Introduction to Thumbsucking

Thumbsucking is a very normal, comforting activity for many children and can actually start before they are born. But when the sucking continues past age 4 or 5, it’s a habit, a habit that can be frustrating for parents and the child. Parents often make the mistake of trying to get their child to stop the sucking too early, when they are not ready. They are not at an age yet where they can understand logical reasoning to quit and the cause-and-effect relationship of the damage it can do. Often the child will see herself as failure if they are unable to stop sucking their thumb leading to more anxiety which leads to more sucking. The more frequent and intense the sucking, the more harmful it can be on the oral structures.

Why does my child suck their thumb?
Infants and toddlers are extremely oral! If you’ve ever seen an infant or toddler playing, you will notice they sometimes put everything and anything they can find in their mouths (much to their parents dismay!) And how many times has a pacifier helped to quiet a fussy baby? I know my son sure put everything he could find in his mouth! Infants have an innate need to suck, some more than others. Infants engage in thumbsucking for various reasons - when they are hungry, tired, bored, or emotionally stressed. But soon sucking can become a habit. Research actually shows that sucking produces endorphins, a natural occurring chemical in the brain, which results in a pleasurable feeling. Sucking behavior can be extremely soothing to the child.

What age should I start worrying about my child’s thumb/finger sucking habit?
The ideal time to eliminate a child’s thumb sucking habit is as soon as the child has reached the age of 5. It is also best to start BEFORE starting kindergarten. Some children do stop the sucking behavior as a result of peer pressure when starting school, however many do not.

With Jill G. Russell

In fact, in an effort to satisfy their oral needs and to not be embarrassed by sucking their thumb in front of their peers, they often develop additional habits while at school, i.e., nail biting, chewing on clothes, hair, and pencils. Once school is done for the day, the digit sucking resumes. The digit sucking can have a negative impact on the child’s learning whether or not the sucking behavior occurs at school.

How important is timing?
Timing is everything! Appropriate timing is CRUCIAL to successfully kicking the thumb-sucking habit. Much consideration should be given to starting therapy when at least one parent can be devoted to giving total support and encouragement to the child. Events such as a divorce, starting a new day care, or death in the family would be considered stressful circumstances that produce anxiety for the child in which case initiation of the program should be postponed.

What about my child’s dental problems?
Will those go away when the thumbsucking is stopped?
Thumbsucking affects dental development in numerous ways. When the thumb is constantly positioned against the hard palate, the tongue is forced to a low and forward position. We know that the tongue helps to shape the hard palate during a child’s development by molding it into a normal shape. The palate grows more narrow and arched when not in its proper resting position. A narrow palate means less room for teeth to erupt into the upper dental arch and also less room for the tongue, forcing it down and forward even more. Upon removal of the digit, there is often a noticeable improvement in dentition. However, the elimination of a sucking habit is not intended to replace the need for orthodontics. The early elimination of the habit can reduce the severity of associated problems.

The Program Overview: Positive Behavior Modification

My program to help eliminate thumb and finger sucking is based on positive behavior modification... and it does just that... rewards favorable behavior in a positive and encouraging manner. The program usually consists of 5 visits (once weekly for 3 weeks, a 6 week appointment, then a six month check up.) Many children stop sucking within the first 1-5 days. On the first visit I ask the child if they are ready to give up their thumb. I have found that most children are very ready to give up their sucking habit, but lack the help and motivation to do so. If the child says “yes” they are ready, then I begin the next step of the program.

Pre-treatment photographs are taken to document any changes to teeth over the course of the program.
THUMBSUCKING FACTS:

- Sucking is a very normal, instinctive behavior performed more often by girls than boys.
- Therapy works best at age 5 - they understand cause and effect on their teeth.
- Sucking causes decreased neurotransmission which leads to the production of endorphins, which creates sensations of pleasure, comfort, and relaxation. Hence, the more stress put on the child to stop, the more they suck.
- 98% of anterior open bites are from digit sucking.
- Not unusual to find several individuals in one family with digit sucking habits.
- 98% of open bites will have tongue thrust swallow - it's a physiological adaptation to create an anterior oral seal when swallowing.
- 34% of children began habitual sucking on a pacifier only.

WHAT PARENTS SAY ABOUT JILL'S PROGRAM:

What Parents have to say about Jill's Program:

100% of parents whose children have completed the program responded “Yes” to recommending the program to other parents of a child with a sucking habit. Here are a few comments of what they had to say:

"John is very proud of himself and feels a great sense of accomplishment."

"We just want to thank Jill for her consistent encouragement and availability to us."

"Jared is a changed person! He feels so good about not sucking his thumb and the success he has had."

"At first I was skeptical about going to Jill, but we had tried everything with no success. Melinda sucked her thumb ALL THE TIME! From the first visit with Jill, she never sucked her thumb again... it was simply amazing!"

"In addition to being a very good therapist, she is great with kids - its obvious she truly cares about her patients and their families."

GRESHAM SPEECH THERAPY
Jill G. Russell, MS, CCC-SLP, COM
Troutdale, OR 97060

phone: (503) 312-9362
fax: (503) 666-3502
email: jill@greshamspeechtherapy.com
www.greshamspeechtherapy.com