

Scott Eyre finds relief

by Peg Nichols

IT'S OCTOBER 2003 and a month to remember for baseball lovers of all ages. The West Coast Division leader San Francisco Giants are hosting the wild card Florida Marlins in Pacific Park Stadium for game three of the National League Playoffs.

Bottom of the seventh. Score tied at two apiece. Marlins' Miguel Cabrera is on first with two outs when Giants' left-handed relief pitcher Scott Eyre, 31, enters the game. He's calm, focused and ready. His job? Keep Cabrera—or any other Marlin for that matter—from scoring.

Juan Pierre, the Marlins' left-handed center fielder, steps up to the plate. Eyre takes a quiet, calm breath, visualizes what he's going to throw, and then throws it: a 90 mph fastball. Strike one. Next pitch. Eyre repeats the process. With a calm, even breath he pictures the pitch and then delivers: another fastball, 92 mph. Strike two. By now, he's feeling really good. His arm is loose, and his mind is focused. Next pitch: another 92 mph fastball, this one outside the strike zone. Ball one. He closes his eyes briefly as he pictures his fourth pitch. Steady, smooth and swift, he winds up then delivers a 94 mph fastball. Pierre hits it straight

to short, Cabrera is out at second, and the inning is over with Florida no further ahead. Mission accomplished. Eyre leaves the mound, humbled and satisfied, "I did my job."

Life on and off the baseball field hasn't always been this smooth for Eyre who was diagnosed with AD/HD less than two years ago. In fact, for much of his Major League career, which has included time with the Chicago White Sox and Toronto Blue Jays, he has been recognized as a gifted though highly erratic pitcher. "For as long as I can remember, I've always had trouble concentrating and sitting still," says Eyre.

"I only wish I'd been diagnosed sooner." Scott Eyre freely shares with the public his experience of living with and getting treatment for AD/HD.





Eyre showed a keen interest in baseball as early as the age of two. “He learned to swing a bat before he could walk,” says his mother Peggy.

“But it never occurred to me until I started taking a closer look at myself that I might actually have a medical condition. Getting diagnosed has changed my life in every imaginable way—it’s a whole lot better.”

His wife Laura couldn’t agree more. “Scott is a great husband and father, but his restlessness, impatience and tendency to interrupt were becoming big problems both at home and with

his teammates. I’m proud of Scott for taking responsibility of his health and using his experiences to help others. He seems much happier now, and our family life is much more enjoyable.”

The parents of two sons—Caleb, 5, and Jacob, 3—Scott and Laura Eyre jointly decided this past spring to speak publicly about Scott’s AD/HD and the impact it has had on their lives. “AD/HD affects everyone in the home, not just the person who has it,” Laura Eyre continues. “Now that Scott is taking a stimulant medication and learning new strategies for staying focused, we’re all happier.”

Some of these strategies include having a clearly defined daily schedule (which Laura helps Scott develop), using a Palm Pilot, completing tasks and requests as soon as they’re given, incorporating downtime into his day, and accepting help and feedback from others so that he stays on track.

Was there a defining moment that led Eyre to seek treatment for his AD/HD? “Not really,” he says. “It was more like a consecutive string of bad experiences, feedback from my wife, and feedback from my teammates about how I couldn’t sit still and couldn’t stop talking that got me thinking that something wasn’t quite right.”

Including a disastrous and humiliating experience on the mound at Yankee Stadium.

“I was playing for the Blue Jays at the time and got called into the game at the top of the seventh inning,” recalls Eyre. “I was throwing poorly and felt completely unfocused. The catcher approached me to talk. As he started walking back to home plate, I literally began to panic. I couldn’t remember a single word he had just said. All I could hear or see or think about was the noisy stadium, the screaming fan who wanted me out of the game, the lights, the advertisements, the announcer—everything except what I was supposed to be focused on: my pitching.

“Around the same time, one of my teammates (Justin Miller) told me that he had AD/HD. I didn’t know much about the condition, but as I listened to him describe his life and reflected back on my experience at Yankee Stadium and other moments just like it, I thought, whoa, that’s me. A few days later, I went to our team psychologist, Tim Hewes. I described what my body and mind felt like both on and off the field. After about a 45-minute discussion, he suggested that I see a psychiatrist for a full evaluation.

“So, I saw Dr. Luis Herrero, was diagnosed with AD/HD and began taking stimulant medication the same week. The difference was almost instantaneous. For the first time in my life, I felt like I was in control of my body, instead of it being in control of me. Before I started taking medication, I was distracted by just about everything. For example, I might hear a song on the radio and then it would play repeatedly in my head like a broken record for hours and hours. Or instead of focusing on the batter who was waiting for my pitch, I’d focus on the one noisy fan in the stands.

“I’m really grateful I’ve been able to put a name on something that kept me down in ways I didn’t fully realize. My only regret is that I didn’t get diagnosed earlier. I wish I could go back to high school and do it all again—with treatment. Things might have been much different for me in the classroom and at home if I had.”



