Maryland Children’s Alliance (MCA)
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What’s Different About The Upside Down Organization?

- A unique learning organization to “Help Adults Help Kids.”
- **Nonprofit.** Proceeds go to kids at The Children’s Guild.
- **Applied Research.** We are operating schools, group homes, foster care, mental health and after-school programs!
- **Word of Mouth Marketing.** Our participants “spread the word.”
- **44 States and 6 Foreign Countries**
- Award Winning!

About Your Presenter:

Frank Kros, MSW, JD, is a career child advocate, who has served as a childcare worker, child abuse investigator, children’s home administrator, consultant, college professor, attorney, writer and speaker. Frank currently serves as president of The Upside Down Organization, COO & EVP of The Children’s Guild and Director of the National At-Risk Education Network (NAREN).

Frank presents training workshops nationwide to parents, educators, child-serving professionals and their leaders on various topics including brain-based learning, poverty and the brain, attention-deficit hyperactivity disorder (ADHD), trauma and the brain, neuroscience of the adolescent brain and leadership and the brain. In addition to lecturing nationwide, he has co-authored two books: *Creating the Upside Down Organization: Transforming Staff to Save Troubled Children* and *The Upside Down Organization: Reinventing Group Care.* Frank earned a bachelor’s degree from Creighton University, a master’s degree in social work from the University of Nebraska-Omaha and a law degree, *magna cum laude,* from Notre Dame Law School.

The Most Significant Public Health Issue in the U.S.?

Today, child abuse is frequently referred to as “child maltreatment.” While exact definitions may differ, professionals generally recognize 4 types of child maltreatment:

1. **Neglect**
2. **Physical Abuse**
3. **Sexual Abuse**
4. **Emotional Abuse**

(Abused and neglected child reporting act, 325 ILCS5)

In addition, events that do not involve child maltreatment can be very traumatic to children experiencing them. These “life experience” events include:

- Death of a parent, sibling or caretaker
- Separation from parent or caretaker
- Relocation
- Disaster
- Other
What is it?

**NEGLECT**

Failure to provide for a child’s essential needs: ¹

**PHYSICAL NEEDS** such as:
- Adequate Nutrition
- Clothing
- Shelter
- Health Care
- Dental Care
- Avoidable Hazards
- Proper Supervision

**COGNITIVE NEEDS** such as:
- Sensory Stimulation
- Touch
- Verbal Exposure
- Educational Support and Advocacy

**EMOTIONAL NEEDS** such as:
- Nurturing and Affection
- Psychological Care when needed
- Exposure to Domestic Violence

¹ Specifically defined by law in each state.

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**PHYSICAL ABUSE**

Physical injuries inflicted upon a child by an adult resulting from actions including:

- Shaking
- Punching
- Beating
- Kicking
- Biting
- Throwing
- Stabbing
- Burning
- Choking

- May occur as a single incident or repeated incidents.
- Results can range from minor injuries to death.
SEXUAL ABUSE
Any sexual activity with a child.

- Fondling of genitals or breasts
- Oral, vaginal or anal penetration by finger, penis or other object
- Masturbation
- Exhibitionism
- Voyeurism
- Child Pornography
- Internet Crimes

EMOTIONAL ABUSE
Often called “psychological maltreatment,” involves “a repeated pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs.” Psychological or emotional maltreatment may be the most challenging and prevalent form of child abuse and neglect.

Hibbard, Roberta, et.al, Psychological Maltreatment, Pediatrics, August 2012, Volume 130, Issue 2.

EMOTIONALLY ABUSIVE ACTIONS INCLUDE:
- Spurning
- Terrorizing
- Isolating
- Exploiting/Corrupting
- Denying Emotional Responsiveness
- Medical, Mental Health and/or Educational Neglect

NOTES
Life Experience Trauma

Various events in the life of a child can result in trauma. While each case is unique, some of these life experience events include:

- Death of ____________________________
- Separation from _______________________

KEY QUESTIONS:
- What has happened to you?
- What has not happened to you?

TAKE HOME MESSAGE
- Child Abuse and “Life Event” experiences can have the same traumatic impact on the developing (and vulnerable) child brain.
- When it comes to responding to trauma, the brain does not discriminate.
2. Who experiences it?

