward and back. Instead, it moves up and down and left and right, staying inside the mouth. The tongue develops a cup-shaped configuration as the tip and sides of the tongue become more developed to cradle the mass of food. When a child reaches this stage, the amount of outside scraping needed during feeding is reduced dramatically because food can stay inside the mouth and is swallowed more skillfully.

During the toddler years, children usually advance easily from the suckle-swallow pattern to the mature swallow pattern. By preschool, most children have a fairly mature swallow pattern. Typically, preschool children can bite, chew, and swallow everything from soup to nuts, and they do so fairly well.

### **Thumbsucking and Swallowing**

In relation to swallowing, thumbsucking can prolong the infantile suckle-swallow pattern, and it can delay or *prevent* the emergence of the mature swallow pattern. This prolonged infantile suckle-swallow pattern has been called the *reverse swallow* and *tongue thrusting*. Ongoing thumbsucking can inhibit the development of the vertical (up-down) and lateral (left-right) tongue movements required in the mature swallow.

Without a mature swallow pattern, children can have difficulty chewing and swallowing certain foods. Subsequently, they may learn to avoid difficult foods or even those perceived as difficult. Thus, they can become picky eaters.

And another problem can arise. If the in-and-out tongue movements of the suckle-swallow persist beyond early childhood, they can apply too much outward pressure on the front teeth.

### **Your Child's Speech Development**

Chronic thumbsucking and other oral habits can interfere with a child's speech development in two ways. First, it can delay the emergence of early speech in young children. Second, thumbsucking can interfere with an older child's ability to learn the later-developing speech sounds, which are more difficult to produce because they require the use of refined tongue movements.

#### **Emerging Speech**

Simply put, excessive thumbsucking can interfere with the emergence of speech in young children because a thumb in the mouth usually keeps a child quiet. Thumbs, fingers, pacifiers, or bottles are hampering some toddlers who have not begun

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to talk. Once the thumb or other object is removed from the mouth and their hands get busy with other things, little children can begin to develop speech like other children their age. Barring other problems, most will catch up with their peers in a short time.

### **Later Speech**

Habitual, long-term, and excessive thumbsucking can interfere with a child's later speech development when children should be learning advanced speech sounds. Speech emerges in most children in a fairly predictable way. For example, the first sounds to emerge are those that are easy to produce. This set includes *m, b, w, d, n, g, y*, and others. Early-developing sounds do not require refined oral movements; therefore, they are easy to learn. Excessive thumbsucking usually will not hamper the correct production of these sounds.

<b>Later-Developing Sounds</b>	
<b>SOUND</b>	<b>SAMPLE WORD</b>
S	<u>S</u> oap
Z	<u>Z</u> oo
SH	<u>S</u> hoe
ZH	Te <u>l</u> evision
CH	<u>C</u> hurch
J or G	<u>J</u> udge
L	<u>L</u> ove
R	<u>R</u> un

However, later-developing sounds require refined or advanced tongue movements, particularly:

- Tip elevation
- Lateral tongue elevation
- Midline tongue depression
- Lateral back tongue elevation
- Posterior tongue stability
- Ability to control fine differences in tension in the entire tongue

When thumbsucking is present and a child continues to overuse the infantile suckle-swallow pattern, it can delay or change his ability to move the tongue in these refined ways. The tongue becomes clumsier, with less differentiation of movement in its various parts, like moving in the middle instead of the tip and sides. Advanced sounds can become distorted, are omitted from speech altogether, or they are substituted for other, easier-to-produce sounds.

To remediate the errors, speech and language pathologists enroll children in articulation therapy. But success will be limited if the speech problem is the result of an oral habit, an inappropriate oral movement pattern, and/or an oral structural problem. Eliminating thumbsucking may be the first step in solving erroneous speech sounds.

### **Your Child's Oral-Rest Position**

The oral-rest position is that position the mouth assumes when the child is not engaged in eating, speaking, or other oral movements. When in oral rest, the mouth is quiet, unmoving. Excessive thumbsucking may affect the way a child holds his mouth at rest, which also affects overall facial tone and appearance.

Take a moment to notice your own oral-rest position as you read silently. If it's correct and you have optimum oral structure, you should have similar

<b>Oral-Rest Position Characteristics</b>	
<b>Normal</b>	<b>Thumbsucking</b>
<p><b>Lips</b> Rest gently together</p>	<p><b>Lips</b> Not touching; protruded</p>
<p><b>Teeth</b> Upper and lower don't touch</p>	<p><b>Teeth</b> Positioned too far apart (jaw is low)</p>
<p><b>Tip of Tongue</b> Rests gently upward against the roof of the mouth, just behind the upper front teeth</p>	<p><b>Tip of Tongue</b> Cannot reach the roof of mouth behind the upper front teeth</p>
<p><b>Sides of the Tongue</b> Nestle gently against the insides of the top, side, and back teeth</p>	<p><b>Sides of the Tongue</b> Cannot reach the palate</p>
<p><b>Middle of the tongue</b> Relaxed and low</p>	<p><b>Middle of the tongue</b> Pushed upward or forward</p>

characteristics as those described in the left-hand column of the chart below.

Correct oral rest provides an experience base to help develop optimum lip and tongue muscle movements, as well as jaw position in eating and speaking. A correct oral-rest position cannot be achieved when a thumb or finger is in the mouth.

Try this: Place your thumb in your mouth as if you were going to suck it. Notice how your jaw, lips, and tongue are positioned and how they alter the oral-rest position. These are presented in the right-



hand column above.

When a child sucks the thumb often, the muscles of the mouth exercise in this fashion and the teeth and bones reshape to accommodate the thumb. From the front, his mouth begins to look different, even when the thumb is not there: The mouth rests open, the lower lip sags, the upper lip may be taut, and the tongue may be protruding. Professionals describe this as *open-rest posture* or *open-mouth posture*. Such a child may breathe through the mouth instead of his nose, which can cause the lips and mouth to become dry and chapped.

As a strong habit, thumbsucking causes the muscles of the mouth to develop differently. Speech and swallowing difficulties/differences arise, as well as problems in growth and development of the teeth. A chronically lowered jaw can alter the way a child's face grows, resulting in a longer, thinner face.

## **Your Child's Social Acceptance**

Not only can thumbsucking affect your child's health, teeth, swallowing, speech, and facial appearance, but other people may impugn the child who sucks the thumb—or cast aspersions on the child's parents. To some people, a child who sucks the thumb appears different, unusual, immature, shy, insecure, afraid, less intelligent, withdrawn, poorly behaved, stressed, or bored. Or it may appear that the child's parents have no control over him, do not care about him, are unwilling to tend to his needs, are in denial, are less intelligent, or are unwilling to tackle a difficult problem.

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Facing these real ❖ is an important part of your decision to help your child eliminate his thumbsucking habit.

### **Summary**

Excessive, long-term, and habitual thumbsucking can have a detrimental effect on six areas of a child's growth and development, including his health, teeth, swallowing, speech, oral rest, and social acceptance. The extent of the effects depends on frequency, duration, and intensity of the thumbsucking habit. Although every child will be motivated in different ways to quit, getting rid of thumbsucking is an excellent plan.