

**CASE MANAGEMENT, SUPERVISION AND
COMMUNICATION IN CHILD AND
FAMILY WELFARE**

HABILITATION THESIS

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Abstract

In a dynamic, tempestuous, and hasty world in which, sometimes, there is no time to even scrutinize our professional past, this thesis of habilitation is, for me, *a halt, a stop* and, at the same time, *a challenge* I have been waiting for quite some time, a halting place that helps me stopping *running* to thoroughly analyse my professional past and that also provides an opportunity to plan in detail, with more efficiency and even more specifically, my professional future. This holistic process in which I attempt at *analysing my past and future through the prism of the present* is neither easy, nor difficult – it is, more likely, extremely challenging!

My professional contributions mentioned and presented in detail in the thesis concern mainly the last 4-5 years, but they reflect the experience accumulated in the 11 years of teaching and research.

My professional voyage started in 2003, when I became a preparatory at the Department of Social Work of the Faculty of Sociology and Psychology of the West University of Timi oara. Because of the dynamics mentioned above – which also characterises the higher education system in Romania, I had also often had to seminars and, later, to teach extremely diverse disciplines in the field of social work such as national minorities, family social work, child and family protection, protection of the elderly, case management, supervision, social work system, intervention techniques, emotional communication with victim-children, etc. All these teaching activities have been doubled by my interest in researching and publishing in these diverse and complex sub-domains of social work.

The publications of the last years have been numerous and diverse: over 19 books as author and coordinator (17 in English and 2 in Romanian), 3 ISI-rated articles with impact factor, 21 articles indexed in more than three international databases, etc. I have carried out different researches in the field of child and family protection and welfare in Romania, analysing needs, risks, challenges, and opportunities Romanian children, youth, adults, and elderly are confronted with. On the other hand, due to the discipline “Case Management” that I have been teaching at the West University of Timi oara, I needed to learn in detail the “case management method” and, particularly, the protection of child and family rights. Studying carefully the case management, I realised how important supervision is in case management, in general, and for the professionals working in the field of the protection of child and family welfare, in particular.

Due to the post-doctoral scholarship won in 2011, I had the chance to research more in detail the need for supervision in Romanian professionals working with the human factor, and in the field of child and family welfare, in particular. The same post-doctoral project also allowed me to study such phenomena as *burn-out* and *drain-brain* that some of our professionals in the field have to face.

These multiple and extremely demanding studies have made me decide to present my past and present professional results in my habilitation thesis titled *Case Management, Supervision and Communication in Child and Family Welfare*. Communication is the process that underlies human interaction relationships both within and outside families. Supervision

focuses on communication without which neither the process of supervision, nor the case management process would be possible.

The structure of the thesis is stipulated by law in the *Guidelines for Habilitation Thesis*. **In the first part**, I present, based on documents, my professional achievements after obtaining the title of PhD in Sociology with my doctoral thesis *Depression in the Elderly: Psycho-social Issues*; my achievements emphasise the originality and relevance of my academic, scientific and professional contributions so far, certifying the development of a future professional career. Case management is presented in detail in *Chapter Two*, where I analyse theoretical and practical approaches of case management at both national and international levels. *Chapter Three* presents in detail the theoretical and practical approaches of supervision in the field of the protection and welfare of child and family, emphasising both the need for supervision in professionals working with the human factor, and its advantages. Supervision can prevent such phenomena as *burn-out* and *brain-drain* among professionals in social work. *Chapter Four* contains several publications presented diachronically from 2010 until now, publications that capture some of the important aspects that influence positively or negatively the life of children and youth and the interaction relationship between parent and child. **The second part of the thesis** contains my three main directions of professional development: **research projects** in the field of the triad workaholism-burn-out-depression among professionals in social work active in the field of protection and welfare of child and family and of the analysis of child neglect in Romanian families; **publications** in the field of protection and welfare of child in Romania and also in the field of childhood and parenthood; **scientific events** such as participating in international conferences in the field of protection and welfare of child and family, or the organising – together with my colleagues from the country and abroad – of three scientific events I have coordinated in the last years for the West University of Timi oara: the International Conference of Applied Social Sciences (ISSA 2012), the Series Applied Social Sciences (ASA 2013), and the International Christian Conference *The Power to Be Different* (PFA 2014). **The last part** of the habilitation thesis contains bibliographical references associated to the first two parts.

After obtaining the habilitation certificate, I intend to carry out research as a member of multi- and inter-disciplinary teams in the field of protection and welfare of child and family involving young PhD students in different domains.

Finally, I would like to mention that all my professional achievements in the last five years – that I have included in the habilitation thesis – have been possible due to God and support from a few extraordinary people I have cooperated with over the years. I thank them all and I particularly thank my family who have supported me constantly, originally, and unconditionally!

Rezumat

Într-o lume dinamică, tumultuoasă și atât de grăbită în care, adesea, nu ne mai facem timp pentru a privi nici măcar la trecutul nostru profesional, teza de abilitare reprezintă, pentru mine, *un popas, un semn de oprire* și, în același timp, *o provocare* de ceva vreme, care mă ajută să mă opresc din *alergare* pentru a-mi analiza atent evoluția trecutului profesional și care, totodată, îmi conferă și oportunitatea de a-mi planifica, într-un mod minuțios, eficient și chiar mai specific, viitorul profesional. Acest proces holistic în care încerc să-mi analizez *trecutul și viitorul prin filtrul prezentului* nu este nici uor, nici anevoios, ci, mai degrabă, extrem de provocator!

Contribuțiile profesionale care vor fi menționate și prezentate mai detaliat în teză se referă, în special, la perioada din ultimii 4-5 ani, dar ele confirmă experiența acumulată în cei 11 ani de activitate didactică și de cercetare.

Careeră mea profesională a început în 2003 când am intrat ca preparator la Departamentul de Asistență Socială al Facultății de Sociologie și Psihologie din cadrul Universității de Vest din Timișoara. Datorită dinamicii amintite mai sus, prezent chiar și în sistemul universitar din România, am fost adesea nevoit să seminarizez și, mai apoi, să predau discipline extrem de diverse din domeniul asistenței sociale. Voi enumera doar câteva: minoritățile naționale, asistența socială a familiei, protecția copilului și familiei, protecția persoanelor vârstnice, managementul de caz, supervizarea, sistemul de asistență socială, tehnicile de intervenție, comunicarea emoțională cu copilul-victim etc. Toate aceste activități didactice au fost dublate și de interesul meu de a cerceta și publica în aceste subdomenii diverse și, totodată, complexe ale asistenței sociale.

