

## CHAPTER 1

# Introduction

Welcome!

We are glad to see your interest in mindfulness training for adults with attention-deficit/hyperactivity disorder (ADHD). We believe that mindfulness training offers strategies that are new to and needed in the field of ADHD. In this chapter, we provide a brief introduction to mindfulness, discuss the benefits of mindfulness training for ADHD, outline the Mindful Awareness Practices (MAPs) for ADHD Program (which we discuss in detail in Part II of the book), and provide a general orientation to this manual.

**Mindfulness** (or as we often call it, mindful awareness) is a *practice of being attentive to and accepting of experiences in the present moment*. This mental practice is typically done in silent meditation, but can also be trained in the course of daily activities. By repeatedly engaging in instances of monitoring one's experience, the practice encourages moving attention away from busy mental activity or self-narrative focus to moment-by-moment noting of sensory input (e.g., sounds or breath sensations) and meta-awareness of emotional, cognitive, and sensory reactions. Overall, mindfulness is recognized as a multifaceted approach that develops attention and emotional *self-regulation*, and offers new choices in responding. Through new mindfulness skills, patients can engage in their day-to-day experience in a different, more adaptive way.

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*ADHD is a self-regulation disorder;  
mindfulness is  
self-regulation training.*

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## BENEFITS OF MINDFULNESS TRAINING IN ADHD

While mindfulness for ADHD research is still evolving (see Chapter 2 for a detailed review of recent studies), current evidence and conceptual understanding of both mindfulness and ADHD suggest the following benefits in ADHD:

- *Attention self-regulation.* Training of attention stability and flexibility, and improved control over mind wandering. While the first letters in the ADHD acronym indicate an attention deficit, ADHD is more akin to an attention regulation disorder. Relatedly, mindfulness strengthens executive functioning and protects working memory from depletion when under stress—the very cognitive resources involved in regulation of attention.
- *Emotional self-regulation.* Improved emotional awareness, reappraisal of negative emotions, willingness to experience and be affected by previously avoided emotions, and decreased inner reactivity and emotional impulsivity (i.e., acting impulsively in the context of strong emotions).
- *New response choices and new adaptive behaviors.* For example, increased nonjudgmental awareness of distractibility can invite more frequent self-directed correction of attention. This creates new opportunities to notice the effectiveness of single-tasking (as opposed to multitasking) and greater likelihood of completing a task.
- *Change in the perspective on the self.* Detachment from a fixed sense of self as self-understanding increases through expanded knowledge of one's brain function, ADHD patterns, and internal resources to deal with challenges.
- *Self-compassion.* Developing a more supportive, compassionate relationship with oneself, which counteracts shame, stigma, and self-judgments frequently found in ADHD; overall improved self-acceptance.
- *Improvement in stress management and mental resilience skills.*
- *Improvement in interpersonal communication.*

## THE MAPs FOR ADHD APPROACH

MAPs for ADHD was originally developed at UCLA in the course of a feasibility study by Lidia Zylowska and Susan Smalley (Zylowska et al., 2008). This group-based training is modeled after mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990) and mindfulness-based cognitive therapy (MBCT; Segal et al., 2002), with adaptations made for individuals diagnosed with ADHD. Other influences include the Vipassana meditation tradition, acceptance-based therapies, and ADHD psychosocial approaches.

Meditation—a practice typically associated with sitting still and paying attention—can be difficult and discouraging to those with a condition like ADHD that is characterized by frequent restlessness and wandering focus. Thus, the intention behind designing this program was to make it gradual and overall ADHD-friendly. The following adaptations were included:

1. Psychoeducation on the clinical symptoms, neurobiology, and etiology of ADHD is woven throughout the training.
2. Training is step-wise, with sessions 1–3 emphasizing control of attention and

moving away from “automatic pilot mode” such as distracted or busy mind, and sessions 4–8 applying meta-awareness skills to inner experiences.

3. Formal meditation periods are shorter than in other similar programs (e.g., in an MBSR program, 45 minutes of at-home practice is recommended, and in MAPs for ADHD, formal practice is 5- to 15-minutes long).
4. Didactic visual aids are included to address different learning styles.
5. Strategies from ADHD cognitive-behavioral therapy and coaching are used to facilitate mindful awareness practice.
6. At the end of each session, an appreciation meditation or loving-kindness meditation (an exercise of wishing-well to self and others) is included to address the low self-esteem frequently found in ADHD.

