

BRIEF INTERVENTIONS: STRATEGIES FOR COMMON CHILDHOOD HABIT BEHAVIORS

**BI-PED PROJECT (BRIEF INTERVENTIONS: PEDIATRICS)
Emotional Health Committee Maryland Chapter American Academy of
Pediatrics**

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- **Definition:** Repetitive, seemingly non-functional behaviors that do not result in injury or interfere with normal activities, occur in the context of normal development and typically resolve without specific treatment. Examples include thumb sucking, nail biting, breath holding, head banging and body rocking.
- **Differential:** Must be differentiated from *Stereotypic Movement Disorders*. These are also repetitive, non-functional behaviors but cause functional impairment, can cause bodily injury and social stigmatization, and generally occur in association with developmental or behavioral disorders including Autism, Mental Retardation and certain genetic syndromes. Children with this presentation generally require referral for further evaluation.
- **Scope of the Problem:** Most people will develop habit behaviors at some point in their lifetime. Prevalence rates vary widely by habit and range from a low of 4-5% for breath holding to a high of about 80% for thumb sucking. Overall, about 15-20% of children under the age of 3 years will exhibit some kind of habit behavior.
- **Etiology:** Varies according to habit. Habits may be associated with pain or anger (breath holding), sensory seeking (thumb sucking), anxiety (nail biting) or sleepiness (head banging, body rocking).

Interventions for Selected Habit Behaviors:

Thumb sucking:

Reassure parents

Ignore in children under 4 years –will usually remit by 6 years without intervention.

Praise and rewards for not sucking thumb

Use a bandage on the thumb to remind them not to suck

May refer children over 5 years to an orthodontist for a thumb crib.

Nail biting:

- Ignore
- Keep nails short
- Rule out underlying emotional disorder
- Habit Reversal Therapy – for school aged children – consists of three components:
 1. Increase awareness of habit – e.g. have them look in the mirror while biting their nails
 2. Teach a competing response – e.g. chewing gum, blowing air through pursed lips, etc.
 3. Teach relaxation techniques – visualization, deep breathing, progressive muscle relaxation (see anxiety module appendices)
- Consider hypnotherapy if HRT unsuccessful
- May refer children over 5 years to an orthodontist for a bite plate

Breath Holding:

- Reassure parents if able to diagnose by history alone – episodes generally remit by age 5 years
- Request video of event if not able to diagnose
- EEG and EKG if nature of episode still remains unclear
- Parents should remain calm and not give attention to the behavior
- Consider supplemental iron if anemic

Head Banging/Head Rolling/Body Rocking:

- **May occur separately or together in otherwise healthy children around sleep time**
- **Reassure parents – rarely results in injury and will usually remit by 4 years of age without intervention**
- **Parents should remain calm and not give attention to the behavior**
- **If still concerned:**
 - **Line crib with bumper pad**
 - **Move crib away from wall**
- **If behavior persists beyond 4 years of age may need referral for further evaluation**

References:

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