



STARR
COMMONWEALTH

**EVIDENCE-BASED AND
EVIDENCE-INFORMED**

Our Mission

Starr Commonwealth leads with courage to create positive experiences so that all children, families, and communities flourish.



Since 1913, Starr Commonwealth has dedicated itself to nurturing resilience and supporting young people who sometimes lack adequate support systems or struggle in their path to a vibrant adulthood. The underlying purpose of Starr Commonwealth's services is to identify, treat, and heal trauma and stress-based behavior, while removing obstacles to success. Rooted in the Oneness of Humankind and seeing the good in every child, Starr offers a range of programs, from community-based initiatives to specialized social, emotional, academic and behavioral services across Michigan. Our national and global training programs also equip adults and professionals to better serve children, families, and communities, promoting a collaborative, evidence-informed, and systemic approach to positive youth development. Together, we're working towards a future where trauma-informed and resilience-focused adults work within trauma-informed and resilience-focused systems to improve the well-being and success of every child.

#DRIVEN TO HEAL

Updated November 27, 2024

Unauthorized reproduction of Starr documents is strictly prohibited. Customers are permitted to download PDFs and other materials solely for personal or personal-professional use. These materials must not be distributed enterprise-wide or institution-wide without explicit written permission, or as indicated in a signed Proposal. Our policy allows for unlimited downloads of certain specified current editions, provided supplies are available and the offer is applicable. Starr reserves the right to limit downloads for any customer who downloads an inordinate amount of materials.

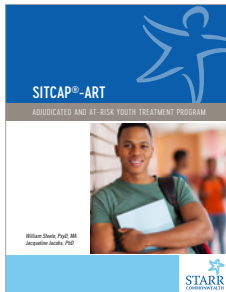
Vision

Universal Hope, Boundless Love, and Limitless Success for all children.

Equity Statement

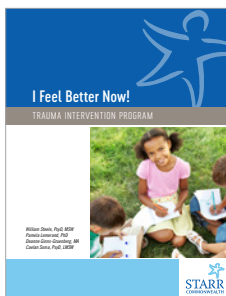
Starr Commonwealth recognizes the past and current struggles of identity groups who have been historically marginalized, impacted by toxic hierarchy, and taken by violence. We believe that equitable environments create opportunities for effective problem solving, sustainable growth, and, in general, a more holistic understanding of the world.

Evidence-Based and Evidence-Informed



Starr Commonwealth's programs and services are evidence-based and evidence-informed.

Starr has developed several SITCAP® intervention programs for children, adolescents and parents. The “SITCAP®-ART” and “I Feel Better Now!” programs are listed on The National Registry for Evidence Programs and Practices (NREPP) and The California Evidence-Based Clearinghouse (CEBC). Starr’s work also draws upon evidence-based practices including sensory integration and mind-body interventions and employs the use of evidence-based measurement tools such as the Attitudes Related to Trauma-Informed Care (ARTIC) assessment listed on the CEBC. Accordingly, Starr takes into account the unique clinical contexts that emerge from client to client when applying evidence-based practices and measures. Therefore, Starr uses an evidence-informed approach, combining case-based reasoning with evidence-based practices and measures, in order to provide optimal care for its clients.



Theoretical Framework

The body leads the way

Starr’s theory of change is that when trauma-informed and resilience-focused adults work within trauma-informed and resilience-focused systems, the wellbeing and success of children will increase. Therefore, Starr services, professional training, and coaching include a variety of Structured Sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP) model programs. They provide the opportunity to safely revisit and rework the subjective experiences of trauma, within the sensory, not cognitive contexts, in which they are experienced, stored and remembered. SITCAP model programs are designed to diminish the terror

and facilitate safety, engage children across developmental stages and provide the opportunity to tailor sensory-based activities to best suit each individual's constellation of strengths and opportunities (Steele & Kuban, 2013). Immutible research on how children most effectively heal from trauma-related mental health reactions encourages Starr's movement further away from cognitive approaches and instead promotes the use of expressive art interventions, play-based activities, and attachment-based strategies. For example, play interventions for difficulties such as fear and anxiety have a strong research base that has continued for over the past 50 years. Art therapy provides a tactile experience that induces body sensations and emotions, increasing emotionality ratings and positive affect when compared to verbal processing alone (Czeamanski-Cohen & Weihs, 2016). Additionally, creating art is a personal integrative experience – an experience of flow that increases functional connectivity in the brain and brings an increase in qualities of resilience (Bolwerk et al., 2014). All are interactive treatment modalities, utilizing both mind and body which further strengthen connection and attachment (Porges, 2005).