Publicațiile din ultimii ani au fost multe și diverse: peste 19 cărți de autor și coordonator (17 în engleză și 2 în română), 3 articole ISI cu factor de impact, 21 de articole indexate în mai mult de trei baze de date internaționale etc. Am realizat diferite cercetări în domeniul protecției și bunăstării copilului și familiei în România, în care am analizat unele nevoi, riscuri, provocări, dar și oportunități cu care se confruntă copiii, tinerii, părinții și vârstnicii în România. Pe de altă parte, datorită disciplinei „management de caz” pe care am predat-o și o predau la Universitatea de Vest din Timișoara, am fost direct interesat să aprofundez, mai în detaliu, metoda managementului de caz în domeniul asistenței sociale și, în special, în protecția drepturilor copilului și familiei. Studiind cu atenție managementul de caz, mi-am dat seama cât de important este supervizarea în managementul de caz, în general, și cât de necesar este ea pentru profesioniștii care lucrează în domeniul protecției și bunăstării copilului și familiei, în special.

Datorită bursei postdoctorale pe care am câștigat-o în 2011, am avut șansa de a cerceta și aprofunda nevoia de supervizare a profesioniștilor din România care lucrează cu factorul uman, în special în domeniul bunăstării copilului și familiei. Tot prin proiectul de cercetare postdoctoral am putut studia fenomenele de *burn-out* și *brain-drain* cu care se confruntă, prea adesea, o parte din profesioniștii care lucrează în acest domeniu.

În urma acestor studii multiple și extrem de solicitante, am decis să-mi prezint, în teza de abilitare, rezultatele profesionale din trecut și prezent sub titlul *Managementul de caz, supervizarea și comunicarea în bunăstarea copilului și familiei*. Comunicarea este procesul

care stă la baza relațiilor umane de interacțiune atât din familie, cât și din exteriorul acesteia. Supervizarea are, în centrul ei, comunicarea, fără de care nu ar fi posibil nici procesul de supervizare, și nici cel de management de caz.

Structura acestei teze este cea impusă de lege prin *Ghidul orientativ pentru realizarea tezei de abilitare*. **În prima parte**, prezintă, în ansamblu, documentat, realizările profesionale obținute după conferirea titlului de doctor în domeniul sociologiei cu teza de doctorat intitulată *Apariția depresiei la persoanele vârstnice. Aspecte psihosociale*, realizări care probează originalitatea și relevanța contribuțiilor academice, științifice și profesionale obținute până în prezent și care certifică o dezvoltare a viitoarei cariere profesionale. Managementul de caz este prezentat în detaliu în *Capitolul al 2-lea* al tezei, unde sunt analizate abordările teoretice și practice ale managementului de caz atât la nivel internațional, cât și la nivel național. Acest capitol se încheie cu rolul supervizării în managementul de caz. În *Capitolul al 3-lea*, sunt prezentate, pe larg, abordările teoretice și practice ale supervizării în domeniul protecției și bunăstării copilului și familiei și se pune accentul atât pe nevoia de supervizare a profesioniștilor care lucrează cu factorul uman, cât și pe avantajele ei. Supervizarea poate să prevină fenomenele de *burn-out* și *brain-drain* în rândul profesioniștilor care oferă servicii sociale. *Capitolul al 4-lea* cuprinde mai multe publicații prezentate diacronic din 2010 și până în prezent, lucrări care surprind câteva aspecte importante care influențează, pozitiv sau negativ, viața copiilor și tinerilor și relația de interacțiune părinte-copil. **Partea a doua a tezei** cuprinde cele trei direcții principale de dezvoltare profesională: **proiecte de cercetare** în domeniul analizei triadei: dependența de muncă -epuizare profesională -depresie în rândul profesioniștilor care oferă servicii sociale în domeniul protecției și bunăstării copilului și familiei și analiza neglijării copilului în familia românească; **publicații editoriale** în domeniul protecției și bunăstării copilului în România, dar și în domeniul copilăriei și parentalității; **evenimente științifice** ca participarea la conferințe internaționale în domeniul protecției și bunăstării copilului și familiei, dar și continuarea organizării, împreună cu colegi valoroși din țară și din străinătate, a trei evenimentele științifice pe care le-am coordonat în ultimii ani pentru Universitatea de Vest din Timișoara: Conferința Internațională de Științe Sociale Aplicate, ISSA 2012, Colecția de Asistență Socială Aplicată, ASA 2013, și Conferința Internațională Creștină *Puterea de a fi altfel*, PFA 2014. **Ultima parte** a tezei de abilitare se încheie cu referințele bibliografice asociate primelor două părți.

După obținerea atestatului de abilitare doresc să realizez cercetări în echipe multidisciplinare care să studieze protecția și bunăstarea copilului și familiei și care să implice doctoranzi tineri din domenii diverse.

În concluzie, mi sînt dator să menționez că toate realizările profesionale din ultimii 5 ani incluse în această teză au fost posibile datorită lui Dumnezeu și încrederii pe care am primit-o din partea unor oameni deosebiți și capabili cu care am colaborat în activitatea mea profesională. Le mulțumesc tuturor și, în special, familiei mele, care m-a sprijinit constant, original și necondiționat!

1. Introduction

1.1. OVERVIEW

In a dynamic, tempestuous, and hasty world in which, sometimes, there is no time to even scrutinize our professional past, this thesis of habilitation is, for me, *a halt, a stop* and, at the same time, *a challenge* I have been waiting for quite some time, a halting place that helps me stopping *running* to thoroughly analyse my professional past and that also provides an opportunity to plan in detail, with more efficiency and even more specifically, my professional future. This holistic process in which I attempt at *analysing my past and future through the prism of the present* is neither easy, nor difficult – it is, more likely, extremely challenging!

My professional voyage started in 2003, when I became a preparatory at the Department of Social Work of the Faculty of Sociology and Psychology of the West University of Timisoara. Because of the dynamics mentioned above – which also characterises the higher education system in Romania, I had also often had to teach seminars and, later, to teach extremely diverse disciplines in the field of social work such as national minorities, family social work, child and family protection, protection of the elderly, case management, supervision, social work system, intervention techniques, emotional communication with victim-children, etc. All these teaching activities have been doubled by my interest in researching and publishing in these diverse and complex sub-domains of social work.

In 2007, I started my PhD in Sociology and in the fall of 2009 I defended my doctoral thesis titled *Depression in the Elderly: Psycho-social Issues* at the West University of Timisoara. This PhD made me focus on both the protection of the elderly and depression as a *disease of the soul* that can touch anybody no matter the education or social context, if the person in question cannot manage his/her life properly and if he/she is not supported efficiently from the outside (family, friends, professionals, community, etc.) when he/she faces major loss, poverty, important status changes, loneliness and isolation, etc.

After defending my PhD thesis, in 2013, the prestigious international publishing house Cambridge Scholars Publishing, UK, published my book titled *Depression in the Elderly*, which is now present in many libraries of the KVK World Catalogue (Karlshue Virtual Katalog, http://www.ubka.uni-karlsruhe.de/kvk_en.html).

In the spring of 2011, I won a post-doctoral scholarship in the field of social work at the “Alexandru Ioan Cuza” University of Iași for a period of 12 months. The title of the post-doctoral research project was *Perception of the necessity and benefits of supervision in Romanian social work*. This is how I managed to accomplish a wider research on supervision.

