

## **Volunteer Toolkit: Understanding ACEs and Supporting Neurodivergent Children**

### **Why This Toolkit Exists**

Chatter Camp serves children with a wide range of communication and developmental needs. Some campers may be nonverbal, partially verbal, or may have experienced significant early life stress. Most people have at least one or two Adverse Childhood Experiences (ACEs), and this isn't limited to children who are nonverbal or partially verbal. However, understanding ACEs can provide important context for how we interact with Chatter Camp attendees. This toolkit was created to give volunteers a practical understanding of how trauma and neurodiversity affect behavior, as well as strategies for creating safe, supportive interactions. The goal is to ensure every child feels respected and included while also giving volunteers clear tools they can use immediately.

### **Understanding ACEs (Adverse Childhood Experiences)**

Adverse Childhood Experiences (ACEs) refer to traumatic or stressful events experienced during childhood. These include abuse (physical, emotional, or sexual), neglect, witnessing domestic violence, parental incarceration, household substance use, or separation from a caregiver. Research shows that ACEs can impact brain development, behavior, and health outcomes across a person's lifetime. Children with multiple ACEs may have trouble regulating emotions, concentrating, or trusting adults.

To support children with high ACE exposure:

- Be patient and avoid power struggles.
- Offer predictable routines and clear expectations.
- Acknowledge effort and provide positive reinforcement.
- Avoid yelling, shaming, or unexpected changes in tone or activity.

More on ACEs: <https://www.cdc.gov/violenceprevention/aces/index.html>

### **Supporting Nonverbal and Partially Verbal Campers**

Some children at Chatter Camp may use few or no words to communicate. This can be due to developmental delays, speech-language disorders, or sensory processing differences. Communication may occur through gestures, sounds, behaviors, facial expressions, and tools such as picture boards or assistive technology.

Tips for supporting communication:

- Use short, simple phrases and pair them with gestures.
- Give children time to respond before repeating instructions.
- Use visual schedules or to assist with transitions.
- Accept all forms of communication—eye gaze, pointing, body language.

- Do not insist on verbal responses; allow for different ways of interacting.

Learn more: <https://www.asha.org/>

### Creating a Trauma-Informed Environment

A trauma-informed approach focuses on understanding how past experiences shape current behavior. Many campers may appear distracted, aggressive, withdrawn, or overly sensitive. These behaviors are often coping responses, not signs of disrespect.

To promote emotional safety:

- Maintain calm, consistent behavior.
- Offer choices to empower children (e.g., “Do you want to sit here or there?”).
- Provide breaks and quiet spaces as needed.
- Recognize signs of dysregulation and ask staff for support if needed. Recognizing dysregulation may look like yelling, withdrawing, aggressive or repetitive behaviors, or sensory overload, and if you notice any of these signs, please alert a staff member for support.

### Volunteer Quick Reference

- Follow all safety guidelines and routines.
- Ask questions—camp staff are here to help you succeed.
- Stay flexible and focused on connection, not perfection.
- Support your own well-being: take breaks, hydrate, and rest.

### References

Centers for Disease Control and Prevention. (2023). Preventing Adverse Childhood Experiences (ACEs). Retrieved from <https://www.cdc.gov/violenceprevention/aces/index.html>

American Speech-Language-Hearing Association. (2024). Communication Options for Children with Speech and Language Differences. Retrieved from <https://www.asha.org/>