To balance intensity of the training and allow for ease of delivery within diverse clinical and research settings, the MAPs for ADHD Program does not include a half-day retreat typically included in MBSR or MBCT. Similarly, while body awareness is practiced throughout the training in several ways (e.g., walking, short movement and stretching exercises, body-breath-sound meditation, and mindfulness of emotions), longer (45 minutes) body scan and yoga poses typically used in MBSR and MBCT are not included. Overall, the MAPs for ADHD Program is designed as a beginning instruction in mindful awareness suitable for individuals who may otherwise not easily engage with meditation practice, including beginners or those with mental health challenges (of note, the MAPs for ADHD Program has provided the basis for another similar introductory course, MAPS I, that is now offered at the UCLA Mindful Awareness Research Center for the general population).

The MAPs for ADHD Program was initially designed for groups of older adolescents (15–18 years old) and adults with ADHD. Originally described in 2008 (Zylowska et al., 2008, 2009), the training was further expanded in a self-help book (Zylowska, 2012), which can support adaptation for individual therapy as well. Since the MAPs for ADHD Program has been researched as a group intervention with ADHD adults with promising empirical support, this manual focuses on a group format for ADHD adults. For clinicians wishing to use it in individual therapy cases and/or with younger ages, within each session we include tips based on our and other clinicians’ experience with such delivery.

It is important to note that mindfulness is both a natural capacity and a skill strengthened by mental practice. Our approach assumes that both formal mindfulness (i.e., silent periods of sitting or walking meditation) and informal mindfulness (i.e., brief “mindful check-ins” throughout daily activities) can strengthen the natural capacity and benefit those with ADHD. Although research evidence is yet to tease out what practice provides what benefits, our approach is that patients should be given diverse options of how to train in mindfulness. We want to empower those with ADHD to find their own way of practicing and keeping mindfulness in their lives. Formal and informal practice is seen as equally beneficial and encouraged throughout the training.

## HOW IS THIS BOOK ORGANIZED?

The book has three main parts:

- Part I: Introduction, review of mindfulness for ADHD research, and overview of framework for using a mindfulness-based approach in ADHD (see Chapters 1–4).
- Part II: Session-by-session detailed description of the MAPs for ADHD Program. Teaching scripts are included to help group facilitators with the training delivery. The sessions are designed for training in a group therapy setting, but we also include tips on how to adapt this teaching to individual therapy sessions (see Sessions 1–8).
- Part III: Considerations for what to do after the initial MAPs for ADHD training is completed.

This book also contains an Appendix with patient handouts and session outlines for clinicians to share with group members at the clinician's discretion.

## WHO COULD BENEFIT FROM USING THIS BOOK?

This book is primarily for clinicians or other mental health professionals working with adults with ADHD. Professionals who could use this approach include psychologists, psychiatrists, other psychotherapy professionals, ADHD coaches, learning disabilities (LD) specialists, and college counselors. Mindfulness or yoga professional teachers can also find this manual helpful, especially if they engage in delivering mind-body training in schools, clinical, or work settings. Those working with children or teens with ADHD can also use and/or modify strategies included in this book—indeed, as you'll see in Chapter 2, some research has already been done extending the MAPs for ADHD approach developmentally “downward” for adolescents. One assumption this manual makes is that the clinician or trainer—throughout this book, we adopt the term “mindfulness trainer,” or MT—has a good working knowledge of ADHD as a disorder and its manifestation in adults. For those less familiar with ADHD in adulthood, we recommend gaining further familiarity of the scientific literature, which has been thoroughly summarized in a variety of comprehensive books (see Barkley, 2015; Barkley, Murphy, & Fischer, 2008; Hinshaw & Ellison, 2015; Nigg, 2006).

Since the MAPs for ADHD approach is for adults with ADHD, any patients or clients receiving this treatment—we use the term “participants” throughout the remainder of the book—are assumed to have received a comprehensive diagnostic assessment for ADHD following DSM-5 or ICD-10 criteria. In Chapter 4, we review the current DSM-5 criteria and other common characteristics associated with adult ADHD. For additional, in-depth guidance on the diagnostic process, we refer readers to other books devoted to this topic (see Goldstein & Teeter Ellison, 2002; Kooj, 2013), as well as comprehensive clinical workbooks (see Barkley & Murphy, 2006).

## HOW CAN MINDFULNESS BE INCORPORATED INTO ADHD CARE?

Mindfulness-based approaches can complement other commonly used treatments such as medications, cognitive-behavioral therapy, or coaching. Indeed, as you'll see in Chapter 2, mindfulness-based interventions like the MAPs for ADHD Program are considered part of the same family of therapy as cognitive-behavioral therapy. However, by developing self-regulation skills via novel strategies, mindfulness may reduce the need for other treatments or it can optimize well-being while other treatments like medications or psychotherapy are continued. In other words, whether mindfulness is an alternative or complementary training to other treatments, it can improve the daily lives of adults diagnosed with ADHD.