After this post-doctoral scholarship, in 2013, the publishing house Cambridge Scholars Publishing, UK, published my book titled *Supervision in Educational, Social and Medical Services Professions*, which is now present in several libraries of the KVK World Catalogue (Karlshue Virtual Katalog, http://www.ubka.uni-karlsruhe.de/kvk_en.html).

So far, I have organised and coordinated for the west University of Timisoara, the following scientific events: the *Symposium of Social Assistance of Timisoara* (2011), the *International Conference of Applied Social Sciences (ISSA, 2012)* and the series *Applied Social Work*

(ASA, 2013). As a result of these three scientific events, I published 14 books that I coordinated with outstanding professionals from Romania and abroad, such as Elena Zamfir and Georgeta Raț (Romania), Michele Marsonet (Italy), Hasan Arslan (Turkey), etc. The book titled *Riscuri și oportunități ale sistemului de asistență socială în România* [Risks and Opportunities of the Social Work System in Romania] was published in 2011 by the Romanian publishing house Excelsior Art. The series of 8 volumes titled *Applied Social Sciences* (2013), as well as the series of 5 volumes titled *Applied Social Sciences* (2014) were published by the international publishing house Cambridge Scholars Publishing from the UK. At present, I am organising the *International Christian Conference "The Power to Be Different"* to be held at the West University of Timisoara in October 30-31, 2014. Between 2008 and 2010, I was a member of a research team of the CNCSIS Grant "*Factors intervening in the success of national adoption*" coordinated by Professor Ana Muntean from the West University of Timisoara. Until 2013, I worked as an expert in the European project "*Reconstruction of the female status: from discrimination to professional development and equality of chances*", a project managed by Professor Maria Nicoleta Turliuc from the "Alexandru Ioan Cuza" University of Iași and by Professor Ana Muntean from the West University of Timisoara.

1.2. DIRECTION OF RESEARCH

The academic and professional contributions mentioned in the present habilitation thesis refer mainly to the last 4-5 years. I consider that these contributions confirm the experience accumulated in the 11 years of teaching and research activity.

The publications of the last years have been numerous and diverse. I have carried out different researches in the field of child and family protection and welfare in Romania, analysing needs, risks, challenges, and opportunities Romanian children, youth, adults, and elderly are confronted with. On the other hand, due to the discipline "Case Management" that I have been teaching at the West University of Timisoara, I needed to learn in detail the "case management method" and, particularly, the protection of child and family rights. Studying carefully the case management, I realised how important supervision is in case management, in general, and for the professionals working in the field of the protection of child and family welfare, in particular.

Due to the post-doctoral scholarship won in 2011, I had the chance to research more in detail the need for supervision in Romanian professionals working with the human factor, and in the field of child and family welfare, in particular. The same post-doctoral project also allowed me to study such phenomena as *burn-out* and *drain-brain* that some of our professionals in the field have to face. The goal of the post-doctoral research project was multiple. On one hand, I tried to identify and analyse the need for supervision in the professionals working with the human factor, the degree of knowledge and acceptance of supervision and the degree of identification of the benefits/advantages of supervision. On the other hand, I also tried to identify the role played by the supervisor in the supervision process, as well as the preferred type of supervision (internal and external) among the professionals in the field of child and family welfare.

As a result of these multiple and extremely demanding studies, I decided to present my habilitation thesis, my past professional and academic results under the title *Case Management, Supervision and Communication in Child and Family Welfare*. Communication

is the process that underlies human interaction relationships both within and outside families. Supervision focuses on communication without which neither the process of supervision, nor the case management process would be possible.

1.3. PRESENTATION OF THE THESIS

The structure of the thesis is stipulated by law in the *Guidelines for Habilitation Thesis*.

In the first part of the thesis, I make a general presentation based on documents of my professional achievements after becoming a PhD in Sociology with a doctoral thesis titled *Depression in the Elderly: Psycho-social Issues*, achievements that emphasise the originality and relevance of my academic, scientific, and professional contributions so far, that certify a future development of my professional career.

Case management is presented in detail in **Chapter Two**. I analyse both theoretical and practical approaches of the “case management method” at both national and international levels. This chapter also presents the role of supervision in case management.

Chapter Three presents, in detail, presents in detail the theoretical and practical approaches of supervision in the field of the protection and welfare of child and family, emphasising both the need for supervision in professionals working with the human factor, and its advantages. Supervision can prevent such phenomena as *burn-out* and *brain-drain* among professionals in social work. I present two studies: **The Socio-Communicational Style and the Need for Supervision of Professionals from the Social Services** and **Aspects of Burnout among Professionals** both published in 2012 in *Revista de Cercetare i Interventie Sociala* [Journal of Research and Social Intervention].

Chapter Four contains several publications presented diachronically from 2011 until now, publications that capture some of the important aspects that influence positively or negatively the life of children and youth and the interaction relationship between parent and child.

The second part of the thesis contains my three main directions of professional development: **publications** in the field of protection and welfare of child in Romania and also in the field of childhood and parenthood; **research projects** in the field of the triad workaholic-burn-out-depression among professionals in social work active in the field of protection and welfare of child and family and of the analysis of child neglect in Romanian families; **scientific events** such as participating in international conferences in the field of protection and welfare of child and family, or the organising – together with my colleagues from the country and abroad – of three scientific events I have coordinated in the last years for the West University of Timi oara: the International Conference of Applied Social Sciences (ISSA 2012), the Series Applied Social Sciences (ASA 2013), and the International Christian Conference *The Power to Be Different* (PFA 2014).

I would like to mention that, because of the space limitations of the thesis, I have not managed to present all the results of my individual and team work reflected in papers not mentioned in the thesis, such as:

Runcan, P. L. (2011). The Perspective of Communication in the Parent-Child Relationship. In I. Boldea (Ed.), *Communication*, 2. Paris: Prodifmultimedia Publishing House. 56-61.

Runcan, P. L. (2011). The Role of Communication in the Supervision of Social Services. In I. Boldea (Ed.), *Communication*, 2, 89-94. Paris: Prodifmultimedia Publishing House.

Runcan, P. L. (2012). The time factor: does it influence the parent-child relationship?! *Procedia Social and Behavioural Sciences*, 33, 11-14.

Runcan, P. L. (2013). "Brain-drain" among professionals in social, medical and educational services. In Rogobete, I., Neagoe, A. (Ed.), *Contemporary Issues Facing Families*. Bonn: Verlag fur Kultur und Wissenschaft. 377-382.

Runcan, P. L. (2013). *Depression in the Elderly*. UK, Newcastle upon Tyne: Cambridge Scholars Publishing.

Runcan, P. L. (2013). *Supervision in Educational, Social and Medical Services Professions*. UK, Newcastle upon Tyne: Cambridge Scholars Publishing.