**KEY MESSAGES**

- Most child maltreatment is *never* reported, especially for sexual abuse and emotional abuse.

- In a 2005 study using random-digit dialing phone survey, maternal-reported physical abuse was **40 times greater** and sexual abuse was **15 times greater** than official statistics for the same period.  

- More than two thirds of U.S. children report at least one traumatic event by age 16.  

- The Centers for Disease Control estimates that **1 in 8** children between the ages of 2 and 17 in the United States is a victim of maltreatment.  
3. Why does it happen?

Combination of several factors — rather than a single factor alone — is more likely to result in child abuse.

1. Why would the likelihood of child abuse go up if the child was being raised by a single parent family?

2. Why would domestic violence in a family increase the likelihood of child abuse?
Though there is no “cause” of abuse and no specific profile of abusers, many factors contribute and make abuse more likely to occur. Pressures on the family, alcohol and drug abuse, and social isolation can all lead to parental stress and increase the chances that a parent will strike out at their child. If an adult expects too much of a child or if a child has learning or behavior problems, or mental illness, or is the result of an unplanned pregnancy, the child is more likely to be abused or neglected. If the adult was abused as a child or has psychological or medical problems, he or she is much more likely to abuse or neglect.

What Are Some Mental Health Problems That Often Occur?

**INWARD**
The child abuse victim’s feelings of fear, anger, shame, guilt and hopelessness may be directed inward, resulting in symptoms of:

- Depression (including Suicidal Ideation)
- Anxiety
- Post-Traumatic Stress Disorder

**OUTWARD**
The child abuse victim’s feelings of fear, anger, shame, guilt and hopelessness may be directed outward, resulting in symptoms of:

- Oppositional Disorder
- Conduct Disorder

These conditions may involve Aggression, Impulsiveness, Delinquency, and Addiction

4. How does the brain respond?

- Abuse in childhood is often a traumatic experience.
- Trauma in childhood may lead to psychiatric problems that can emerge in childhood, adolescence or adulthood.
- These psychiatric vulnerabilities result from the brain’s response to the traumatic stress.
How does traumatic stress influence the developing brain?

In 2 BIG Ways!

1. The child’s stress response system develops an exaggerated and prolonged response to other stressors and — in severe cases — can suffer cell damage.
   - Dysregulation of stress chemistry
   - Increased activation of sympathetic nervous system

2. Brain Anatomy is altered — the child’s brain organs change size.
   - Smaller Corpus Callosum
   - Smaller Hippocampus
   - Larger, more active Amygdala
   - Smaller, less active Frontal Lobes

### 3 Stages of the Stress Response
(Amygdala Driven)

- **ALERT!**
- **STRESS RESPONSE**
- **DISTRESS**

Cortisol Secreted
Cortisol x2 Adrenaline

### Amygdala compels you to:
1. *Solve the problem causing stress.*
2. *Escape from the problem.*
3. *Cope with the problem.*
4. *Defend yourself the best you can.*
5. *At any cost, survive.*

**A M Y G D A L A = Palace Guard**

### TAKE HOME MESSAGE
Chronic distress (excess cortisol) is the key issue to address in child trauma. Until cortisol is reduced to near normal ranges, damage to brain development is likely to continue. Trauma is common — if not universal — among youth in the social service/congregate care/juvenile justice systems.
How does traumatic stress influence the developing brain?

2. Brain Anatomy is altered — the child’s brain organs change size.
   - Smaller **Corpus Callosum**
   - Smaller **Hippocampus**
   - Larger, more active **Amygdala**
   - Smaller, less active **Frontal Lobes**

### Basic Brain Anatomy

**FRONTAL LOBES**

**CORPUS CALLOSUM**

**AMYGDALA**

**HIPPOCAMPUS**

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**How Does The Brain Respond:**

**Impact of a smaller Corpus Callosum:**

Brains of abused children are not as well integrated as non-abused children. They will present as less mature than non-traumatized peers.

**What might this look like in Monday’s world?**

- Problems with emotional control.
- Delays in cause and effect thinking.
- Difficulty with empathic responses (“conscience”).
- Inability to describe own emotions.
- More impulsive responses to experiences.