Relationships within and outside the body – another bridge to attachment

Starr also incorporates the inclusion of occupational therapy to reinforce sensory-based approaches. “In bottom-up approaches the body’s sensation and movement are the entry points and changes in sensorimotor experiences are used to support self-regulation, memory processing and success in daily life. Meaning and understanding emerge from new experiences (Ogden et al., 2006, p. 166).” The incorporation of occupational therapy supports the child’s progress toward achieving greater sensory integration that builds self-regulation skills. Difficulty processing sensory information can originate from many causes including high levels of maternal stress hormones, high stress environments and inconsistent or otherwise ineffective caregiving. The systems responsible for sensory integration are disturbed when impacted by such stress and developmental trauma causing sensory processing to become inefficient or ineffective (Cook et al., 2014). This can present as irritability, difficulty soothing, sleep disturbances, feeding and eliminating disorders, behavioral and emotional inconsistencies, and difficulties with learning and social skills. Many children whom have experienced developmental trauma present with a very narrow

'window of tolerance', leading to frequently and quickly becoming dysregulated even in response to small amounts of distress. Sensory integration work in occupational therapy aims to address widening the child's window of tolerance by increasing skills of modulation to allow for increased tolerance of internal and external stimulation (Cook et al., 2014). Integration of occupational therapy to the Starr approach also supports the process of building the child's interpersonal skills, and greater capacity to evolve toward more secure attachments.



Alternative to an exclusively cognitive-based approach

The value of what we historically refer to as “talk therapy” continues to levy major benefits as effective interventions for myriad issues. The functions of analysis, interpretation and re-framing to address faulty thinking and cognitive distortions are all useful aims of interventions incorporated by Trauma-focused Cognitive Behavioral Therapy (TF-CBT). The TF-CBT framework's major aim is to evaluate and reimagine the trauma narrative from a healthy perspective. The leading tenant in TF-CBT is that trauma experiences

teach children that the world is dangerous and cannot always protect them. This can lead to the child's anger and inability to trust parents. As a result, parents become confused, upset and unable to set appropriate behavioral limits (Cohen & Mannarino, 2015). While TF-CBT incorporates some sensory-based components, it relies heavily on cognitive strategies. Cognitive or language based interventions, however, presume that the individual can recruit cortical inhibition in times of stress. Traumatized children and their traumatized parents are unable to do this once triggered. Therapeutic approaches must then appreciate the persistent state of fear that the traumatized child experiences. The first imperative, before any intervention is carried out, is to regulate the arousal system. Failure to do so places the child at risk of becoming re-traumatized. Therapeutic approaches must be directed at the areas of the brain which mediates this alarm-fear-terror continuum (Bhreathnach, 2009). As we consider how the regions of the body experience and process trauma as well as the developmental implications of addressing challenges within the cognitive domain, it raises questions about how this cognitive framework may present barriers to effectively treat childhood trauma (Soma, Sloan et al., 2021).



The mind-body model

The somatic effects of stress and trauma have been long misunderstood, or identified as symptoms of a terror experience that left no apparent physical injury or scar. However, advances in science now confirm the invisible wounds of trauma are imprinted and stored within the central nervous system of the body (Soma, 2024a, Stanley, 2019; van der Kolk, 2015). Access to emotions through a process that is aware and connected with internal sensations (temperature, body position, muscle tension, respiratory rate, heart rate, and other internal somatic sensations) is translated to