Runcan, P. L., Raț , G., Cojocaru, t. (Eds.), (2013). *Applied Social Sciences: Social Work*. Newcastle upon Tyne: Cambridge Scholars Publishing.

Runcan, P. L., Raț , G., Goian, C. (Eds.), (2013). *Applied Social Sciences: Administration and Management*. Newcastle upon Tyne: Cambridge Scholars Publishing.

Runcan, P. L., Raț , G., Iovu, M. B (Eds.), (2014). *Child and Family Welfare*. Newcastle upon Tyne: Cambridge Scholars Publishing.

Runcan, P. L., Zamfir, E. (2011). *Riscuri și oportunități ale sistemului de asistență socială în România* [Risks and Opportunities of the Romanian Social Work System]. Timișoara: Excelsior Art.

Bucur, E., Bucur, V., **Runcan, P. L.** (2013). An analysis of intervention in child protection from the perspective of the child's resilience in Romania. *Procedia Social and Behavioural Sciences*, Volume 84, 954-958.

C 1 uz, A. F., **Runcan, P. L.** (2011). Supervizarea, formă de formare continuă în domeniul asistenței sociale [Supervision as Continuous Training in Social Work]. *Revista de Asistență Socială*, 4.

C 1 uz, A. F., **Runcan, P. L.** (2013). Understanding Supervision by Social Workers. In Runcan, P. L., Raț , G., Cojocaru, St. (Eds.). *Applied Social Sciences: Social Work*. Newcastle upon Tyne: Cambridge Scholars Publishing. 27-35.

Goian, C., **Runcan, P. L., Țîru, L.** (2011). Communication between university teachers and students-basic aspect in achieving academic performances. In I. Boldea (Ed.), *Communication*, 2. Paris: Prodifmultimedia Publishing House. 33-37

Goian, C., **Runcan, P. L., Țîru, L.** (2012). The Role of Media Communication in Integrating Delinquent Persons on the Labour Market. In Tomiț , M. *3rd International Conference Social*

Work Perspectives on Quasi-Coercive Treatment of Offenders – Violence among Adolescents. ISBN: 978-88-7587-639-5. Pianoro (Bologne, Italy): Medimond International Proceedings.

Iovu, M. B., **Runcan, P.** (2012). Evidence-Based Practice: Knowledge, Attitudes, and Beliefs of Social Workers in Romania. *Revista de cercetare și intervenție socială* , 38, 54-70.

Iovu, M. B., **Runcan, P. L.** (2012). The Potential Use of Computer-Assisted Qualitative Data Analysis Software (CAQDAS) to Analyze Children's Perceptions of Maltreating Families. *Revista de Asistență Socială* , 4. 66-77.

Raț , G., Clitan, Gh., **Runcan, P. L.** (Eds.), (2013). *Applied Social Sciences: Communication Studies*. Newcastle upon Tyne: Cambridge Scholars Publishing.

Tranc , L. M, **Runcan, P. L.** (2013). Communication and Conflict in Workaholic Families. *Revista de Asistență Socială* , 2.

Tranc , L., **Runcan, P. L.**, Petracovschi, S. (2012). Aspecte psihosociale privind efectele dependenței de muncă asupra copiilor din familiile workaholicilor [Psycho-social Aspects of Workaholism Effects on Children]. In Iovu, M., Roth, M. (Eds.). *Drepturile copiilor, bunăstarea și protecția lor*. Cluj-Napoca: Presa Universitară Clujeană . 87-98.

The last part of the habilitation thesis contains bibliographical references associated to the first two parts.

2. Case management

2.1. CASE MANAGEMENT: THEORETICAL AND PRACTICAL APPROACHES

Because of the complexity and rhythm of our life, because of the different risks and opportunities, of the increasingly higher level of stress, we need to manage our life in detail to accomplish what we wish and plan to. Little by little, management has become more and more important at both personal (management of everyday life) and family (management of family life), and community (management of organised intervention) levels.

Runcan, P. (2013). Case Management in Social Work. Bucure ti: Editura Didactic i Pedagogic .

This book was published by Editura Didactic i Pedagogic of Bucharest in 2013, in English. I present in detail case management as a complex working method in the field of social work and particularly in the field of child and family protection, the professionals involved in child protection case management, the instruments used in child protection case management, child protection case management phases, case management standards in social work and the role of supervision in case management.

Below, I present just a few important aspects analysed in my book *Case Management in Social Work* published in English by Editura Didactic i Pedagogic of Bucharest, in 2013.

Conceptual and Analytic Framework

Literature presents case management as a source of long-term effective results. In the field of social work, management can also be studied from the point of view of services and resources – *social services and human resources management* – but it is also studied and analysed from the perspective of the management, organisation and solution of a case seen as a self-relying system through case management.

According to Hepworth et al. (2010, in Pahalwankhan, 2011: 5), social work enhances human welfare since it focuses on everybody's basic human needs paying particular attention to vulnerable, oppressed and poor people. Are considered clients with special needs the following (Hyde and Westley Clark, 2004: 24-29): Minority clients; Clients with HIV infection and AIDS; Clients with mental illness; Women with substance abuse problems; Adolescent substance abusers; Clients in criminal justice settings; Clients with physical disabilities; Gay, lesbian, transgender, and bisexual clients; Clients living in the rural area.

In Romania, are considered vulnerable groups the following age groups (Vladu et al., 2010; Talpa , 2013): (1) *Children* that: are abandoned; are abused, neglected and exploited; do not attend school; have been abandoned by their parents who work abroad; have difficulties in learning; live with a disability; (2) *Adults* that: are in detention/port-detention; are substance abusers; are unemployed; are unique providers for their families (monoparental families); are victims of domestic violence; benefit from a social canteen; have a minimum guaranteed income; live with a disability; (3) *The elderly* that: are affected by poverty, marginalisation, or exclusion; are affected by social isolation, have difficulties of socialisation, lack company, have marital issues or are widowed; are dependent/semi-dependent; are homeless, live in the

street, are delinquents, or are in a situation of social emergency; are pensioners; (4) Are substance abusers (alcohol, drugs, etc.); are victims of abuse or neglect; are victims of trafficking or exploitation; Live with a disability.

Case management appeared in the field of social work in the years 1970 to improve access to social services: it established responsibilities for coordinating and monitoring care, ensured care outcomes and increased cost effectiveness (Vourlekis and Greene, 1992, in Pahalwankhan, 2011: 5).

