

Resilience Reflection and Reaction

I have seen portions of the Resilience documentary, but this is my first time watching it all the way through. One thing that touched me in this documentary is how the original ACEs study was done on what could be considered a lower-risk population, yet many ACEs were still identified in the questionnaires. One statistic that was mentioned that shocked me, yet is not surprising, is that \$3 trillion is spent annually on healthcare in the U.S., yet only 5% is spent on preventative medicine. After knowing this information, I can plan to advocate with and for my clients about the importance of preventative medicine.

The Resilience documentary is a very compelling story. I think that it can be used to influence and educate professionals in my field about ACEs and how they operate on a wholistic approach. In addition to healthcare and helping professionals, others that would benefit from seeing this film and be educated about ACEs include politicians and government officials, maybe even all the way up to the presidential cabinet. If politicians and lawmakers were aware of ACEs and how they affect society as a whole, they might be more willing to address old and upcoming laws with that perspective. On a local level, the Chattanooga community could be inspired to advocate for children with high ACEs by seeing the work of other helping professionals and through education.

One of the topics that this documentary touched on is zero-tolerance policies in schools and youth-serving organizations. While adversity at home is not an excuse for children to act any way they please, that does not mean that we should not be helping those students work through and process their adversity when possible. It is a detriment to students who are struggling at

home to provide no empathy or be understanding with it affects them at school. There are several steps to be done that can help children who are exposed to trauma. Once a helping adult learns about a child's ACEs it is important to first reduce the child's exposure to that trauma or stress. Following that, the child's strengths and protective factors should be evaluated and emphasized in the child's life. Additionally, the child should be given tools to help them cope with and process their ACEs and stressors.

Barriers to education and implementing these strategies in my community include a lack of awareness about the subject within the community. It is important to note that Chattanooga is on the forefront for ACEs awareness, however, more education and community outreach can always be done. Following that, funding and resources would be another barrier to furthering the work with ACEs that many have begun in the community already. Navigating these barriers would require a plan that accounts for further community outreach, education, and fundraising. If more individuals in the community are aware of the issue, it will be easier to fundraise and seek donating partners.

Now that I have seen this film, there are many things that I can do with this knowledge in my own life. Firstly, now, I can consider the effects that ACEs have in my own daily life. It is important individuals, myself included, to take care of themselves first so that they are fully equipped to help others. Secondly, I can research ways in which ACE's training could help benefit clients in my area of practice. Finally, a long-term goal I can work towards is creating a plan to initiate an ACEs training in my area of practice.