have emotional meaning (Smith & Lane, 2015). This is possible through the use of expressive arts because the engagement with art materials along with the concrete visual imagery allow for easier access to emotions than through verbal communication alone (Kaminski-Cohen & Weihs, 2016). The intersection of sensory-based and mind-body interventions with an interdisciplinary team allow for exploration of the child's triggers (Bhreathnach, 2018). OT intervention in addressing children who have experienced developmental trauma “draws from Dr Jean Ayres’ work in Sensory Integration (SI) and the theory of childhood trauma and attachment as well as Dr. Stephen Porges’ to understand the body’s fight/flight/freeze/collapse [survival response] and social engagement systems” (Stephens, 2018, p. 14). Cognitive based approaches that assist the clinician and client with cognitive restructuring is effective to challenge irrational thinking, however, these approaches do not focus on the individual’s emotions and sensations affixed with the trauma or themes of trauma even if the accompanying trauma narrative did not occur as the individual remembers it did. Effective approaches to healing trauma include assisting with identifying meaning of body sensations (Steele & Kuban, 2013). Without addressing the body’s experience of trauma, a solely cognitive-based approach can risk placing an individual’s felt experience at odds with their own understanding of their experience. While evaluating and reframing the trauma narrative has benefits, sensory-based, mind-body interventions are uniquely effective because healing is not predicated on the narrative ever emerging to consciousness.

To learn more about Starr’s sensory-based approach and how Starr puts theory into practice, please see *STARR: Sensory-Based, Trauma Assessment, and Intervention to Restore Resilience* (Soma et al., 2021).



Methodology

Starr's primary training methodology focuses on the power of relationships and creating sensory-enriched environments that establish safety, are trauma responsive, and foster resilience (Levin, Strand, & Ray, 2021; Ilcyn, 2024; Soma, 2024b). Starr offers training in its resilience philosophy rooted in the The Circle of Courage.

The Circle of Courage is a model of positive youth development that integrates the wisdom of indigenous Native American philosophies of child rearing with research in resilience science and positive youth development. It is based on the principle that children have four universal growth needs: belonging, mastery, independence and generosity, and that when these needs are met, children can flourish. Recognizing that the Circle of Courage “transcend[s] cultural boundaries” and that “all children have the same growth needs” the Circle of Courage is an offering for all youth across cultures and contexts (Brendtro, Brokenleg, & Van Bockern, 2013). When children have supportive environments where they can build strengths, their life pathways can change (Brendtro, Brokenleg, & Van Bockern, 2019; 2022). To that end, Starr has partnered with a number of school districts across the country to help schools implement trauma-informed, resilience-focused care practices that help establish sustainable strength-based systems (Levin, 2023).



To help professionals understand racial and historical trauma, Starr offers its Glasswing racial healing experience. Grounded in research on racial injustice in the United States (Sue et al., 2007; McIntosh, 2003), the training helps professionals develop the cultural competency to unpack systems of oppression, address racial privilege, and work towards building a just world. Through these approaches, Starr trains helping professionals to understand a child's challenging behaviors through the lens of trauma and unmet needs and provides effective strategies for fostering resilience so that all children can flourish (Soma & Allen, 2020).

External Validation and Research

Starr Commonwealth collaborates with local universities to secure external validation of its programs and conduct new research that builds upon its evidence base. In 2022, Community Technical Assistance Collaborative (CTAC), a program of The Edward Ginsberg Center at the University of Michigan conducted a qualitative study on Starr's Trauma-Informed Resilient Schools training. CTAC reported the impact the training had on teachers and staff, namely: (1) building a strong foundation, authentic relationship-building, and teacher and staff morale and efficacy development; (2) student adaptation and functioning and academic engagement; (3) development of safety, structure, and community; and (4) addressing negative outcomes and impacts of trauma.

In 2022, Statistics in the Community (STATCOM), a program at the University of Michigan's School of Public Health departments of Biostatistics, Statistics, and the Program for Survey Methodology, conducted an external validation of Starr's professional learning experiences. Based on an analysis of feedback from thousands of participants, STATCOM reported that most enrollees of Starr's foundational courses found the learning experiences to be useful and beneficial, and overall, participants were highly satisfied with the content and materials of the course, the instructor, and the teaching quality. Further, most course-takers professed a mastery of course concepts, a willingness to take another Starr course, and would make strong endorsements of the course to their colleagues. In 2023, STATCOM conducted a construct validity and internal consistency analysis of Starr's Trauma-Informed Schools Questionnaire (TISQ) instrument. Starr administers the TISQ to school staff to measure a school's progress on its trauma-informed, resilience-focused care implementation. STATCOM reported that Starr's TISQ tool is both valid (measures what it intends to measure) and reliable (measures consistently).