The term case management has various meanings in the different professions and even for the different ethnic groups (Navajo Nation Division of Social Services Quality Assurance Office, 2008). It is these variations and the lack of professional standards at national level that cause serious misunderstandings related to the practice of case management by social workers. This results in inconsistent application of social work in the case management of health care. The practices of case management in social work vary from lack of involvement to focus on the planning and complex intervention in client and client's family care. Clients and their families benefit from various advantages through case management. (The National American Association of Social Workers, 2013)

In time, case management has been defined by most publications concerning case management in social work at both international and national levels; it is important to note that, in all these definitions, case management is defined as a *working method* in social work. Case management has been defined, in chronological order, as: "a process or method for ensuring that consumers are provided with whatever services they need in a coordinated, effective, and efficient manner" (Intagliata, 1981, in Hyde and Westley Clark, 2004: 2); "monitoring, tracking and providing support to a client, throughout the course of his/her treatment and after" (Ogborne and Rush, 1983, in Hyde and Westley Clark, 2004: 2); "an intervention using a human service professional to arrange and monitor an optimum package of long-term care services" (Applebaum and Austin, 1990, in Scharlach, Giunta and Mills-Dick, 2001: 4); "planning and coordinating a package of health and social services that is individualized to meet a particular client's needs" (Moore, 1990, in Hyde and Westley Clark, 2004: 2); "a system under which responsibility for locating, coordinating, and monitoring a group of services rests with a designated person or organization" (The Consolidated Omnibus Reconciliation Act, 1991, in Scharlach, Giunta and Mills-Dick, 2001: 4); "an integrated or coordinated system of: (1) individualized primary personal services (consisting of assessment, planning, treatment, and monitoring functions); and (2) environmental (or secondary) personal services (consisting of advocacy, support, linkage and networking), with support from (3) interface services (consisting of client identification and outreach, administrative activities, public relations, and education and training)" (Lauber, 1992, in Scharlach, Giunta and Mills-Dick, 2001: 5); "assisting the patient in re-establishing an awareness of internal resources such as intelligence, competence, and problem solving abilities; establishing and negotiating lines of operation and communication between the patient and external resources; and advocating with those external resources in order to enhance the continuity, accessibility, accountability, and efficiency of those resources" (Rapp, Siegal and Fisher, 1992, in Hyde and Westley Clark, 2004: 2); "the coordination of a specified group of individuals" (Austin, 1993, in Fleisher and Henrickson, 2013: 2); "helping people whose lives are unsatisfying or unproductive due to the presence of many problems which require assistance from several helpers at once" (Ballew and Mink, 1996, in Hyde and Westley Clark, 2004: 2); "a way of helping people has a long and rich history. At the very beginnings of social work, in the settlement-house days in New York and Chicago, social

workers guided families needing help into existing private and public support networks, meagre though they might have been. When resources were not readily available, social workers helped mobilize their communities for social action. They effectively lobbied for new and innovative ways to support the poor, the infirm, immigrants, families, and children. Today we may talk about generalist practice, the systems approach, methods of casework, group work, community organization, and various practice theories, but a rose by any other name is still a rose. The history of social work is filled with practitioners who worked with their clients using the same case management methods used today – they just didn't call it case management" (Frankel and Gelman, 1998: 3); "the process of tailoring services to individual needs" (Great Britain's Social Services Inspectorate, 1999, in Scharlach, Giunta and Mills-Dick, 2001: 4); "a client-centred service that respects the individual's dignity, rights, values, and preferences" (Cleary and Deborah, 2000: 17); "a method for integrating services at the individual client level and for coordinating and rationalizing service delivery." (Dill, 2001, in Pahalwankhan, 2011: 5); "a process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client." It is a process that "enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered", "limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers", and "can occur within a single, large organization or within a community program that coordinates services among settings". (Barker 2003, in The National American Association of Social Workers, 2013: 13); "the staffing structures and organisational processes in place to coordinate and integrate all aspects of community supervision, from the initial offender risk and need assessment, through to programme delivery and intended completion of the order" (Partridge, 2004, in Jardine and Rigby, 2010: 4); "a concept designating a method of coordination and integration of social, medical, and educational services destined to vulnerable and disabled categories of population, and of organisation and management of specific interventions by different specialists, in agreement with the goals established to change the beneficiaries' issues." (Cojocaru and Cojocaru, 2008: 24); "strategic use of resources – including staff time, correctional programs, and other types of resources – at the case level to enhance the likelihood of success following institutional release and discharge from supervision, decreasing the likelihood of offender recidivism" (Carey, 2010: 7); "a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes" (The Case Management Society of America, 2010: 6); "securing, implementing, and monitoring services needed by a client" (Garthwait, 2012: 11); "a specific approach for the coordinated handling of complex situations in social work, health care and insurance. A bundle of services is provided to a client based on her/his individual needs in systematic and cooperative process in order to effectively achieve jointly defined objectives in high quality.

Case management coordinates inter-professional and inter-institutional services and respects the autonomy of the clients while preserving resources in the client's and the supporting systems." (Netzwerk Case Management Schweiz, in Koehler, Hofstetter and Woodtly, 2012: 3)

Social work case management has been defined, in chronological order, as: "a method of providing services whereby a professional social worker assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors., evaluates, and advocates for a package of multiple services to meet the specific client's complex needs."

(The National American Association of Social Workers, 1992); “a method coordinating, organising and directing interventions for the beneficiary aiming at providing services that help the person with social needs and his/her family reduce the institutionalisation of the beneficiary in the social protection system.” (Runcan 2011: 5)

Several ideas emerge from the revision of the above-mentioned definitions – case management is an approach that seeks to make service delivery, no matter the type: Accountable; Client-centred; Comprehensive; Coordinated; Cost-effective; Flexible; Goal-oriented; Integrated; Sequenced; Sustained.

Though infinitely adaptable, case management relies on several broad principles that are true for almost every application. Thus, case management (Hyde and Westley Clark, 2004: 3): Offers the client a single point of contact with the health and social services systems; Is client-driven and driven by client need; Involves advocacy; Is community-based; Is pragmatic; Is anticipatory; Must be flexible; Is culturally sensitive.

The National American Association of Social Workers is one of the most outstanding professional organisations in the world: in 2013, it counted over 150,000 social workers. Romania also has an important professional organisation in the field of social work – Colegiul Național al Asistenților Sociali (National Association of Social Workers) gathering 4,000 social workers. The goals of the two professional organisations at both world and nation levels focus are the formulation and development of standards in the field of social work; professional and personal development of the social workers that allow them to ensure high-quality services and prevent job burnout; turn the social work system into an effective one for the benefit of its beneficiaries; and promoting social welfare. What we need in Romania, is more research in social work, in general, and in child protection, in particular, if we leave apart the numerous guides and manuals concerning child protection (Oprea, 2004; Afteni et al., 2006; *Manual pentru implementarea Legii nr. 272/2004 privind protecția și promovarea Drepturilor Copilului*, 2006; Urban, 2008; Chiril et al., 2009; Luca et al., 2007; Luca, Pascaru and Foca, 2009).

As for comparative studies, we could only trace one on Romanian and Moldavian children in difficulty (Irimescu et al., 2008).

Case management standards have been formulated in a special document by a consortium of professional organisations representing social workers. These standards are meant to assist social workers practicing case management in an effective way.

