



Distracted *April 14-May 24*

BY LISA LOOMER

DIRECTED BY ALLEN NAUSE

CHARACTERS

Mama	Daniel Broder	Dr. Karnes
Dad	Sherry	Actor with
Jesse	Vera	ADD
Dr. Zavala	Natalie	Nurse
Mrs. Holly	Dr. Jinks	Waitress
Dr. Waller	Carolyn	

Suitable Content: Mature language. Suitable for college audiences.

SYNOPSIS

Is it Attention Deficit Disorder? Over-stimulation? Overwhelmed, overcommitted, endlessly multi-tasking parents struggling to keep up with life? Jesse is eight and easily distracted - but so is everybody else.

After struggling to get Jesse ready for school, Mama turns to her next task, finding a diagnosis for his “condition”. His teacher is certain that Jesse has Attention Deficit Disorder (ADD) and is tired of his constant disruptions in the classroom. She recommends he be tested.

The search for the explanation leads Mama on a chaotic race from professional to professional, a child psychologist, an educational neurophysiologist, an allergist, a psychiatrist and finally to an alternative health clinic in New Mexico.

This frenzied quest wreaks havoc in their personal lives as Mama and Dad struggle to cope with finding what is truly best for their son. In spite of all the obstacles they encounter, Mama ultimately gains insight into what her son especially needs.

With offbeat humor and searing honesty, *Distracted* zeroes in on the frenetic, fractured life that’s become the hallmark of the Information Age.

BIOGRAPHY

Lisa Loomer’s plays include: *Living Out, The Waiting Room, A Crowd of Two, All by Herselves, Birds, Maria, Maria, Maria, Marial, Accelerando, Looking for Angels, Cuts, Chain of Life, Expecting Isabel, Bocon!* and *Broken Hearts*. Ms. Loomer’s plays have appeared at the following theatres: The Mark Taper Forum, Second Stage (New York), Seattle Repertory Theatre, Missouri Repertory Theatre, Mixed Blood Theatre, Borderlands Theater, Theater Works (Boston), The Williamstown Theater Festival, Arena Stage, Trinity Repertory Company, The Vineyard Theatre (New York), The American Place Theatre, Westside Arts Theatre, South Coast Repertory, The Public Theater, Intar, The Los Angeles Theatre Center, The Open Eye Theater, The Odyssey Theatre Ensemble, The Kennedy Center, Seattle Theater Group, Stage Left Theatre (Chicago), La Jolla Playhouse, Cornerstone Theater Company, as well as international productions in Egypt, Mexico and Europe. She has been awarded the Jane Chambers Award, Susan Smith Blackburn Prize, The Kennedy Center Fund for New American Plays Award, Garland Award, Imagen Award for positive portrayals of Latinos in all media, and American Theatre Critics Association Award (twice). Her film work includes *Looking for Angels, Girl, Interrupted*, and a movie for Halle Berry, soon to be in production. Ms. Loomer is an alumna of New Dramatists and the recipient of two grants from the NEA and a grant from the NYFA. Her plays appear in *The Best Plays of 1998-1999*, *The Best Plays of 1994-1995*, and *The Best Plays of 2003-2004*, and are published by Dramatists Play Service, TCG, Dramatic

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Publishing and Arte Público Press. The Waiting Room and Living Out are taught in university drama programs, Women's Studies programs and Latino Studies programs.

HISTORICAL CONTEXT

History of ADHD Diagnosis and Treatment

Medical

In 1798, a Scottish-born physician and author, Sir Alexander Crichton (1763–1856), described what seems to be a mental state much like the inattentive subtype of ADHD, in his book *An inquiry into the nature and origin of mental derangement: comprehending a concise system of the physiology and pathology of the human mind and a history of the passions and their effects*. In the chapter “Attention”, Crichton described a “mental restlessness” “The incapacity of attending with a necessary degree of constancy to any one object, almost always arises from an unnatural or morbid sensibility of the nerves, by which means this faculty is incessantly withdrawn from one impression to another. It may be either born with a person, or it may be the effect of accidental diseases. Alexander Crichton was almost two centuries ahead of his time in his observations of what is now known as the Inattention subtype of ADHD. He wrote about the salient features of this disorder, including attentional problems, restlessness, early onset, and how it can affect schooling, without any of the moralism introduced by George Still and later authors.

