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| Motivating Employees in the Social Services  By Katherine Parker |  |

Introduction

The social services are high-demand environments. Social services provide needed resources and support to individuals, families, and communities. Because of the high demand of work in this sector, employees in the social services may feel discouraged, frustrated, or burnt-out. It is important as social service providers to be aware of these feelings of employees and to also be aware of ways to motivate and encourage employees in the social services.

Objectives

In this E-Press, social service providers will learn ways to motivate employees when they become discouraged with the demand of their work or frustrated with the lack of money as a social service employee.

Ways to Motivate Social Service Employees

Social service employees due to the high demand and stressful environment of the social services may experience burnout. It is important and necessary for social service providers to be aware of burnout and actively work to creative a positive work environment. Some ways that social service providers can motivate their employees can be broken down into four types:

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| Type of Motivation | Explanation of Motivation | Examples of Motivation |
| Intrinsic | An employee’s attitude towards his or her work. | Give constructive feedback.  Give employees their space to work.  Give, and trust, employees with new tasks. |
| Extrinsic | Employees work towards positive results or to avoid negative results. Most often used by employers. | Create clear expectations and deadlines.  Create a rewarding and comfortable environment.  Thank employees and give recognition for their work. |
| Personal | How employees value and spend their time outside of work. | Get to know employees.  Celebrate special occasions.  Respect employees’ time. |
| Peer | Social influence is used to encourage or discourage employees’ behavior. | Encourage team building.  Offer emotional support and encouragement    Involve employees in other parts of the agency. |

Conclusion

Burnout can cause employees in the social services to consider leaving their position. Social service providers can use the examples listed above to encourage and foster a positive work environment which can help employees to stay motivated and reduce turnover.

References

Gendelman, V. (2016, November 29). 33 easy ways to motivate your creative employees [Blog post]. Retrieved from <https://www.companyfolders.com/blog/best-ways-to-motivate-employees>

Verma, R. & Verma, J. (2012). The role of motivation as a moderator of the job demand-burnout-performance relationship among service employees in a social marketing campaign. *Decision, 39,* 68-85.

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| New Trauma and Resilience Research |  |

Ungar, M. (2016). Varied patterns of family resilience in challenging contexts. *Journal of Marital & Family Therapy, 42*(1), 19-31.

<http://eds.b.ebscohost.com/eds/pdfviewer/pdfviewer?vid=1&sid=7ef57b40-a18d-4529-8c26-9cb2b1685ffb%40sessionmgr101>

“While we know much about patterns of family resilience, most of our research and clinical discussion has focused on microsystemic, intrafamilial protective processes. We have far fewer maps of the bidirectional interactions between families and other systems that contribute to successful family adaptation in challenging contexts. The purpose of this article is to address this gap in knowledge and present a map of family resilience that is both systemic and contextually and culturally responsive. Seven specific patterns of family resilience are reviewed: (1. Postraumatic Growth; 2. Minimal Impact Resilience; 3. Unaffected; 4. Recovery; 5. Avoidant; 6. Hidden Resilience; 7. Maladaptive Coping). Combined, they account for the varied adaptational patterns families use to nurture and sustain resilience. The article concludes with reflection on how we can assess family resilience and the application of this map to family therapy.” [ABSTRACT FROM AUTHOR]

Lietz, C. A., Julien-Chinn, F. J., Geiger, J. M., & Hayes Piel, M. (2016). Cultivating resilience in families who foster: Understanding how families cope and adapt over time. *Family Process, 55*(4), 660-672. doi:10.1111/famp.12239

“Families who foster offer essential care for children and youth when their own parents are unable to provide for their safety and well-being. Foster caregivers face many challenges including increased workload, emotional distress, and the difficulties associated with health and mental health problems that are more common in children in foster care. Despite these stressors, many families are able to sustain fostering while maintaining or enhancing functioning of their unit. This qualitative study applied an adaptational process model of family resilience that emerged in previous studies to examine narratives of persistent, long-term, and multiple fostering experiences. Data corroborated previous research in two ways. Family resilience was again described as a transactional process of coping and adaptation that evolves over time. This process was cultivated through the activation of 10 family strengths that are important in different ways, during varied phases.” [ABSTRACT FROM AUTHOR]

Clarkson Freeman, P. A. (2014). Prevalence and relationship between adverse childhood experiences and child behavior among young children. *Infant Mental Health Journal, 35*(6), 544-554. doi:10.1002/imhj.21460