The oldest of six children (five boys and one girl), Eyre spent most of his youth in California, where his hyperactivity was as well known as his talent for baseball.

A gregarious person described by friends as “big-hearted and down-to-earth,” Eyre showed a keen interest in baseball as early as the age of two. “He learned to swing a bat before he could walk,” says his mother Peggy. “He always had a bat in his hands, and every piece of furniture—bed, table, chair—instantly became a surface for hitting a ball, sometimes for hours at a time.”

The oldest of six children (five boys and one girl), Eyre spent most of his youth in California, where his hyperactivity was as well known as his talent for baseball. “My dad played amateur softball and spent hours playing catch with us when he got home from work,” recalls Eyre. “He loved everything about baseball and passed the love of the game on to me.”

Eyre’s parents divorced when he was eight, his father moved to an apartment, and his mother raised Scott and four of his siblings on her own. When he was 15, his mother moved the family to Magna, Utah, where other family members lived. “My dad is now an active part of my life, and we’ve rebuilt our relationship,” says Eyre, “but for most of my teenage years, my mom was the one who was there for me.”

Quiet, reserved and shy, Peggy Eyre had a profound influence on her son. Eyre describes her as his role model. “Her calmness was comforting. She encouraged me. She believed in me. We didn’t have much money, but I never felt deprived. Now that I’m a parent myself, I have an even greater appreciation for everything she did. She didn’t judge others and she always encouraged us to give people the benefit of the doubt.”

Did she suspect that her son was having attention problems when he was a child? “Not really,” says Peggy Eyre. “I certainly recognized Scott’s hyperactivity, but because he wasn’t disruptive and because no one talked much about AD/HD at the time, I didn’t worry about it. Now that I know more about the condition, all of his previous patterns and behaviors make better sense. As a boy and definitely through high school he was impulsive, restless and could fly off the handle over the smallest things. His grades weren’t great, but they weren’t terrible either. Scott has always been a very likeable person—and a good athlete—so those who encountered him tended to focus on his strengths, not his deficits.”

Eyre married a woman much like his mother. Equally quiet, reserved and shy, Laura Eyre brings the same calmness and sense of positive thinking into her husband’s world. “She encourages me, believes in me, and helps me stay on track. Laura is the glue that keeps this family together,” says Eyre.

What Makes Scott Eyre Run?

BASED ON IDEAS conveyed at the CHADD Conference by resiliency expert Robert Brooks, Ph.D., Scott Eyre’s chances for success, despite the lack of an early diagnosis, were increased because of two key reasons: (1) he possessed an “island of competence” (baseball) and (2) he had “charismatic adults” who encouraged, nurtured and supported him. “These factors are critical since children with learning and attention difficulties often struggle with feelings of low self-esteem and a loss of hope for future success,” says Brooks. “They are prone to rely on counterproductive, or self-defeating, coping behaviors to deal with these feelings of failure, hopelessness and humiliation. If we are to help offset these negative feelings and behaviors, we must remember that every youngster has ‘islands of competence,’ or areas of strength, upon which to build. It is vital for adults to identify and reinforce these islands so a sense of hope and optimism may replace feelings of despair.”

For more information on resiliency, please visit www.drrobertbrooks.com, www.samgoldstein.com or www.raisingresilientkids.com. Please also note that the October 2004 of *Attention!*® will focus specifically on the topic of resilience. ■



To learn more about Eyre’s journey with AD/HD, please join him and David Goodman, M.D., assistant professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine, for a special two-hour live “Ask the Expert” chat on Thursday, January 22, 2004. For details, visit the CHADD website at www.chadd.org.



Bob Fratto (right), Eyre's high school baseball coach, notices a difference now that Scott has gotten treatment for his AD/HD. "He approaches each pitch with greater control and focus."

When the Giants are on the road, the Eyres speak as often as six times a day by phone. "Even though he might be hundreds of miles away, I always feel connected. It's nice," says Laura. When the Giants are in town, she and the boys go to every game. "I still get nervous when Scott is pitching, but not nearly as much since he was diagnosed. He used to twitch and fidget on the mound. He'd pull at his shirt collar. I could feel his nervousness from my seat. Now, he's focused. He exudes more confidence. He looks like he's in command of his body."

His stats certainly suggest that he is. The versatile left-hander finished the 2003 season with 3.32 ERA (earned run average)—quite an improvement over his 2002 4.97 ERA. [Note to those not familiar with pitching objectives: the lower the number, the better!]

"Some might attribute the improvement to more experience and maturity," reflects Eyre. "Both certainly play a part, but I believe the real improvement is the result of getting the treatment I needed."

Now when I head to the mound, I'm in a completely different mental and physical place."

Bob Fratto, 17-year veteran history teacher at Cyprus High School in Magna, Utah, and Eyre's baseball coach for three years, also notices the difference. "He approaches each pitch with greater control and focus."

Close friends to this day, Fratto marvels, though is not surprised, at the path his former player has taken. "Scott was the most gifted high school baseball player I ever coached. I knew that he wasn't a good student, but his attention problems were never a factor on the field. In fact, he was the best hitter, pitcher and all-around athlete I'd ever worked with—not counting his younger brother Willie." [Eyre's youngest brother Willie, also coached for three years by Fratto, is currently a Minor League player for the Minnesota Twins.]

