



ORAL DEFENSIVENESS



Oral Defensiveness is an aversive response to touch sensations in and around the mouth that may cause extreme sensory, emotional and behavioural responses when eating.

Treatment Principles



- In all instances, approach oral defensiveness in a fun and playful way.
- Rapport must be well established with the child.
- Intervention should be carried out at times other than meal times.
- Allow the child to be an active participant in therapy as much as possible.
- Take turns at playing the games with the child or include siblings.
- Slow and steady wins the race.
- Establish a routine - Performing the routine the same way in each session helps a child to know the expectations.
- Take it one step at a time - For severely orally aversive children you may not even be able to start near their mouth. Work your way from the outer perimeter of the face in toward the mouth, then the outside of the mouth, and gradually work your way into the mouth
- Reinforce all positive responses. Give verbal praise and tangible reinforcement

Therapy should be directed toward reducing the sensory problems that triggered the food refusal. However, the general strategy is to influence the sensory processing system, not just the mouth. Many of the strategies used in Sensory Integration programs are effective. These include use of vestibular input (movement through space), deep-pressure touch, and proprioceptive input through the joints. Rhythmical, organizing music and sound can also influence the auditory-vestibular system. Most of these strategies can be incorporated in the family routine to prepare. For example, spoon feeding can be introduced while providing vestibular input in a rocking chair, or using specific types of organizing music during the meal.

Games and Activities to De-sensitize the Oral Space & improve Oral-Motor control



- Encourage the child to explore their mouth with their own hands. If tolerated, rub the inside of their mouth with your fingertips (parent/therapist - with gloves)
- Introduce oral toys into play. Examples include, rubber toys, teething rings (different temperatures and textures). You can also buy teething rings that vibrate when the child bites on them.
- Rub the gums and oral area with a warm washcloth using firm pressure. Firm rubbing and deep pressure generally calm and desensitize and therefore increase tolerance to touch sensations. You can buy a baby toothbrush set from a pharmacy with different sized and textured tips. Apply pressure with washcloth or toothbrush tip firstly to the upper palate of the mouth and gradually (depending on the child's response) apply to the lips, cheeks, gums and tongue.
- A regular toothbrush which we use the normal way plus brushing across his tongue and the sides of his mouth. The suggestion of the electric toothbrush would work too.
- Blow toys may assist in de-sensitizing the oral space whilst increase oral-muscle-tone. Some examples include: harmonicas, blowing bubbles, pin wheels, hooters, balloons, ball blowers, whistles, blow pens, bubble gum. Other games include: blowing through a straw or bath into soapy water to make bubbles, blowing a ping-pong ball through a straw around an obstacle course.
- Sucking activities – These promote oral motor development. Try sucking lollipops, drinking through a straw (try different types of straws, start narrow and short and grade to thicker and longer.) Try sucking pureed fruit through a straw
- Gradually introduce small amounts of food into activities. For example, dipping a lollipop into pureed fruit, dipping rubber toys or toothbrush into juice. Dip favourite toys into flavored water, pureed foods, etc. Help the child be more comfortable with hands/ toys/ foods being in or near their mouth.

Adapting and Introducing New Food



- Prepare the child adequately prior to meals. Make the environment as stress-free as possible. You may want to turn lights lower than usual, minimize loud or distracting noises, maybe use a background sound of soft music. You may find that if you spend a few minutes before the feeding in infant massage, your child will be more relaxed at feeding time.
- Consider other factors such as: Does your child need a puppet/favorite character to help them model eating? Would it help to place a mirror in front of them to see where their mouth is? Is the seating comfortable and positioning appropriate so that they do not slip out or slump?
- Offer the child bland-tasting foods. Unwanted taste can be an assault on the senses of an orally defensive child. While some orally defensive children may develop a preference for foods that are slightly sweet, or foods with a particular flavor, they will most likely not want a wide variety of different tastes and they will not want foods with more powerful flavors.
- Let him play with the food (even if he throws it) as much as possible because feeling the textures on his hands may help him.
- Let them play with the food as much as possible. Make food fun. If they throw the food, instead have them kiss it or bite it goodbye into an “all done bowl.” Always offer the food you are eating for them to explore. Talk about it with them, e.g. “It’s soft, hot, green, etc.”
- It is important to de-sensitize the mouth and oral space prior to meal times. Rubbing inside the mouth with a warm wash cloth along with a variety of blowing and sucking games can help to prepare the child for eating and assist them in tolerating textures.
- Put foods such as peanut butter on his upper lip and have him lick it off...so he could learn to use his tongue to locate the food.
- Try mixing foods that the child will eat with **very** small amounts of a new food.
- The child is seated and encouraged to touch the food or utensils (if this is possible). Then the feeder touches the lips or face to indicate that the food is on the way. A cue such as squeezing the hand, or saying "here's another bite", could be given before each spoonful. As the meal continues, a regular rhythm of food presentation may provide the necessary cues. If the routine is followed at each meal, the child can anticipate the arrival of the food and is not startled when it reaches the mouth.
- Use a spoon that is coated with rubber or vinyl if the child tends to bite on the spoon or has problems with taste or temperature. The coating protects the teeth and reduces the intensity of taste and temperature sensations.
- Use fruit, mashed potatoes, dehydrated cereal, fruit or vegetable flakes, gelatin, arrow root powder, or a commercial thickener to thicken liquid if the child has trouble drinking. When the liquid is thicker (milkshake consistency), you have better

control of a small amount. The liquid doesn't move as quickly so the child has better control. Thin liquid (like milk and juice) often splashes into the airway if the child has swallowing problems.

- Add enough moisture to foods to ensure they are manageable in the mouth.
- Use utensils that are consistent and tolerated by the child.
- Food is better tolerated on the front or middle of the tongue rather than the back.
- Provide **immediate, specific** positive praise for attempts at trying new foods. They may be rewarded with a spoonful of a favourite food or a sticker for a star chart. After eating, praise the child for whatever success they had.
- Link new foods to those already in the child's diet. Describe how they are similar e.g. "same temperature" "same crunchiness" "same hardness"
- Progress from smooth/pureed through to coarse/chewy then eventually solid/hard foods.
- During eating: Do not present all foods at once. Instead, present them one at a time. When your child gestures or says that they are all done with that food, clear all of it away from the table, hands and mouth with a wash cloth before going onto the next food.
- Maintain a fun and playful atmosphere during meal times

References

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