A step forward has been made with the case management software systems that meet more and more the needs of case managers: though business specialists argue that case management requires flexible process guidance and improved context-sensitive information handling, IT specialists identified case assessment and case similarity as key capabilities of future case management software systems (Koehler, Hofstetter and Woodtly, 2012). The same authors (Koehler, Hofstetter and Woodtly, 2012:5) characterize human work along two dimensions – the complexity of knowledge required to successfully accomplish a work task and the complexity of the personal and business relationships required – producing a four-quadrant model.

Functions and Goals of Case Management

Case management, as the most complex working method in the field of social work, has multiple functions and goals that we enumerate and present below; one of the most important goals of case management is to help a client solve his/her problem efficiently through high-quality holistic services.

Case management has three main functions: (1) *To coordinate* all the *case interventions*; (2) *To organise* all the *case interventions*; (3) *To direct* all the *case interventions*.

In order to achieve these functions, the team work in a unitary, complex manner: the case manager of the case responsible knows the case in detail and makes it known to all the members of the multidisciplinary team. Well knowing the case and the interventions suggested by each professional involved in solving a case allows the case to be solved in the shortest time interval possible and in the most effective way possible. However, as Str inescu and Ardelean (2010, 11) point out, “to be a high-level manager, it is not enough to get a degree; what you also need is the natural skills of a manager. Optimistic people, people with a good team spirit, who prove to have force, vision, and courage in decision-making and who have good knowledge in several fields and are willing to develop their technical competencies, are advantaged when managing an institution.”

Dill (2001, in Pahalwankhan, 2011: 14) claims there are four functions of the case management: Client identification and needs assessment; Care plan development; Service implementation and coordination; Monitoring, periodic reassessment and evaluation.

The results of case management such as presented by Vourlekis and Greene (1992, in Pahalwankhan, 2011: 8) are improvement of access to services, fixing responsibilities for coordinating and monitoring care, ensuring care outcomes and increasing cost effectiveness. According to van Riet and Wouters (2000, in Pahalwankhan, 2011: 12), case management means more than organising and coordinating service delivery: “It is the framework within which the renewed service delivery for the clients with multi-problems is set up, executed and evaluated”. Case management “strives towards the availability of care and services guiding clients towards the appropriate service providers, which they cannot seek themselves because the services are fragmented and complex” (van Riet and Wouters, 2000, in Pahalwankhan, 2011: 5) and “encourages a positive professional attitude” (idem).

According to Moxley (1989, in Pahalwankhan, 2011: 12), the main task of case management is to develop a network of support for the client. He identifies three main components of client support networks: (1) The *self-care component*, which aims at the capability of the client to perform self-care activities and functions; (2) The *professional care component*, which looks at the engagement of several service providers; (3) The *mutual care component*, which assesses the ability of the client’s own social network.

In order to be of help for the client and effective, social services need to be delivered in a coherent way. Patti, Poertner and Rapp (1988, in Pahalwankhan, 2011: 8-9) identify three components of effectiveness that need to be aimed at in social services: (1) “The extent to which the agency is successful in bringing about desired changes in or for the client system it serves e.g. change in behaviour; skills levels and attitudes; (2) The extent to which the organization is competently implementing methods and techniques that are thought necessary

towards achieving service objectives; (3) Client satisfaction is concerned with how consumers assess the quality and/or impact of the services received.”

Social workers also accomplish several specific tasks in social work case management: The *prevention function*, in which social workers focus on providing timely services to prevent the occurrence of problems; The *restoration function*, which seeks to restore functioning that has been impaired by physical and mental difficulties; The *remediation function*, which concentrates on minimizing existing social problems (Hepworth et al., 2010, in Pahalwankhan, 2011: 8)

Due to these functions and tasks of case management in social work, social workers can guide their clients effectively through the services they provide to help them solve their problem (s).

Fields of Case Management

Case management in social work is an adaptable method; this is why social services deliverers manage to adapt it taking into account the following: The category of clients they work with; The needs of the clients they work with; The resources available of both the client and his/her family.

All client categories can benefit from the services adapted to the case management method in social work. In the Romanian social work system, this working method addresses mainly the following four categories of beneficiaries: Children; Elderly; Disabled people; Addicts.

In Romania, the case management method is applied in the social work system in: Child protection; Protection of the elderly; Protection of the disabled ones; Protection of the addicts.

Though social workers, no matter the category of beneficiaries, deliver direct (face-to-face) services, one of their main responsibilities is to cooperate with other professionals and other organisations and institutions, on the one hand, and to mediate between the latter and the clients that cannot defend themselves, on the other hand.

So far, the case management method is the most frequent in child protection; it also has the most Compulsory Minimum Standards.

Case management: a theoretical approach

Case management itself is a type of approach in child protection. (O’Leary and Squire, 2009) Case management as a method occurred in the practice of social work in the U.S.A., in the years 1970. In 1989, the Americans were already editing books on the historical, current and future perspectives of case management (Hubbard Linz, McAnally and Wieck, 1989)! In Romania, it was established during the period 2003-2008 through the approval of several norms that implement this method in the field of social work.

The main provider of case management in social work is the social worker. The practice of case management varies widely in social work, and it is even more diverse when applied by

other professionals. Despite this diversity, a few elements separate case management in social work from other forms of case management.

Case management is sometimes mistaken for managed care (the practice of utilizing third parties to facilitate, monitor, and evaluate the services provided by an organization to a client/client system, often used with the purpose of maintaining quality and reducing costs – cf. Garthwait 2012: 37). However, the two concepts are quite different. Managed care techniques aim at preventing admission to hospital (if possible) and shortening the hospitalisation time to reduce costs (thus discouraging the use of medical services that are not actually required for the client). Case management does not aim at preventing medical care. On the contrary, it aims at getting the best, most appropriate treatment for clients who actually need care. Instead of discouraging the use of medical and social services, case management encourages the use of the most successful social services or health care services.

Case management in social work differs from other forms of case management: it addresses both the individual from a bio-psycho-social point of view (micro level), and the social system (macro level). Intervention in case management occurs at a micro level (the client system) and macro level (the family and/or community system) because only this can have beneficial effects on the client, on his/her family, and on the social system in which he/she lives. Though some authors claim that social work case management is a client-centred approach (Kane, 2010), other authors claim it is a system-centred approach and propose a neoprocess-centred approach (Yarmo Roberts, 2002). According to Dempsey and Foreman (1997, in Kane, 2010: 2), a client-centred approach should contain the following components: Self-efficacy, i.e. one's belief that a situation may be changed or influenced; Participation and collaboration, which are essential to meet needs in a broad range of service areas; Sense of control, since change comes from actions of the person concerned; Meeting personal needs, since clients work *with* professionals to identify their actual needs; Understanding the environment, i.e. making a critical analysis of services structures etc.; Personal action, since opportunities exist to exert personal choice and empowerment; Access to resources, which might include family, friends, community groups, self-supports as well as money and other support services.