In March of 1902, the father of British pediatrics Sir George Frederick Still (1868–1941) gave a series of lectures to the Royal College of Physicians in London under the name “Goulstonian lectures” on ‘some abnormal psychical conditions in children’, which were published later the same year in the *Lancet*. He described 43 children of normal intellect who had serious problems with sustained attention and self-regulation, who were often aggressive, defiant, resistant to discipline, excessively emotional or passionate, showed little inhibitory volition, had serious problems with sustained attention, and could not learn from the consequences of their actions. He wrote “I would point out that a notable feature in many of these cases of moral defect without general impairment of intellect is a quite abnormal incapacity for sustained attention. George Still certainly did not use the current terminology for this disorder, but many historians of ADHD have inferred that the children he described

in his series of three published lectures to the Royal College of Physicians would likely have qualified for the current disorder of ADHD combined type, among other disorders

The next event in the history of ADHD was in 1937, where Dr. Charles Bradley introduced the use of stimulants in children who were hyperactive. After this, in 1956, Ritalin was introduced as the drug of choice to treat hyperactivity. In the 1960s, stimulants were used by a wider population. The only symptom that was really documented at this point was hyperactivity. In the early 1960s, the disorder was called “Minimal Brain Dysfunction”. At the end of the decade, though, the name of the disorder was changed to “Hyperkinetic Disorder of Childhood.” The next event that occurred in relation of ADHD was that new symptoms were added to the realm of the disorder. Along with hyperactivity, added symptoms were lack of focus and impulsiveness. Impulsiveness now included verbal, cognitive and motor impulsiveness.

In 1980, the disorder was given its current name of Attention Deficit Disorder, with or without hyperactivity. This was documented in the DSM-III put out by the American Psychiatric Association. ADD and ADHD were two different diagnoses. Next, in 1987, ADD was changed to Attention Deficit Hyperactivity Disorder. The American Psychiatric Association noted that this was a medical diagnosis, and not purely psychological. They also noted that ADHD could cause behavioral issues. In 1996, a new medication called Adderall was approved by the FDA for the treatment of ADHD. After a period of time, it was deemed to be better at treating the disorder since it lasted longer and was easier to come down off of. In 1999, other medications were added to treat ADHD such as Concerta and Focalin. In 2003, Strattera was introduced as the first ADHD medication that was not a stimulant. This drug acted like an antidepressant, but increased the amount of norepinephrine in the brain.

Naturopathic

Naturopathic Medicine is form of alternative and complementary medicine based on the concept that the human body has a natural ability and tendency to fight disease and heal itself. The practitioner's task is to find ways to help the patient's body achieve these results. The specific procedures or materials used to bring about improvements in one's physical and mental health depends on the specific conditions that have led to a person's diminished condition.

Naturopaths believe that the symptoms associated with attention deficit hyperactivity disorder (ADHD) can be caused by any number of factors, including heredity, diet, family problems, and cultural pressures. The first step in treating the disorder, therefore, is a consultation in which the practitioner obtains a complete life history of the patient to discover which of these factors might be involved in causing ADHD. The naturopath may also take blood samples and conduct other tests that can be used to assess a patient's body chemistry, to determine whether there are any obvious dietary deficiencies that must be corrected. The treatment recommended for the patient is determined, then, as a result of the initial consultation and any tests that are performed.

Adjustments to a patient's diet may be the first step a naturopathic doctor takes in treating ADHD. Many practitioners believe, for example, that American children consume an excess of refined sugars and foods with artificial additives. A reduction or elimination of such foods may help relieve the symptoms of ADHD. In other cases, a patient may be deficient in any one of a number of essential nutrients that every health person should have in his or her diet, nutrients such as omega 3 fatty acids, magnesium, vitamin B6, zinc, and iron. Patients who are deficient in these nutrients may be offered dietary supplements to ensure they receive adequate amounts of each.

QUOTATIONS FOR DISCUSSION

Mama: I heard someone say that when you have a child, it's like having your heart walking around outside your body...