Following graduation from high school in 1990, Eyre attended Southern Idaho Junior College for a year before the Texas Rangers selected him in the ninth round of the June 1991 draft. Eyre then played for the Chicago White Sox from 1997–2000 and the Toronto Blue Jays during 2001 (bouncing back and forth between their Major and Minor League clubs). He was awarded to the Giants on waiver claim from Toronto at the end of the 2002 season and began proving his stuff during the Giants' 2002 run to the World Series Championship title against the Anaheim Angels.

"There are certain life moments you never forget," says Eyre, who openly describes himself as a sentimental and highly emotional person. One of those moments occurred on August 20, 2001, when Eyre



PHOTOGRAPHS COURTESY OF THE FRIENDS AND FAMILY OF SCOTT EYRE

The parents of two sons—Caleb, 5, and Jacob, 3—Scott and Laura Eyre jointly decided this past spring to speak publicly about Scott's AD/HD and the impact it has had on their lives.

was called up to the Major League team from the Blue Jays Minor League club. “I called my family, got on a plane, headed to Minnesota and took my place in the bullpen. My whole family was there, including my mom and dad. At the bottom of the sixth inning, with two outs, Buck Martinez (then manager) called me into the game. The Metrodome has this really long flight of stairs, and I remember sprinting up them, two at a time, tears in my eyes. I pitched one inning—just did what I was asked to do. After the game, I thanked Martinez. He looked at me and told me something I’ll remember to this day, ‘When you’re playing, you can’t control anything except what you do on the field.’ I remember his words every time I wind up to pitch.”

Fratto was at Eyre’s first Major League game and has attended many others since. “For as long as I’ve known Scott, he’s been saying that he wants to accomplish something important. Despite win after win in high school, he’s always felt that he needed to do something *more*. I’ll always remember his first Major League game, and I’ll never forget his performance in the World Series game against Anaheim. How many guys can say that they’ve played in a Major League baseball game, let alone the World Series? After the game, I said to him, ‘So, *now* do you feel like you’ve accomplished something significant?’ He just smiled.

“Scott is everyman. Fame hasn’t affected him much. He’s good to everyone he meets. He signs autographs after every game and he’s never forgotten his roots. Magna is a small, miner’s town. Scott didn’t have many material possessions growing up. But he had a mom who came to every game, drove him to every practice and supported her kids’ love of baseball in whatever way she could. Through her example and the example of others around him, he learned early on what’s important in life.”

Today Scott Eyre freely shares with the public his experience of living with and getting treatment for AD/HD. “I want kids to know that having AD/HD is nothing to be ashamed of. And I want parents to know how important it is to seek professional help for their child if they suspect attention problems. I only wish I’d been diagnosed sooner.”

“That’s my son,” says Peggy Eyre as she watches Scott on the mound. When asked how she feels about him speaking to others about AD/HD, her pride is obvious. “I think it’s great. He’s using his life experiences to help others. He’s making a difference.”

Now if that isn’t significant, what is? ■

Peg Nichols is CHADD’s director of communications and media relations.

What is AD/HD: A Guide for Parents, Teachers and Coaches



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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD/HD) is characterized by developmentally inappropriate impulsivity and attention and, in some cases, hyperactivity. AD/HD is a neurobiological disorder that affects three to five percent^{1,2,3} of school-age children. Until recently, most people believed that children outgrew AD/HD in adolescence, perhaps because hyperactivity often diminishes during this time. Research demonstrates that many symptoms continue into adulthood. In fact, recent studies reflect rates of roughly two to four percent among adults.⁴

AD/HD is the current diagnostic label for a condition that has been recognized and studied for more than a century. Over the years it has been called several other names including “brain damaged syndrome,” “minimal brain dysfunction (MBD),” “hyperkinetic impulsive disorder” and “attention deficit disorder.”

Although individuals with AD/HD can lead highly successful lives, without identification and proper treatment, they may have detrimental outcomes including school failure, depression, problems with relationships, conduct disorder, substance abuse and job failure. Early identification and treatment are critical. The scientific literature documenting the history, characteristics and treatment for the condition is immense. To learn more, please visit www.chadd.org.

¹ American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, D.C.: American Psychiatric Association.

² Barkley, R.A. (1998). *Attention deficit hyperactivity disorders: A handbook for diagnosis and treatment*. New York: Guilford Press.

³ Wolraich, M.L. Hannah, J.N. Pinnock, T.Y., Baumgaertel, A.I., & Brown, J. (1996). Comparison of diagnostic criteria for attention-deficit hyperactivity disorder in a county-wide sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 319–324.

⁴ Murphy, K.R., & Barkley, R.A. (1996). The prevalence of DSM-IV symptoms of AD/HD in adult licensed drivers: Implications for clinical diagnosis. *Comprehensive Psychiatry*, 37, 393–401.