“Exposure to adverse childhood experiences (ACEs) such as child abuse and neglect impact a child's socioemotional development. Drawing from the methods employed in the Adverse Childhood Experiences (ACE; Felitti et al., ) Study, the present study utilized data from the National Survey of Child and Adolescent Well-Being to examine the prevalence of ACEs among children birth to 6 years, and the relationship of ACEs to emotional and behavioral outcomes 59 to 97 months after the close of investigation or assessment. Logistic regression also was used to examine the cumulative impact of ACEs on child behavior outcomes. By the age of 6, approximately 70% of children experienced three or more ACEs, and there were strong relationships between ACEs. Numerous ACEs were associated with long-term behavioral problems, and results supported a dose-response effect. Three or greater ACEs more than quadrupled the risk of experiencing internalizing problems, and almost quadrupled the risk of experiencing either externalizing or total problems at 59 to 97 months' post-investigation. Based on these findings, it is crucial for both early screening/assessment and increased collaboration between child welfare and early intervention programs.” [ABSTRACT FROM AUTHOR]

Grasso, D. d., Dierkhising, C., Branson, C., Ford, J., Lee, R., Grasso, D. J., & ... Ford, J. D. (2016). Developmental patterns of adverse childhood experiences and current symptoms and impairment in youth referred for trauma-specific services. *Journal Of Abnormal Child Psychology, 44*(5), 871-886.

“By the time children reach adolescence, most have experienced at least one type of severe adversity and many have been exposed to multiple types. However, whether patterns of adverse childhood experiences are consistent or change across developmental epochs in childhood is not known. Retrospective reports of adverse potentially traumatic childhood experiences in 3 distinct developmental epochs (early childhood, 0- to 5-years-old; middle childhood, 6- to 12-years-old; and adolescence, 13- to 18-years-old) were obtained from adolescents (N = 3485) referred to providers in the National Child Traumatic Stress Network (NCTSN) for trauma-focused assessment and treatment. Results from latent class analysis (LCA) revealed increasingly complex patterns of adverse/traumatic experiences in middle childhood and adolescence compared to early childhood. Depending upon the specific developmental epoch assessed, different patterns of adverse/traumatic experiences were associated with gender and with adolescent psychopathology (e.g., internalizing/externalizing behavior problems), and juvenile justice involvement. A multiply exposed subgroup that had severe problems in adolescence was evident in each of the 3 epochs, but their specific types of adverse/traumatic experiences differed depending upon the developmental epoch. Implications for research and clinical practice are identified.” [ABSTRACT FROM AUTHOR]

Solemanpour, S., Geierstanger, S., & Brindis, C. (2017). Adverse childhood experiences and resilience: Addressing the unique needs of adolescents. *Academic Pediatrics,17*(7), 108-114. Doi: https://doi.org/10.1016/j.acap.2017.01.008

Adolescents exposed to adverse childhood experiences (ACEs) have unique developmental needs that must be addressed by the health, education, and social welfare systems that serve them. Nationwide, over half of adolescents have reportedly been exposed to ACEs. This exposure can have detrimental effects, including increased risk for learning and behavioral issues and suicidal ideation. In response, clinical and community systems need to carefully plan and coordinate services to support adolescents who have been exposed to ACEs, with a particular focus on special populations. We discuss how adolescents' needs can be met, including considering confidentiality concerns and emerging independence; tailoring and testing screening tools for specific use with adolescents; identifying effective multipronged and cross-system trauma-informed interventions; and advocating for improved policies. [ABSTRACT FROM AUTHOR]

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| More Materials on Trauma |  |

Your community can promote norms emphasizing that learning effective parenting skills is a process and every caregiver can use help at times.

<https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf>

Resources

[About Adverse Childhood Experiences](http://www.cdc.gov/violenceprevention/acestudy/about_ace.html)  
Centers for Disease Control and Prevention provides an overview of adverse childhood experiences.

[Adverse Childhood Experiences: Looking at How ACEs Affect Our Lives & Society](https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html) [Infographic]  
Centers for Disease Control and Prevention discusses the types of ACEs, their prevalence, their effects on physical and mental health and society, and strategies to address them.

[Essentials for Childhood Framework: Steps to Create Safe, Stable, Nurturing Relationships and Environments for All Children](http://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html)  
Centers for Disease Control and

Prevention explains a strategic approach to building strong communities that support positive child and family development. The goals of the approach include raising awareness, making data-driven decisions, promoting positive norms, and assessing policies that affect families.

[Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities](https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf)   
Centers for Disease Control and Prevention presents specific strategies to prevent child abuse from occurring and approaches to reduce the immediate and long-term effects of child abuse and neglect. The package offers information to inform policies at the community and state levels.



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