Mrs. Holly: I think the question is, is it normal for a child Jesse's age to be unable to sit through a ten minute story? Is it normal for him to use four letter words before he can spell? Is it normal for him to collect endless bits and pieces of junk in his book bag-and forget to put in his homework assignment? And, if I put it in there for him- to forget to do it and bring it back? Because if you think that's normal, you are doing an enormous disservice to your child. Not to mention the twenty-seven other children in my class.

Mama: "Excellent" is the new "Good."

Dr. Jinks: Giving a child with ADHD Ritalin is like giving a child with diabetes insulin. Or giving a child with astigmatism glasses. The world comes into focus for the first time. Before Ritalin, you can give a child the same instruction day in,

day out, and no matter how clear you are, how strict you are, what a good parent you are... it simply may not stick. You tell the child to "pay attention"- he may simply have no concept of what you're talking about. With Ritalin, he simply cannot not pay attention.

Dad: If you continue to give my son drugs, I will divorce you, and I will fight for custody. My son is not crazy. He's not a danger to anyone, and he wasn't a danger to himself till you gave him speed. He'll get through school... like I did. He'll be the black sheep. The freak. The weirdo. But he'll survive.

Nurse: Oh my gosh, he has a terrific imagination. He thinks New Mexico's another planet and we're all aliens. He kept holding the handle on the Biomeridian machine and pretending he was taking off on his own space ship, going "I'm outta here! Hasta la pizza!" I asked him how he liked school, he said "Do you want an answer rated G, PG, or R?" And those tattoos are a hoot! Sure he's got a lot of energy, but I wouldn't want a kid who just sat around... He's just a great kid. But you already know that.

VOCABULARY

The Words of the Play

Adderall: a brand-name pharmaceutical psychostimulant composed of mixed amphetamine salts, which is thought to work by increasing the amount of norepinephrine and dopamine in the brain. It is available in two formulations: immediate release and extended release (XR). The immediate release formulation is indicated for use in Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy, while the XR formulation is only approved for use in ADHD.

ADHD: Usually considered to be a neurobehavioral development disorder. It affects 3-5% of children with symptoms starting before seven years of age. It is characterized by a persistent pattern of impulsiveness and inattention, with or without the component of hyperactivity. ADHD occurs twice as commonly in boys than in girls.

Anecdotal: based on personal observation, case study reports, or random investigations rather than systematic scientific evaluation.

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Autism Spectrum: a spectrum of psychological conditions characterized by widespread abnormalities of social interactions and communication as well as severely restricted interests and highly repetitive behaviors.

Benzene: an organic chemical compound and a known carcinogen.

Biofeedback: a treatment technique in which people are trained to improve their health by using signals from their own bodies.

Bipolar Disorder: a psychiatric diagnosis that describes a category of mood disorders defined by the presence of one or more episodes of elevated mood clinically referred to as mania or, if milder, hypermania.

Co-morbid condition: the presence of one or more disorders in addition to the primary disease or disorder.

Clonidine: a direct acting adrenergic agonist prescribed historically as an antihypertensive agent. It is becoming a more accepted treatment for insomnia as well as for relief of menopausal symptoms.

Concerta: a prescription stimulant similar to Ritalin.

Depakote: used for the treatment of acute, manic or mixed episodes associated with bipolar disorder with or without psychotic features.

DSM IV (Diagnostic and Statistical Manual of Mental Disorders): a manual published by the American Psychiatric Association that includes all currently recognized mental health disorders.

Educational Neuropsychologist: Neuropsychologists represent a specialized discipline within the field of psychology that mostly focuses on cognition under the circumstances of brain damage and organic brain disease. A neuropsychologist is guided by knowledge of brain development and brain organization.

Eli Lilly Protection Act: provision in the Homeland Security Act that was designed to force lawsuits over the preservative thiomersal, calling the suits into a special

‘vaccine court’. The provision could have resulted in the dismissal of thousands of cases filed by parents, who contend mercury in thiomersal poisoned their children, causing autism and other neurological ailments, but the rider was subsequently repealed when the next session of Congress convened in 2003.