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Brooklyn Bridge = **CORPUS CALLOSUM**
How Does The Brain Respond:

Impact of a smaller Hippocampus:
Memory processing in abused children does not function as optimally as those of non-abused children (fewer neurons, fewer synapses, less dendritic branching)

What might this look like in Monday’s world?

1. Lessened ability to encode stimulus into memory (learn).
2. Lessened ability to recall stimulus stored in memory (remember).
3. Lessened ability to inhibit behavioral responses (impulsiveness).
4. Depression.

How Does The Brain Respond:

Impact of a larger, more active Amygdala:
Abused children tend to exhibit “faster fear” that is highly subjective.

What might this look like in Monday’s world?

1. Anxiety, nervousness, hypervigilence
2. Post Traumatic Stress Disorder (PTSD)
3. Attachment Disorder
How Does The Brain Respond:

Impact of smaller, less active Frontal Lobes:
Abused children often struggle with complex, goal-directed behavior and have trouble adapting to environmental changes and demands. Executive Function Skills lag behind those of non-traumatized peers.

What might this look like in Monday’s world?

1. Executive function skills may lag behind peers. *(Impulsiveness)*
2. *Working (short-term) memory* function is poor.
3. Inhibiting behavior is difficult.
4. Selecting appropriate behavior is hard.
5. Depression.
5. What can we do?

1. “Safety Comes First!”
   - Stop the Abuse
   - Medical Care
   - Psychological Care

2. Build Self-Regulation Skills

3. Teach Stress Management Skills
   - ANT Therapy
   - Self Talk
   - Physical Activity
   - Mindfulness

4. Enhance Executive Function Skills (and Promote Enrichment)

5. Repair and Strengthen the Caregiver-Child Relationship (Make Home Visits!)

6. Play “Developmental Catch-up”

7. Focus on Building Competency

8. Instill Hope!
“Safety Comes First”

- Stop the Abuse
- Get Medical Care
- Psychological Care is Important

Build Self-Control Skills

TEACH:

- Body Awareness
- Emotional Awareness
- Behavior Selection
- Frustration Tolerance

Repair and Strengthen the Caregiver-Child Relationship (Make Home Visits!)

Critical for Attachment, Trust, Safety

- Model Healthy Management of Emotion
- Demonstrate Responsiveness (Attunement)
- Emphasize Consistency in Care
- Develop Routines and Rituals

Home Visits Can Reduce Re-abuse by 40%

NOTES
Enhance Executive Function Skills (and Promote Enrichment)

RECOMMENDED RESOURCE
Late, Lost, and Unprepared: A Parents’ Guide to Helping Children with Executive Functioning by Joyce Cooper-Kahn (Ph.D.) & Laurie Dietzel (Ph. D.)

Teach Stress Management Skills
- Developmentally Appropriate
- ANT Therapy
- Self Talk
- Physical Activity

Play “Developmental Catch-up”
1. Encourage exploration
2. Mentor in basic skills
3. Celebrate developmental advances
4. Rehearse and extend new skills (summer school)
5. Protect from inappropriate disapproval, teasing, and punishment
6. Communicate richly and responsively
7. Guide and limit behavior

Focus on Competency

How Do You Build Self Esteem in Children?
M A S T E R Y !
By exposing children to enriched experiences and environments, adults can stimulate the growth of new neurons in a child’s brain to repair and eventually expand learning capacity!

The Hippocampus Can Be HEALED.


Neurogenesis is known to positively regulate and impact learning, mood, memory and overall health.

7 POWER TOOLS

- Vigorous Physical Play *(Regular Physical Activity)*
- Meaningful New Learning
- Enriched Experiences and Environments
- Managed Stress Levels
- Positive Nutrition
- Social Support
- Sufficient Time

Excellent Resource:
Boost Your Brain: The New Art and Science Behind Enhanced Brain Performance
by Majid Fotuhi, M.D., Ph.D.
Stimulate Neurogenesis

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STOP

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Resources

- National Child Traumatic Stress Network (www.NCTSN.org)
- Center for Developing Child (www.DevelopingChild.net)
- Child Help (www.childhelp.org)