Clinical Perspective

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Roberta B. Pierce

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CLINICAL EXCHANGE

Program To Eliminate Thumb (Or Finger) Sucking

Roberta B. Pierce, MAT, CCC-Sp, COM

The key to successful elimination of thumbsucking is motivation. The child and the parents must understand why the sucking must be stopped and the damage it causes to the teeth and palate. In some instances, a parent believes the child *needs* to suck, and that eliminating thumbsucking will rob the child of a necessary psychological satisfaction or will cause other aberrant behaviors to emerge. This is simply not true. In other instances, a child may have tried numerous gimmicks unsuccessfully or has been nagged relentlessly *to get your thumb out of your mouth*. The most important goal in presenting a thumb program is to convince both parent and child that you have a method which really works.

The Chart

Begin the program by explaining that all the child has to do is to go ten nights in a row without thumbsucking. When the child gets home today, he/she makes a chart with a poem and a calendar on it. The poem might say: *A star a day keeps the thumb away. A dime a night keeps my thumb out of sight*, etc. The calendar is used to keep accurate records of the child's progress. Each morning the child marks the chart with the appropriate reward (a check mark, a star, a happy face, a dime) if he/she went all night without thumbsucking. The habit has been broken when the child is successful for ten consecutive nights. Tell the child to call you as soon as the goal is reached and you will have a *really neat* present to commemorate this achievement. The child decides with the parents, on a very special present that they will provide when the sucking habit is

successfully eliminated. Underlying this approach are the daily, immediate rewards of marking the chart and the long-term goals of presents from the therapist and the parents.

The Bedtime Wrap

Explain to parent and child that even though ten nights in a row may not sound like too much, it's pretty difficult when you're a *dedicated thumbsucker*. Something that will make success easier to achieve is suggested. Instruct the parents to stop by a pharmacy on the way home and purchase a 2 inch elastic bandage. Each night, after the child has completed bedtime preparations, the parent is to wrap the bandage on the child's arm. Demonstrate, starting several inches below the shoulder, overlapping the bandage with each time around, and ending up several inches above the wrist. Be sure the bandage is snug and secure but not tight enough to interfere with circulation or sleep. Take three large safety pins (diaper pins are ideal) and place one at the top, one at the bottom, and one in the angle of the elbow. Have the child bend his arm as he would if he were thumbsucking. The child will feel the bandage tighten slightly. Stress that the bandage will not prevent sucking if that is the goal. It will only tighten enough to create awareness of what is happening so that the child can stop the behavior voluntarily.

Daytime Sucking

Stress to parent and child that the child can *be the boss* of the thumb during waking hours. It is the child's responsibility to eliminate daytime sucking. The therapist takes responsibility for the

night time habit. Also give the child suggestions to help during the day. Provide the following items:

1) A *substitute thumb* in the form of small wax bottles filled with juice. These can be purchased at most large variety stores or discount stores. The child is to keep this supply of these wax bottles close by at all times. Whenever the child recognizes the urge to thumb suck, he/she is instructed to reach instead for a wax bottle, bite off the top, suck out the juice, then chew or suck on the soft paraffin. This substitute seems to ease the anxiety about never, ever being able to suck again and is easily discarded by the child after it has served its purpose.

2) *Thumb guards*. The child is also given three or four thumb guards. These are soft, snugly slip-on bandages which can put on the thumb or finger when the child is *at risk* for sucking. (These can be purchased from SWALLOW RIGHT, P. O. Box 7166, Huntsville, AL 35807.)

This program has a very high rate of success. Patient follow-up has shown that 90% of those seen in my office for thumb or finger sucking evaluation and consultation eliminate the habit successfully. The reason this method works where others have failed is that it is based on the child's motivation to stop, not on some externally imposed device which prevents the sucking. The child is self-motivated and also wants to please the therapist who has provided the confidence and encouragement necessary for the child to want to stop the digit sucking habit. The parents and the children are extremely proud of this accomplishment.

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Address correspondence to:
Roberta Pierce, MAT
2310 Market Place, Suite A
Huntsville, AL 35801