Endorphins: Endogenous opioid polypeptide compounds. They are produced by the pituitary gland and the hypothalamus during strenuous exercise, excitement, and climax, and they resemble opiates in their abilities to produce analgesia and a sense of well-being.

Formaldehyde: a chemical compound with the formula H_2CO . In view of its widespread use, toxicity, and volatility, exposure to formaldehyde is significant consideration for human health.

Generalized Anxiety Disorder: an anxiety disorder characterized by chronic anxiety, exaggerated worry or tension, even when there is nothing to provoke it.

Homeopathy: A form of alternative medicine based upon principles first defined by Samuel Hahnemann in 1796. A central thesis of homeopathy is that an ill person can be treated using a substance that can produce, in a healthy person, symptoms similar to those of the illness. Practitioners select treatments according to a patient consultation that explores the physical and psychological state of the patient, both of which are considered to be important when selecting the remedy.

“Lord make an instrument of thy peace... (Prayer of St. Francis): A Christian prayer attributed to the 13th Century Saint, Francis of Assisi. The prayer was most famously referenced by Margaret Thatcher after she won the UK general election in 1979.

Meridians: Connected points across the body which affect a specific organ or other part of a person.

MMR vaccine: a mixture of three live attenuated viruses administered via injection for immunization against measles, mumps, and rubella.

Neurofeedback: a therapy technique that presents the user with real-time feedback on brainwave activity, as measured by sensors on the scalp, typically in the form of a video display,

sound or vibration. The aim is to provide real-time information to the Central Nervous System as to its current activity.

Neurotoxin: Toxins that act specifically on nerve cells.

Nux Vomica: An Evergreen tree native to southeast Asia. It is a major source of the highly poisonous alkaloids, strychnine and brucine, derived from the seeds inside the tree's round, green to orange fruit.

Oppositional Defiant Disorder: A disorder characterized by a pattern of tantrums, arguing, or angry and disruptive behavior towards authority figures. Treatment involves therapy or medication.

Orthomolecular therapy: is defined by its proponents as "the treatment of disease by varying the concentrations of substances normally present in the human body." Its proponents claim that many diseases are caused by molecular imbalances that are correctable by administration of the "right" nutrient molecules at the right time.

PCB: or Polychlorinated biphenyl, is an organic compound used as dielectric fluids in everything from coolants and lubricants to carbon-free copy paper. PCB production was banned in 1970s due to its high toxicity.

Pro-Vigil: a stimulant drug used for the treatment of narcolepsy, shift work sleep disorder, and excessive daytime sleepiness.

Prozac: an antidepressant of the selective serotonin reuptake inhibitor class. Prozac is approved for the treatment of major depression, obsessive-compulsive disorder, bulimia nervosa, anorexia nervosa, panic disorder, and pre-menstrual dysphoric disorder. It is the third most popular antidepressant in the United States.

Rocket Balloons: Balloons that are inflated with a pump and can grow up to thirty-six inches in length. Rocket balloons have specially designed necks that funnel escaping air into a thrust, which "rockets" the balloons high into the air.

Ritalin: A prescription stimulant used to treat ADHD. It is also one of the primary drugs used to treat daytime drowsiness, symptoms of narcolepsy, and chronic fatigue syndrome.

The means by which Ritalin affects people diagnosed with ADHD are not fully understood. Some researchers have theorized that ADHD is caused by a dopamine imbalance. Ritalin is a dopamine reuptake inhibitor, which means that it increases the level of dopamine transmitter in the brain by partially blocking the dopamine transporter that removes dopamine from synapses.

SSRI: or Selective serotonin reuptake inhibitors, are a class of antidepressants used in the treatment of depression, anxiety disorders, or some personality disorders.

Sulfites: Compounds that contain the sulfite ion SO (Sulfate Ion)

Tenex: a centrally acting hypertensive agent. It can be used to control high blood pressure by reducing heart rate and relaxing blood vessels. It can sometimes be prescribed as treatment for ADHD.

The Explosive Child: A book written by Ross W. Greene, with the subtitle, "A new approach for understanding and parenting easily frustrated, chronically inflexible children. Greene is a pediatric psychologist who teaches at Harvard Medical School.

