

HANDS IN MOUTH

Some students have a history of 'self stimulation' by putting their hands into their mouth. This repetitive behaviour can seriously interfere with:

- Participation in other daily activities
- Social interactions,
- Saliva production

It also increases the risk for infection, both of the mouth and the hand (skin breakdown).

As with all behavioural concerns, when working with our population of students we **MUST** consider the reasons for the observed behaviour, and question ourselves if the behaviour is:

- Attention seeking (and why)
- An avoidance behaviour
- Providing sensory input and enjoyment
- Response to presently occurring pain or discomfort
- Organically based and it is the student's way to **communicate** their discomfort to you, the caregiver.

Below are some reasons, and possible solutions, to your student's habitual mouthing of their hands:

POSSIBLE REASONS FOR HANDS IN MOUTH	POSSIBLE SOLUTIONS
REFLUX CONCERNS	One of the common symptoms of reflux is habitual mouthing of their hands. If you suspect your student has reflux, you should ask for a medical opinion . It would be beneficial to monitor when your student's 'mouthing' behaviour occurs to see if it coincides with mealtimes (both oral and g-tube feedings). You may wish to position your student in a more upright position and have smaller, more frequent meals until they are seen by a doctor. Medication usually works very well for this and should reduce the behaviour
DENTITION	Always check your student's teeth to rule out dentition problems. Sometimes fists in the mouth can help subdue pain. Check with the dentist.
PAIN	If this behaviour is new, rule out the possibility of pain. Perhaps there are hip problems, seating and positioning difficulties, changes in your student's physical state etc. Check with the doctor to rule out physical concerns.
GENETIC DISORDER	Understand your students genetic disorder, it could be a sign/symptom of the disorder (e.g. lesh nyham disease).
HUNGER/THIRST	Always check to be sure that your student is not hungry or thirsty. For many of our students, this is a way for them to communicate a need . If this is the case, the team will need to respond to the behaviour by providing food/drink. As well, this way of communicating needs to be added to the student's personal dictionary.

INCLUSION OUTREACH

INDUCE VOMITING	Inducing vomiting can be a sign of discomfort or may be a sign of reflux . Check with the doctor to rule out medical concerns. Also check positioning: If your student is in a chair or is wearing a TLSO or some truncal restraint, there may be pressure on the stomach that is making them uncomfortable, especially after a meal. Monitor when this behaviour occurs.
DEVELOPMENTAL PHASE	Some students with significant developmental delays, and mouth their hands as part of their developmental stage. Try redirecting using chewellery, hard toys, chew stick etc.
BORED	Sometimes our student is bored. Try redirecting the student's focus to a motivating activity , music, vibrations, vestibular activities (e.g. swing, ball activities etc).
FRUSTRATED 	When a student is frustrated they are trying to tell us something: Rule out pain or medical concerns and check the environment; perhaps there is something in the immediate environment that is bothering your student, noise, lights, the need for a position change, etc. Try removing/changing the stimulus. If the behaviour does not change, then try redirecting (e.g. chewellery , more stimulation, using a motivating activity etc.). You might also try relaxation techniques or strategies, e.g. pressure, massage, brushing, music etc.
ORAL STIMULATION 	Many students who age tube fed or fed only soft foods may be trying to give themselves oral stimulation. Try using oral stimulation techniques e.g. Beckman exercises, NUK brushing, chew bags etc. talk to your SLP or OT for extra (and student specific) ideas.
SENSORY NEEDS 	Many students with sensory losses (e.g. vision, hearing etc.), find it hard to meet their sensory needs especially if they are confined to a wheelchair. Mouthing their hands is a way to provide some sensory input. A sensory diet of motivating activities may help reduce the incidence of mouthing. Talk to your local therapist to help establish a 'student specific sensory diet' or redirect your student to one of their motivating sensory activities.
TACTILE DEFENSIVE	Some students who keep their hands fisted put their hands in their mouth (dorsal - back of hand) to avoid touching objects with the palms of their hands. They may also be tactile defensive to other stimuli in their environment and mouth to reduce the stress of the stimulus. Always check to determine if tactile defensiveness is a concern and work with the student to reduce (e.g. using a sensory program), or eliminate (e.g. rough textured t-shirt, removed), the defensive reaction.

AVOIDANCE	<p>Your student may be trying to avoid an activity or may be unprepared for the activity you are about to begin. Try to determine if your student is avoiding the activity because it is uncomfortable for him/her: If so and if appropriate, eliminate the stimulus (activity). If not, then help prepare your student for the activity. To give them some control you may wish to introduce tactile calendar boxes to help develop some understanding and control of routines within the day. Once the routine is understood and the activity is part of the day, the 'hands in mouth' avoidance behaviour may be reduced.</p>
HABIT	<p>Some ways to help eliminate this habitual behaviour include:</p> <ul style="list-style-type: none"> • Redirecting the behaviour • Adding more sensory input into the student's routines • Activity boxes to keep your students hands busy • Use of arm splints to keep hands away from mouth • Using mitts to cover the hands, although sometimes the hand, mitt and all, will go into their mouth • Use of relaxation techniques • Use of chewellery • Oral stimulation programs