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# Responding to Violence, Disaster, and Trauma

Understanding Historical Trauma and Colorism

Trauma-Informed Early Intervention

Early Childhood Policy Implications

Fostering Resiliency and Recovery

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# Trauma-Informed Part C Early Intervention

## *A Vision, A Challenge, A New Reality*

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A convergence of compelling evidence has linked traumatic early childhood adverse experiences with a lifetime trajectory of serious mental and physical health problems. Advances in the understanding of trauma such as the landmark Adverse Childhood Experiences Study (Anda et al., 2004) compel early childhood professionals to re-examine traditional systems and practices and bring a trauma lens to the work with young children and families. Nowhere is the need to rethink services more apparent than in the Part C Early Intervention System (which we will refer to as EI), a federal program designed to serve infants and toddlers with disabilities or delays, or who are at high risk of risk of delay. Federal legislation now requires the child welfare system to refer all infants and toddlers with substantiated abuse or neglect to the EI system for an evaluation of need for EI services. Within the diversity of groups eligible within each state's definition, EI also serves other groups of children—such as low birth weight babies and young children with established disabilities—who are at elevated risk for abuse and neglect (Spencer, Wallace, Sundrum, Bacchus, & Logan, 2006; Sullivan & Knutson, 2000) and infants and toddlers with disabilities who may have experienced medical trauma from repeated hospitalizations and painful procedures.

Although EI providers are well-trained to address developmental disabilities and general developmental delay, they are not typically trained to consider the impact of trauma on development and

**Abstract**

**Federal directives require that any child less than 3 years old with a substantiated case of abuse be referred to the early intervention (EI) system. This article details the need and presents a vision for a trauma-informed EI system. The authors describe two exemplary program models which implement this vision and recommend steps which the field can take to move toward a trauma-informed EI.**