Thimerosal: an organomercury compound used as an antiseptic or antifungal agent. It was developed and registered under the trade name Merthiolate by the pharmaceutical corporation, Eli Lilly and Company and has been used as a preservative in vaccines.

Trileptal: an antiepileptic medication used to help increase control of partial seizures.

Tuolene: is an aromatic hydrocarbon that is widely used as an industrial feedstock and as a solvent. Like other solvents, toluene is also used as an inhalant drug for its intoxicating properties.

Visuomotor: Of or relating to motor activity dependent on or involving sight.

Visuoperception: The ability of the brain to understand what it is seeing.

Xanax: a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks and as an adjunctive treatment for anxiety associated with moderate depression.

Zoloft: An antidepressant of the selective serotonin reuptake inhibitor class. It was introduced by Pfizer in 1991. Zoloft is usually used to treat major depression in adults as well as obsessive-compulsive, panic, and social anxiety disorders in both adults and children. In 2007, it was the most prescribed antidepressant on the U.S. retail market with 29,652,000 prescriptions.

ADDITIONAL RESOURCES

Classroom strategies for assisting students with ADD/ADHD.

Source:

ADD/ADHD Strategies from A to Z Teacher Stuff
(www.atozteacherstuff.com)

Originally posted by classroom teachers on the A to Z Teacher Stuff Discussion Forums.

I am a veteran teacher who has just been diagnosed with ADD. I am having a better understanding of just how confusing it can be. Imagine you had fifteen people who all wanted to say something to you, as well as a song in your head. Now imagine that you cannot differentiate between whose voice is which; you cannot filter out thoughts; and you have just eaten a big bag of M&Ms. It is a frightening and confusing feeling. [...] Here are some things that I do to get me and my ADHD students through a day...

1. Allow student to shift in his seat, change seats, or move around every now and then.
2. Provide quiet “fidget toys”. This is crucial during times when you want him to take in a lot of info at once. The thing about this disorder is that it doubles a person’s processing time. It comes across as the kid not paying attention, being disruptive, or rude. (We get very defensive when confused.) It does help, for whatever reason, to have something in the hands to fidget with or even (I know this is an unpopular one...) a piece of gum. By occupying the physical impulses, the brain works better and can concentrate.

3. Written plans, goals, and contracts work well. A visual reminder can really make all of the difference in the world.

4. Give the child important jobs to do, especially ones in which he has to do something physical. “Joe, could you bring this to the office for me?” It is crucial that a kid with this disorder feels a part of things. Also, when confused, a lot of ADHD kids will get angry or violent. A pre-arranged signal between you and him could remind him that he is “floating out”, and if necessary, signal that he needs to take a short walk to the bathroom or water fountain to cool down.

I am a first grade teacher [...]. I average about 4-5 ADD or ADHD students in my class each year. I've been teaching for 7 years. Here are some strategies that I have found helpful...

1. Get the counselors, parents, etc. involved right away and document everything.
2. When you are on the floor, put a piece of tape in an X or a box for him to stay in. Explain that this is his space and nobody can go in except him.
3. Keep him close to you. I would keep him at arms distance so you can keep a gentle hand on his shoulder, desk, etc.
4. Many “busy” kids need something to touch while you teach to keep their focus. I put a piece of sticky velcro (the soft side) on the underside of their desk. They can rub this velcro while you teach and it helps with their impulse to move about.
5. Walking Papers. We give the student a 2 pocket folder and have him hold onto the left and right side while we trace his hands with a black marker. This shows him exactly where his hands should be when he holds the folder. He takes this folder with him any time he walks in the hallway, to reading, to the OT, bathroom, counselors office, lunch, etc. This folder keeps his hands busy so that he is not using them to hurt or bother someone else. It has worked really well with a boy I have in my class right now. We give him a sticker each day when he has used it well and not forgotten.
6. I've used a sticky note cut into three, four or five strips on their desks. (We target one behavior you want changed at a time.) Each time I have to remind them to sit still (or whatever the

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behavior is), I take away a strip. If there are any strips left at the end of the day (or half a day) he gets a sticker, computer time, to read a book (whatever he likes).

7. I have let students stand who really have a tough time sitting while they work.

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