Starr also partners with Albion College's Communication Studies Department on research in Health Communication, as well as legacy research conducted with the late Dr. John Seita, Professor Emeritus at Michigan State University's School of Social Work. In addition, Starr collaborates with researcher partners from Reclaiming Youth at Risk to develop and test Circle of Courage resources such as the Circle of Courage Supports and Strengths Scale. (Brendtro, Levin et al., 2021).

Please use these links for more information.

<https://www.cebc4cw.org/program/i-feel-better-now-trauma-intervention-program/>

<https://www.cebc4cw.org/program/sitcap-art/detailed>

<https://starr.org/sitcap/>

<https://doi.org/10.1080/15289168.2021.1945728>

<https://starr.org/resilient-schools-project-whitepaper/>

References

- Bath, H., & Seita, J. (2018). *The three pillars of transforming care: Trauma and resilience in the other 23 hours*. Manitoba, Canada: UW Faculty of Education Publishing.
- Bhreathnach, E. (2009). *Innovative body based interventions with traumatized children*. Paper presented at the Family Futures Conference, London.
- Bhreathnach, E. (2018). *Sensory information, sensory integration, and strategic functioning*. Paper presented at The International Association for the Study of Attachment International Conference, Florence.
- Bolwerrk, A., Mack-Andrick, J., Lang, F. R., Dorfler, A., & Maihofner, C. (2014). How art changes your brain: Differential effects of visual art production and cognitive art evaluation on function brain connectivity. *PLOS ONE*, 9(7), e101035. doi: 10.1371/journal.pone.0101035
- Brendtro, L. K. (2020). Trauma-wise teens. *Thriving: Children, Youth, Families*, 5(1), 2-7.
- Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2002). *Reclaiming youth at risk: Our hope for the future*. (Rev. ed.). Bloomington, IN: Solution Tree Press.
- Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2013). The Circle of Courage: Developing resilience and capacity in youth. *International Journal for Talent Development and Creativity*, 1(1), 67-74.
- Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2019). *Reclaiming youth at risk: Futures of promise*. Bloomington, IN: Solution Tree.
- Brendtro, L. K., Levin, S., Kreisle, B., Foltz, R., & Basel, R. (2021). *The Circle of Courage Supports and Strengths Scale*. Lennox, SD: Resilience Resources.
- Burke Harris, N. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. New York, NY: Houghton Mifflin Harcourt.
- Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused cognitive behavior therapy for traumatized children and families. *Child and Adolescent Psychiatric Clinics*, 24(3), 557-570.
- Cook, A., Koomar, J., Warner, E., & Westcott, A. (2014). *SMART: Sensory motor arousal regulation treatment* (2nd ed.). Trauma Center at JRI.
- Czamanski-Cohen, J., & Weihs, K. L. (2016). The bodymind model: A platform for studying the mechanisms of change induced by art therapy. *The Arts in Psychotherapy*, 51, 63-71.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Ilcyn, E. (2024). Fostering safe and supportive schools: Empowering educational leaders to decrease exclusionary practices through trauma-informed systems. Retrieved from *eLeader*: Michigan Association of Superintendents and Administrators. <https://gomasa.org/2024/05/06/fostering-safe-and-supportive-schools-empowering-educational-leaders-to-decrease-exclusionary-practices-through-trauma-informed-systems/>

