

child with motor difficulties may push food up into the roof of the mouth where it becomes stuck. When the food later falls down, the child may be surprised and gag or choke on the unexpected mouthful.

Mouth stuffing can be an important diagnostic symptom of a mild-to-moderate oral sensorimotor difficulty. When children resolve their difficulties with oral sensation and perception and improve tongue, lip, and cheek movements in chewing, the mouth stuffing stops. Because it is a compensation, the child no longer needs it as sensorimotor processing improves. It is vitally important to help children clear their mouths after each meal and to become comfortable with regular toothbrushing. When children keep food in their mouths for longer periods of time, they are at a higher risk for tooth decay and aspiration.

TREATMENT

It is critically important to remember that mouth stuffing is a child's way of compensating for sensory or motor difficulties. By treating the underlying problem, the child will no longer need to stuff the mouth. Treatment does not address the mouth stuffing itself, but the reasons why the child stuffs. The specifics of treatment will depend upon why the child is stuffing. The following strategies may be incorporated into a child's program during therapy and at home.

When Stuffing is a Symptom of Poor Sensory Awareness

- Wake up the mouth before the meal, intermittently during the meal, and after the meal with foods that are spicy, crunchy, cold, or carbonated. These 4 sensory inputs can help a child become more aware of the mouth and organize oral movement more effectively. Foods such as pickles, raw carrots, and spicy dips can be included in the meal. Spices can be added to other foods. Cold carbonated mineral water can be sipped between mouthfuls. Add lemon to the mineral water for extra sensory input if the child will accept it. Add ice to other liquids.

- Chew on ice before and during the meal. This alerts the mouth, but simultaneously reduces discomfort from oral sensory defensiveness.
- Use a small table mirror, and have the child visually check the mouth at intervals before taking another bite, and at the end of the meal. Help the child learn what an empty mouth looks like and feels like.
- Use a small vibrator massager before the meal to help build more awareness and movement in the tongue, lips, and cheeks before the meal.

When Stuffing is a Symptom of Poor Oral Movement and Reduced Chewing Skills:

- Use a small vibrator/massager before the meal to build up muscle tone in the cheeks and tongue if the child has low tone in these areas.
- Brush the sides of the tongue when you brush the teeth. This can help get more tongue lateralization which is needed for chewing. Use an electric toothbrush if the child will accept it.
- Provide strong or frequent sensory stimulation to the insides of the cheeks. This can be done with a toothbrush, or by pushing outward on the inside of the cheeks with your fingers. Chewing is a partnership between the tongue and the cheeks. Often poor chewing coordination is caused by cheeks that are inactive.

MOUTH STUFFING

As children approach the age of 24 months, they discover the amazing size of their mouth cavity. An endless amount of food fits in the space, and their new ability to keep the lips tightly closed against pressure from the inside seems like a miracle. This leads parents to remind them to finish what is in the mouth before taking another bite. Once the sense of sensorimotor discovery and adventure has worn off, children return to more reasonable sized mouthfuls.

Mouth stuffing can also be an important sign of sensory or motor difficulties in oral-motor control. When the mouth is fully stuffed with food, children obtain more sensory information about the boundaries of their mouths and the presence of food in the mouth. This often happens when oral sensation is reduced. The child may have a low level of awareness of the inside dimensions of the mouth and the feeling of food. The stuffing wakes up the mouth and helps the child know that there is still food in the mouth. Some children deal with a condition called oral defensiveness. These youngsters experience highly distressful sensations from food taste or texture. Unpredictable movement of the food can be very uncomfortable. Many children with oral tactile defensiveness also stuff the mouth because it reduces the random tactile input to the cheeks when smaller pieces of food are moved around.

Mouth stuffing is also present when a child has difficulty using skillful tongue movements for chewing. Movements may be uncoordinated or limited in direction or strength. When there is a great deal of food in the mouth, a very small amount of tongue movement will push some food to the side for chewing. Smaller pieces require much more control of movement.

It is important to distinguish between mouth stuffing that is a normal developmental behavior and one that is a compensation for sensorimotor difficulties. Typically developing children have the sensory awareness and the motor skill to remove all food from the mouth at the end of the meal. Children with poor awareness or movement limitations will often leave pieces of food in the mouth after eating. Often parents will find pieces of food pocketed between the gums and the cheeks when they brush their child's teeth at night. Some children are sure that their mouths are empty when there is still food on the tongue or in the pockets. Many children with difficulties in sensory awareness love foods with strong flavors. Salsa, lemon juice, pickles, and barbecue sauce are often favorites. There may be less mouth stuffing with these high-awareness foods. This can be a clue that the child's mouth stuffing is related to a sensory difficulty. The

Suzanne Evans Morris, Ph.D.
Speech-Language Pathologist
New Visions
1124 Roberts Mountain Road
Faber, Virginia 22938
(804) 361-2285
sem@new-vis.com