Moxley (1989, in Pahalwankhan, 2011: 11) identified several factors that have led to the case management approach in social work: Deinstitutionalization of service delivery; Clients with multiple needs; Fragmentation; Assessing the social support and social network of the client.

Case management, as a distinct part of social services, has been applied as a part of extraordinary efforts to coordinate services systems (Dill, 2001, in Pahalwankhan, 2011: 11). Besides the reasons mentioned previously, other factors that determined the case management approach were cost constraints (Dill, 2001, in Pahalwankhan, 2011: 11), barriers to access and continuity of care (Di Gursansky, Harvey and Kennedy, 2003, in Pahalwankhan, 2011: 11), duplication of services, gaps in care network and administrative waste (Dill, 2001, in Pahalwankhan, 2011: 11).

According to Moxley (1989, in Pahalwankhan, 2011: 12), clients have multiple needs and are not able to seek solutions by themselves due to limitations and the case manager is responsible for identifying all the needed services and managing their coordination. A case manager plays several roles that focus on the service system, the client system, or both (Figure 2-1).

The meanings of the roles of a case manager that need to be clarified here are (Garthwait, 2012): *Advocate* – a social worker who speaks on behalf of another in order to ensure that they receive services and to protect their welfare and civil rights; *Broker* – a social worker who links clients with resources that will enhance their social functioning; *Counsellor* – a social worker who engages in clinical practice with a client to help the client deal with psycho-social issues through the use of psychotherapeutic techniques suited to the client’s individual situation; *Educator* – a social worker who offers education and knowledge as a form of intervention; *Gatekeeper* – an individual in a community or other social system who is in a position to allow or obstruct access to the community by someone from outside the community, or an individual other than a social worker who can observe the welfare of clients; *Mediator* – a social worker who works to help resolve disputes between individuals and within families.



Figure 2-1. Roles of the case manager
(after Scharlach, Giunta and Mills-Dick, 2001: 13)

Lately, the development of social work practices has recommended case management as a method of integrating services at individual level and of coordinating and rationalising services delivered (Dill, 2001, in Pahalwankhan, 2011: 12). Moxley (1989, in Pahalwankhan, 2011: 5) also claims that case management follows a procedure that enables the social work practitioners to “coordinate and sustain a network of formal and informal supports and activities designed to optimize the functioning and wellbeing of people with multiple needs”.

According to the literature in the field of case management in social work, the elements that define case management are: Complex, detailed/complex assessment of the case; Organisation and delivery of services; Coordination of services to achieve the desired effectiveness; Continuation of services and interventions for a determined time required to solve the case; Defragmentation of services to prevent ineffectiveness; Transformation of primary goals into visible results; Monitoring of services and interventions delivered to the case as long as necessary.

The theoretical and practical approaches of case management below should be distinguished from other case management approaches that are specific to health care, for instance (Cleary and Paone, 2000; Scharlach, Giunta and Mills-Dick, 2001; McEvoy, Escott and Bee, 2011:

60-69). However, what is known about case managers in health care also applies to case managers in other fields (McEvoy, Escott and Bee, 2011: 60): Case managers are at the forefront of attempts to develop services for high intensity service users. They can act as effective care facilitators and resource negotiators. Their ability to work effectively is influenced by resource constraints, service ideology and the quality of organizational infrastructure.

Case management follows a few specific steps that are repeated in each case apart. The structure of the case management method, as stipulated by the Compulsory Minimum Standards, is similar to all categories of people that benefit from social services: the only difference consists in the goals established and in the activities suggested for the solution of the client's problem (Runcan, 2011: 36) because, as Johnson (2004: 934) stated, "the way in which goals are structured determines how individuals interact, which in turn creates outcomes".

The steps of the case management presented in Order No. 288 from July 6, 2006 (*Ordinul nr. 288 din 6 iulie 2006 pentru aprobarea Standardelor minime obligatorii privind managementul de caz în domeniul protecției drepturilor copilului*) are: (1) Case notification and initial assessment; (2) Detailed/complex analysis of the case; (3) Planning and delivery of services and interventions; (4) Monitoring and reassessment of the case; (5) Post-service monitoring and case closure.

The steps specific to case management presented above resemble considerably to those of Dill (2001, in Pahalwankhan, 2011: 14) as functions of case management: Client identification and needs assessment; Care plan development; Service implementation and coordination; Monitoring, periodic reassessment and evaluation.

Client Identification and Needs Assessment

In the process of need assessment, identifying the problem must be done to determine service-planning (Vourlekis and Greene, 1992, in Pahalwankhan, 2011: 14). The main areas of need are income, housing, employment, health care, social and interpersonal relationships, and education (Moxley, 1989, in Pahalwankhan, 2011: 14). In the process of assessment, the focus is on the identification of the client's self-care capacity, on the client's social network (family, friends), on the availability and accessibility of service providers, and on the service providers' capacity to meet the client's needs (Moxley, 1989, in Pahalwankhan, 2011: 14).

Care Plan Development

To develop a care plan, the case manager needs to negotiate with his/her client how to approach the service delivery and to set some goals (Vourlekis and Greene, 1992, in Pahalwankhan, 2011: 15). While developing the care plan, the case manager integrates all the services delivered to his/her client from different sources. Then, based on the analysis of his/her client's needs, the case manager defines the goals and objectives to be reached together with his/her client and determines the service providers to be consulted. He also includes the timeliness of support and the decision on the indicators to be taken into account in the monitoring of the service delivery (Moxley, 1989, in Pahalwankhan, 2011: 15).

Service Implementation and Coordination

In this phase, the focus is on care continuity to prevent service fragmentation (Vourlekis and Greene, 1992, in Pahalwankhan, 2011: 15). The case manager can perform either direct or indirect interventions in the implementation of services. Communication, self-expression and mediation are the skills that need to be taken into account in this phase. As for indirect

interventions, they focus on the link between service providers and clients, on the negotiation for services, on the client's needs, and on the increase of the support (Moxley, 1989, in Pahalwankhan, 2011: 15).

Monitoring, Periodic Reassessment and Evaluation

Monitoring is essential especially when the client benefits from other service providers: this makes negotiating in conflicts between service providers and clients one of the tasks of the case manager. As for the monitoring function, it assesses whether the care plan is implemented accordingly or not: the case manager assesses the impact of the service delivery on the client and if the goals are reached or not. (Vourlekis and Greene, 1992, in Pahalwankhan, 2011: 15) The process of assessment focuses on the effectiveness of interaction with the team and the team's contribution to the solution of the client's needs. (van Riet and Wouters, 2000, in Pahalwankhan, 2011: 15) This phase enables the case manager to see if the service providers can assist the client. (Moxley, 1989, in Pahalwankhan, 2011: 16) What matters most is to determine the satisfaction level of the client using client satisfaction tools to see if the services provided produce the desired effects in the client's life.

