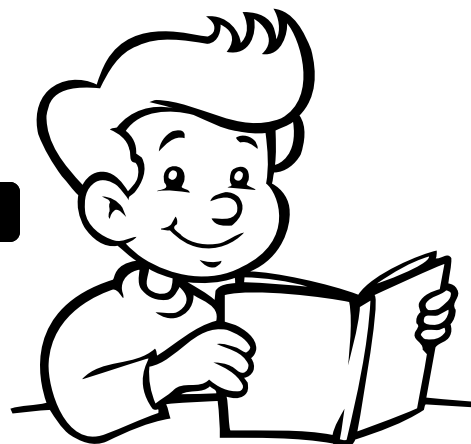


Hyperlexia

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What Is Hyperlexia?

Hyperlexia is a syndrome that has characteristics and symptoms that are similar to those of autism spectrum and other language disorders, as well as attention deficit disorder, hearing impairments, and some forms of mental retardation. The term hyperlexia once described children who could read before the age of five with little or no formal training but had language disorders and difficulty developing social relationships. Currently, many experts agree that the primary deficit children with hyperlexia have is communication, specifically the ability to comprehend spoken and/or written language. A dyslexia syndrome, on the other hand, involves only the recognition and/or comprehension of written language (Kupperman, Bligh, & Barouski, n.d., ¶ 3).

The characteristics of hyperlexia are, at first, deceiving. Parents of children who read and recognize letters and words often before the age of two think that they may have mini-geniuses and prodigies. Soon, these genius-like children begin to regress, speech development begins to halt, and social skills do not emerge; however, these children can still learn quickly and motor coordination is usually superior.

Children with the diagnosis of hyperlexia may have the following characteristics (Autism Key, n.d., ¶ 4):

- Ability to read words, far above the expectations of their chronological age
- Obsessive fascination with letters/numbers
- Significant difficulty in understanding verbal language
- Tremendous difficulty in socializing and interacting appropriately with others

Tell Me About Diagnosis

A speech-language pathologist may evaluate the child's language and social-communication skills. Psychological tests that emphasize visual processes also aid in identifying hyperlexia. In the child with hyperlexia, the test administrator can expect to find strong visual memory and association skills along with a strong auditory memory, but auditory processing and expressive language will probably be significantly lower (Kupperman, Bligh, & Barouski, n.d., ch. 2, ¶ 35). Hearing, neurological, psychiatric, blood chemistry, and genetic evaluations help rule out other disorders but are not necessary to identify hyperlexia.

In identifying whether your child may have hyperlexia, use the checklist on the next page to help present your observations to your physician or therapist (Autism Key, n.d., ¶ 4).

- Learns expressive language by echo or rote memorization
- Initiates conversation rarely
- Insists on following routines or ritualistic behaviors or has difficulty transitioning from one activity to the next
- Exhibits sensitivities to tactile (touch), olfactory (smell), and/or auditory (sound) stimuli
- Self-stimulates (does different movements or behaviors of a repetitive nature, such as hand-flapping, rocking, tapping feet, etc.)
- Has specific or unusual fears of normal sounds or objects within a familiar environment
- Develops typically up to 18-24 months, then regresses
- Has very strong auditory and visual memory skills
- Has difficulty answering WH questions (who, what, when, where, why)
- Thinks concretely and literally
- Listens selectively, sometimes appears to be deaf



How Can I Help My Child with Hyperlexia?

Developing language expression and comprehension skills should be a priority. Early intervention programs and speech/language therapy can help with this. Even though your child may recognize letters and be able to read long before developmental expectations, there may be little or no comprehension or application of these skills into other areas of learning.

Teaching social skills and providing opportunities for the child to interact and apply social behaviors is essential. It is interesting to note that as a child with hyperlexia improves his/her language comprehension and expression, behavioral symptoms seem to subside.

Parents, teachers, and other professionals need to work together to develop a plan or program for each child in order for him/her to reach the fullest potential. As plans and strategies are put in place, children become less anxious, more compliant, and are more able to relate to people and the world around them (Kupperman, Bligh, & Barouski, n.d., ch. 2, ¶ 35).

If you suspect your child is not progressing developmentally or is regressing in his/her abilities, please consult your physician/pediatrician/therapist with your concerns and observations.

Resources

Autism Key. (n.d.). *What is hyperlexia?* Retrieved April 10, 2009, from <http://www.autismkey.com/hyperlexia.htm>

Kupperman, P., Bligh, S., & Barouski, K. (n.d.). *Hyperlexia*. Retrieved April 10, 2009, from <http://www.hyperlexia.org/hyperlexia.html>



Helpful Products

The list of Super Duper® products below may be helpful when working with children who have special needs. Visit www.superduperinc.com or call 1-800-277-8737. Click the links below to see the product description.

Ask & Answer® Social Skills Games

Ask for Item #SOS-62

<http://www.superduperinc.com/products/view.aspx?pid=SOS62&lid=F842E7B6>

Asperger Syndrome

Ask for Item #TPX-29501

<http://www.superduperinc.com/products/view.aspx?pid=TPX29501&lid=E288E380>

Autism: A Guide for Educators, Clinicians, and Parents

Ask for Item #TP-297

<http://www.superduperinc.com/products/view.aspx?pid=TP297&lid=D3B53AD9>

Early Developmental Milestones

Ask for Item #BK-311

<http://www.superduperinc.com/products/view.aspx?pid=BK311&lid=FA4CAFBO>

Early Language Development

Ask for Item #BK-315

<http://www.superduperinc.com/products/view.aspx?pid=BK315&lid=BC442F5C>

Go-To-Guide for Social Skills

Ask for Item #TPX-29401

<http://www.superduperinc.com/products/view.aspx?pid=TPX29401&lid=F9FA5E78>

Practicing Pragmatics Fun Deck®

Ask for Item #FD-52

<http://www.superduperinc.com/products/view.aspx?pid=FD52&lid=693DF087>