Clinical Perspective

Digit sucking - An area of benign neglect

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Digit Sucking - An Area of Benign Neglect

(Review of a presentation by Ms. Rosemarie A. VanNorman at the Twelfth Annual Session of The International Association of Orofacial Myology, Seattle, Washington.)

Ms. VanNorman challenged the concept that digit sucking is a symptom of emotional stress and that attempts to break these habits will result in a redirection or acceleration of the individual's emotional problems. Based on her experience and that of other clinicians, Rosemarie is convinced that most digit sucking is simply a gratifying habit. It is also her philosophy that orofacial myologists are responsible for marketing this revised concept to people such as dental personnel and speech pathologists who are in a position to detect and refer children who have sucking habits. Prevention or interception of digit sucking is most beneficial and successful if done at approximately the time that a child begins school - about age five. At this time the harmful effects of the habit are not as great, and the treatment is usually more successful.

The therapy program which Rosemarie uses is based on behavior modification principles with abundant use of social reinforcers. Ms. VanNorman is a very vivacious, empathic person and the success of her program is no doubt enhanced by her personality and rapport with children. At the initial visit, in addition to the interview and history taking, Rosemarie takes a Polaroid picture of each child to use as a baseline for occlusal changes and to make the child aware of his/her appearance. She believes that children do not see themselves

as they really are when looking in a mirror. The patient is also given a "bag of goodies" to be used in the therapy which includes a tube sock with a hand painted "smilie face" called Sam or Samantha. This sock is the basic restraint used in the program. The patient is seen once a week for three weeks. At this time the habit is usually eliminated, but the sock is worn for a longer period based on individual need. At the end of six months there is a final recall.

Some of the forms which Rosemarie uses are reproduced here to further explain her program. The information represented on Figure 1 is given to the parent at the initial appointment and this outlines the therapy procedures. The hand-out labelled Figure 2 is given at the end of the three appointment sequence and explains the night-time generalizing of the new behavior. Figure 3 is a questionnaire used as a data base for improving the program. Any questions or requests about the program should be sent to Ms. Rosemarie VanNorman, 11414 West Center Rd. Suite 343, Omaha, NE 68144. Those of us who heard Rosemarie's presentation are very grateful for her sharing of this important part of her clinical practice. For those of you unable to be in Seattle, this review may give you some new ideas as well as a resource person to contact for further information.

M.S.

FIGURE 1

Rosemarie A. VanNorman, C.O.M.
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Place SMILIE SAM SOCK on hand and arm at BEDTIME and fasten to pajamas with 3 safety pins.

1 strip of adhesive tape WITH SMILIE FACE on (thumb or finger) during daytime. If there is no problem with the sucking habit during school, IT IS NOT NECESSARY TO WEAR TAPE TO SCHOOL. It is VERY IMPORTANT, however, TO PUT THE TAPE ON AS SOON AS POSSIBLE AFTER SCHOOL.

Make a PROGRESS CHART TODAY AND BRING ALONG ON ALL SUBSEQUENT VISITS.

Mr. (Thumb or Finger's) Drawer - to keep materials in and when child has successfully completed 6 weeks without sucking, Mom and Dad have a special surprise in this drawer.

Place STICKERS around the house (by the T.V., etc.) and also in the car as VISUAL REMINDERS.

Mom or Dad to place some crazy object on child's pillow each night as a SPECIAL REMINDER JUST BEFORE BEDTIME.

Call Rose TOMORROW AND EVERYDAY THEREAFTER during the program to report progress - after 7 a.m. mornings or, if unable to reach, call after 6:30 p.m. evenings.

DIGIT SUCKING HABITS ARE VERY SUBCONSCIOUS AND SPONTANEOUS - I have found, that once we begin the digit sucking habit therapy program, it is pretty RARE that a child will slip and suck the thumb or finger. WHEN THIS DOES OCCUR, IT IS USUALLY BECAUSE, FOR ONE REASON OR ANOTHER, SMILIE SAM WAS NOT PLACED AT BEDTIME OR THE TAPE WAS NOT ON THE (thumb or finger) DURING THE DAYTIME.

If there should be a slip and the digit is sucked, IT IS VERY IMPORTANT that parents DO NOT GET UPSET WITH THE CHILD. As long as the child is WILLING TO KEEP TRYING, this is the MOST IMPORTANT THING.

It is, of course, VERY IMPORTANT to offer LOTS & LOTS OF PRAISE & ENCOURAGEMENT FOR EFFORT.

IF THERE ARE ANY PROBLEMS, PLEASE DON'T HESITATE TO CALL ME.

Good Luck!

FIGURE 2

Rosemarie A. VanNorman, C.O.M.
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It is very difficult to determine, with each individual child, just how long it will take to totally eliminate the subconscious or sleeping habit. For this reason, your child should continue wearing SMILIE SAM SOCK for _____ more months. THE FIRST NIGHT your child is to go without Smilie Sam, have them call me JUST BEFORE BEDTIME. Also, have your child wear a PIECE OF TAPE ON (thumb or finger) and dissolve a disclosing tablet in their mouth and go to bed WITHOUT RINSING. If the subconscious habit is still present, the tape will be pink in the morning and we will know that it is necessary to continue Smilie Sam Sock for awhile longer. HAVE YOUR CHILD CALL ME THE NEXT MORNING AND LET ME KNOW HOW IT GOES.

Continue with the tape on (thumb or finger) WITH SMILIE FACE during daytime for _____. When the tape is removed, OBSERVE VERY CAREFULLY for any slips.

Please have your child CALL ME at least ONCE EACH WEEK FOR THE NEXT 4 WEEKS.

Mom and Dad can give their surprise after successful completion of 4 more weeks.

IF THERE ARE ANY PROBLEMS PLEASE DON'T HESITATE TO CALL ME.

Dear Mom and Dad,

Thank you VERY MUCH for all your help and support with this program. Without your cooperation and enthusiasm, we would not have had such GREAT SUCCESS. I hope you are pleased with the results.

Sincerely,

FIGURE 3

Rosemarie A. VanNorman, C.O.M.
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I am always trying to improve, where possible, my services and programs. Would you please complete this questionnaire so that I may try to further improve my program for children with digit (thumb or finger) sucking habits? Your cooperation is sincerely appreciated.

Who referred you to me? _____

What were you referred for? _____

Were you aware of any damage to the teeth as a result of the sucking habit? _____

Had you been trying to get your child to discontinue the sucking habit prior to coming to see me? _____
If so, what methods were employed? _____

How soon after beginning my program did your child begin to discontinue the sucking habit? _____

Do you feel the discontinuance of the sucking habit led to other emotional problems? _____

Do you feel your child gained in self-confidence and self-esteem as a result of being able to "kick the habit"? _____

Do you feel the program was worthwhile? _____

Would you recommend the program to other parents with a child with a digit sucking habit? _____

Do you have any suggestions as to how I may improve this program? _____

ADDITIONAL COMMENTS:

YOUR SIGNATURE _____