TECHNICAL NOTE

*A PROCEDURE FOR THE WITHDRAWAL OF
AN INFANT ORAL PACIFIER*

Although behavior therapists have given some thought to the conditioning conceptualization and treatment of excessive thumb-sucking (Baer, 1962; Davidson, Haryett, Sandilands, and Hansen, 1967; Haryett, Hansen, Davidson, and Sandilands, 1967) no report has been published on the behavior therapy treatment of excessive use of an oral pacifier in infancy or childhood. Undoubtedly one reason for this has been the fact that over-use of a pacifier is easily "remedied" (often by abrupt withdrawal) by the parent willing to risk possible emotional outbursts, disruption of sleeping schedules, and/or subsequent thumb-sucking (and the latter behavior may be more difficult for parents to deal with). Nevertheless, many parents discover that the elimination of a child's pacifier-sucking response is not achieved easily and would benefit from a convenient and relatively painless method of reducing such behavior.

In an attempt to offer parents advice and simple instructions on the withdrawal of the infant pacifier, the following procedure for the gradual removal of the reinforcing properties of the pacifier was devised. (Any of a number of commercially available three-piece infant pacifiers is appropriate for use, with the single requirement that it be taken apart and reassembled easily.) The pacifier is disassembled by pulling the collar forward over the rubber nipple, releasing it from the connecting joint (see Figure 1).

The open end of the nipple is then shortened approximately one-eighth of an inch and the pacifier reassembled for normal use. The procedure is repeated every two days, such that over a period of two weeks or less the gradually shortening pacifier becomes more and more difficult for the child to hold orally, ultimately requiring the use of one hand to secure it firmly in the mouth. Thus, it becomes difficult for the child to use the pacifier during play, and impossible to use for any length of time while sleeping. Following reduction in actual oral use of the pacifier, it can be gradually withdrawn from the child, first during periods of sleep and play, probably with minimal resistance in most cases.

The procedure has been used successfully with a normal 2-yr-old boy whose daily use of a pacifier was reported by his mother to have been reduced from 18 hr per day to zero after two weeks of this procedure. During this time, mother was asked to make

(at least) hourly behavior observations during the day and late night, with early morning observations when possible. Independent observations by the ex-

Fig. 1. Procedure for progressively shortening the pacifier nipple.

perimeter before and after the procedure confirmed the general level of pacifier use reported by the mother. Subsequently, the child has shown no indication of thumb-sucking or other excessive oral activity over a 1-yr follow-up period. It is felt that the fading procedure with increased response effort has considerable potential as a simple procedure for reducing childhood use of oral pacifiers.

REFERENCES

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