



fit-ology fast track_(sm):

“Superparenting for ADD: An Innovative Approach to Raising Your Distracted Child,” by Edward M. Hallowell, M.D. and Peter S. Jensen, M.D.

overview

Looking at ADHD/ADD* from a strength-based perspective can shift the family dynamic and your child’s personal self-image to a more positive, empathetic, confident, loving and joyful level. The book is a roadmap to moving from deficit-based to strength-based thinking.

relevant to

ADHD; parenting; relationship-building within the family; working with teachers to accommodate; building kids’ self-esteem and breaking stigma/shame cycles associated with ADHD

good for

parents, teachers, coaches, grandparents/other caregivers.

summary: 202 pages summarized in 6

Challenges and ADHD naysayers abound, even in your own house; your love for your child is the best starting point.

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When worry becomes toxic worry - 4 steps to counteract it:

1. Talk to someone; never worry alone.
2. Get the facts, not misinformation or lack of information.
3. Make a plan; it automatically puts you in more control.
4. Be with people who make you laugh and regain perspective.

Developing empathy - a first-person narrative look inside the ADHD mind for those who don't have one: social challenges, difficulty at school, executive function challenges (forgetfulness, organization, punctuality, impulsivity), rejection-sensitive dysphoria and people-pleasing, self esteem plunges, constant criticism and more.

Delivering the good news (diagnosis) - the “racecar brain/bicycle brakes” analogy; highlights of certain positive aspects (mirror traits); what to seek in a clinician (s/he should NOT require medication but should lay out all avenues).

Moral to Deficit to Strength - a brief history thinking about an age-old condition:

- original thinking was that challenges in learning, emotion, or behavior were “bad” or “incurable”
- theology steered culture toward believing such people had free will and if they didn't behave as expected, they simply weren't trying hard enough; a person's character became the battleground between good and evil — that free will ruled and all that was required to behave was just the intention to do it (and harsh punishment was the way to redirect intention)

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- next came the medical model of a doctor treating a patient with a disease — inexplicable and still harsh treatments resulted, but the concept of human dignity was beginning to arise in the idea that patients couldn't help their behaviors; evidence began to show that willpower and intention were important but not the whole picture
- in the 1930's, the medical view expanded to include a behavioral approach, with a neurological basis identified (instead of moral); hospitals began treatment with amphetamine — counterintuitive to give hyperactive boys a strong stimulant — which worked better than anyone anticipated...and the medical model has been around ever since
- the medical model is grounded in science and reasoning, but has its drawbacks: shame, fear, loss of hope, and lowered expectations; it's built on pathology and all that is wrong, not RIGHT
- **the strength-based approach counteracts the pathology;** we still need doctors to help with certain aspects, but for a child to know she is fundamentally accepted as-is and that she has inherent strengths (not only weakness) is healing; “the key is to *make the strength the headline and the problem the subhead*” [emphasis added]
- start by really knowing the child: find strengths, talents, interests (and potentials of all of these), hopes, dreams, desires and wishes as soon as possible — put them in the spotlight for yourself and the child

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Finding and emphasizing strengths is different from being a superficial pollyanna — the former requires us to be observant, curious, perceptive, judicious and bold (while the latter would require just jumping up and down cheering); it requires commitment and vision. It requires us to buck the system geared toward shoring up weakness and instead shine a light on what's already strong.

Mirror traits: often paradoxical, the flip side to each “can’t” coin. Neither all good nor all bad - each trait can show up as positive or negative depending on many factors. Taking the judgment out helps adapt negatives to positive as appropriate, to avoid shame, stigma, guilt, fear — and allows a balanced view of any trait. Examples:

- “distractibility” can lead to accidents and fractured conversation; it also indicates insatiable curiosity, love for learning, and a tendency to find creative solutions others miss.
- “impulsivity” can make us speak or act without thinking; it’s also the key to creativity because it indicates dis-inhibition of limited thinking.
- “hyperactivity” keeps our engines running on high all the time; boundless energy is great for entrepreneurs, athletes, chefs and other high-powered endeavors.
- “forgetfulness” can be annoying; people who forget some things tend to be completely present in the current moment.

Cycle of Excellence - unwrapping the “gifts” in five steps. Entering the cycle is *“the single most important treatment for ADHD — or for any child, anywhere, at any age...the beauty of it is that it’s open to*

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everyone, everywhere, always. To enter, all a person has to do is want to.” [emphasis added]

1. Connection: emotional connection (family, friends, neighborhood, school/work, hobbies, nature, arts, pets, information/ideas, groups/teams/clubs, spiritual life, self)
2. Play: any activity involving imagination
3. Practice: emerges out of enthusiastic play, lays down lasting habits (critical role for parent is to ensure child has appropriate tools/resources for practice — NOT to require more and more work; two such tools may be Connection and Play)
4. Mastery: improving skill at any activity that’s both challenging and important to the self (critical role for parent is to set child up for progress toward goals - not always succeeding but making and noting child’s own progress)
5. Recognition: naturally follows mastery; genuine praise for attempts, sustained effort and progress [Parents, consider this a special note about school grades: worry less about scores and more about creating and maintaining the cycle of excellence.]

Conation: cognitive strengths make up one’s instinctual ways of problem-solving; neutral in quality and independent of IQ. People do best when allowed to tap into their conative strengths, and feel frustrated when they’re not. Conation can be thought of as a third domain of the mind, together with emotion/affect and thought/

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cognition. Four conative traits, each existing in some degree in every person:

1. Fact Finding: data gathering
2. Follow Through: arranging, executing
3. Quick Start: improvisation, innovation, novelty
4. Implementor: building, shaping, crafting

[Conative trait assessments can be taken online, for a fee unrelated to fit-ology, at www.kolbe.com]

Getting help at school - contains a brief summary written by Dr. Hallowell explicitly for teachers (suitable for copy and distribution). Also gives a detailed list of possible accommodations/requests and a quick guide for navigating teacher relationships.

Making a diagnosis and composing a treatment plan — outlines a high-quality diagnosis and its qualities; briefly discusses treatment options including both pharmaceuticals and alternatives, with lifestyle changes; appendices and resource listings offer quick tips and more possibilities for research, funding ADHD treatment, legal advocacy, and more.

*This book was first published in 2008. Since that time, experts in the field (including Dr. Hallowell, sometimes) have moved toward using “ADHD” to describe this learning style, since the “H” for hyperactivity is always present — it’s either external (physical behaviors) or internal (mind chatter, rapid-fire thoughts).

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