- Levin, S. S. (2023). Every Student, Every Day, Whatever it Takes. Retrieved from: *eLeader*: Michigan Association of Superintendents and Administrators. <https://gomasa.org/2023/06/12/every-student-every-day-whatever-it-takes/>
- Levin, S. S., Strand, G., & Ray, M. (2021). *The Resilient Schools Project: A systems approach to building trauma-informed, resilience-focused schools*. Albion, MI: Starr Commonwealth.
- McIntosh, P. (2003). White privilege: Unpacking the invisible knapsack. In S. Plous (Ed.), *Understanding prejudice and discrimination*, pp. 191–196. New York, NY: McGraw-Hill.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A Sensorimotor approach to psychotherapy*. New York, NY: W. W. Norton.
- Porges, S. W. (2005). The role of social engagement in attachment and bonding. *Attachment and Bonding*, 33-54.
- Soma, C. (2024a). Primary, secondary and tertiary prevention of childhood maltreatment. In Clement, P. T., Solomon, D. T., Barol, B. I., Schoonover, C. E., & Seedat, S. (Eds.), *Mental health Issues of childhood maltreatment: Contemporary strategies*, Vol. 2, pp. 91-99. Florissant, MO: STM Learning.
- Soma, C. (2024b). Protecting Schools from Violence: What Matters Most? Retrieved from: *eLeader*: Michigan Association of Superintendents and Administrators. <https://gomasa.org/2024/06/03/protecting-schools-from-violence-what-matters-most/>
- Soma, C. & Allen, D. (2023). *10 steps to create a trauma-informed resilient school*. Albion, MI: Starr Commonwealth.
- Soma, C., Sloan, J., Garipey, S., Mueller, G., Gerlach, B., Sanders-Cobb, H., & Mason, D. (2021). STARR: Sensory-based, trauma assessment, and intervention to restore resilience. *Journal of Infant, Child, and Adolescent Psychotherapy*, 20(3), 277-289. doi: 10.1080/15289168.2021.1945728
- Stanley, E. A. (2019). *Widen the window: Training your brain and body to thrive during stress and recover from trauma*. New York, NY: Penguin Books.
- Steele, W., & Kuban, C. (2013). *Working with grieving and traumatized children and adolescents: Discovering what matters most through evidence-based, sensory interventions*. Hoboken, NJ: John Wiley & Sons.
- Stephens, R. (2018). *Sensory processing, coordination and attachment*. Retrieved from <https://beaconhouse.org.uk/wp-content/uploads/2019/09/Sensory-processing-coordination-and-attachment-Article-min.pdf>
- Substance Abuse and Mental Health Services Administration (2014). SAMHSA's concept of trauma and guidance for trauma informed approach. Retrieved from https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271–286. doi: 10.1037/0003-066X.62.4.271
- van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.
- Yaeger, D. S., & Dweck, C. S. (2012). Mindsets that promote resilience: When students believe that personal characteristics can be developed. *Educational Psychologist*, 47(4), 302-314. doi: 10.1080/00461520.2012.722805



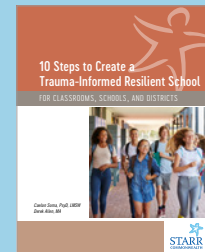
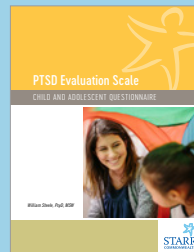
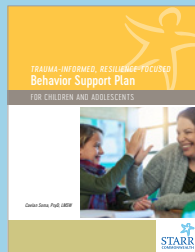
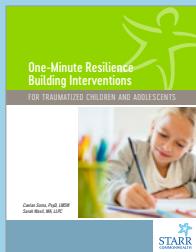
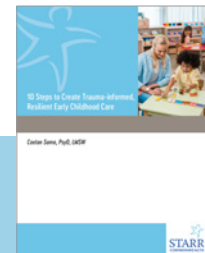
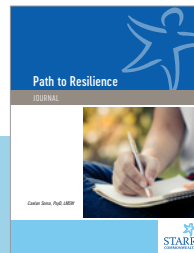
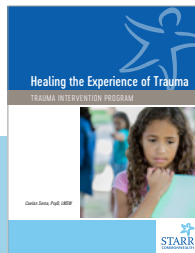
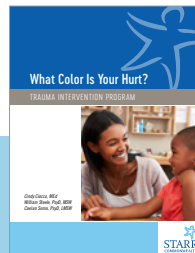
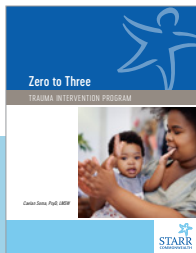
TRAINING & COACHING



ONLINE COURSES



CERTIFICATION



RESOURCES AVAILABLE AT [STORE.STARR.ORG](https://store.starr.org)



13725 Starr Commonwealth Rd.
Albion, MI 49224-9525
800.837.5591 • 517.629.5591 • info@starr.org



@StarrCommonwealth



@StarrCommonwealth



@StarrCommon



@StarrCommonwealth



@StarrCommonwealth