Case management: a practical approach

In practice, there is a variety of models of case management including (*Case Management Models*, 2011): Advocacy (assessment, advocate for services, monitor outcomes); Brokerage: support options (assessment, sub-contract services, monitor outcomes); Case management: direct service model (assessment, monitoring, referral, coordination, direct service role); Case monitoring model – coordination (assessment, monitoring, referral, coordination); Managerial case management (reviewing assessment and management plans submitted by others, authorising expenditure, monitoring costs).

According to Fleisher and Henrickson (2013: 2-3), case management has more than a dozen different models (clinical, ecological, intensive, managed care, medical, outreach, social advocacy) that can be classified according to auspice, purpose, roles performed, setting, and target population, but the most comprehensive ones are:

- The *Broker model*, whose primary function is to link the client to needed, usually external, resources, is the least effective model because of its minimal involvement with the client and the lack to follow through to ensure that the client's needs have been addressed;
- The *Rehabilitation model*, whose primary function is to use the relationship between the case manager and the client as a means to facilitate and secure service provision, is more effective than the previous model because the case manager's role is to assist the client in overcoming barriers that prevent independent functioning in the community;
- The *Full Support model*, whose primary function is to use the relationship between the case manager and the client as a means to facilitate and secure service provision, is more effective than the previous model because it uses an integrated team of providers (case manager, outreach workers, rehabilitation specialists, medical professions) and the case manager not only coordinates but also provides clinical support and life skill training;
- The *Strengths model*, whose primary function is to focus on client strengths, is the most effective because it puts a strong emphasis on the case manager – client relationship.

It seems that, despite the general models of case management, there is a specific type of case management approach for each type of case. Thus, Wold (1995, in Vanderplassen et

al. 2003: 3-4 and 24) recommends at least 15 advices for the implementation of case management for substance abusing parents:

- Conceptualise a case management model that addresses the cause for and objectives of its implementation;
- Define the tasks of the case manager;
- Formalise collaboration, communication and deliberation;
- Integrate case management in the system of services;
- Appoint a coordinator or project-leader;
- Formulate feasible, operational and measurable goals;
- Focus on the strengths of clients and their surroundings;
- Involve the mother and her social network in the treatment planning;
- Involve the father or a father-figure;
- Define the duration of the intervention;
- Compose a multidisciplinary team;
- Choose an accessible location with flexible working-hours;
- Organise training and supervision for the case managers;
- Provide sufficient resources for both staff and logistic support;
- Select case managers with sufficient knowledge and skills concerning child well-being and substance abuse treatment.

Most of these advices apply to other types of cases, too.

Moore (1990, in Fleisher and Henrickson, 2013: 4) notes that social work case management should abandon its administrative/restrictive function and acquire a more enabling (the client to reach self-determined goals) and facilitating (client links with the social environment and the family) function. In this case, the case manager becomes a person who coordinates services between formal systems (agencies) and informal systems (the client's family or support network).

Maybe one of the models that best encompass all types of case management is the one proposed by Kathol, Perez and Cohen (2010: 4) for the health care system (Figure 2-2).

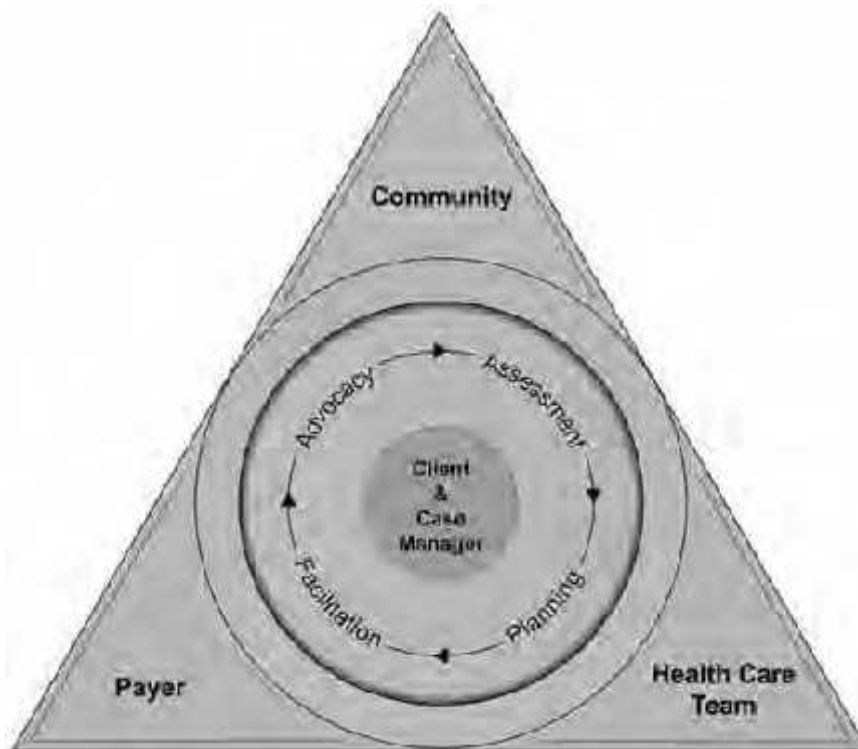


Figure 2-2. Case management model
(after Kathol, Perez and Cohen, 2010: 4)

Literature provides numerous examples of case management implementation all over the world in ageing (*Case Management: Methods and Issues*, 2000), at-risk youth (Hahn, Aaron and Kingsley, 1988), child welfare, community care for elderly (Hutt, Rosen and McCauley, 2004; Friedman and Williams, 2010), criminal justice system (Murphy Healey, 1999; Armean et al., 2009), drug addicts (Hyde and Westley Clark, 2004), emotionally disturbed children (Vanderplasschen et al., 2003), health care (White et al., 2005; Walsh and Zander, 2007; Johnson and Rosenthal, 2009; Case Management Society of America, 2010; Goodman et al., 2010; Challis et al., 2011), HIV/Aids infected persons (Murphy et al., 2003), institution-based care (Kathol, Perez and Cohen, 2010), labour market programmes, offenders (Bonta et al., 2004; Carey, 2010), palliative care (van der Plas et al., 2012), people with a disability (Ciobanu-Grasu, 2012), school based programmes, settlement programmes, teenage parents, the homeless (Morse, 1999; Gronda, 2009), etc. (Di Gursansky, Harvey and Kennedy, 2003, in Pahalwankhan, 2011: 16).

Below are a few examples of social cases that need case management.

- Examples of at-risk youth cases that need case management:

Hector is a seventeen year old dropout, living on the streets. Barely literate in English and Spanish, he left school two years ago after repeating the ninth grade unsuccessfully. He has never held a steady job and has had several run ins with the law. He is alternately charming and angry, and not sure what he wants. He needs, at the very least, basic education, skills training, housing assistance, counselling and a job. (Case Management with At-Risk Youth: 1).

Julia is fifteen, a high school sophomore, and several months pregnant. She has gotten along in school, but she only reads at the seventh grade level. She is planning to drop out of school soon and go to work, though her only experience is as a baby-sitter. She is going to need help staying in school and staying healthy: remedial education, health and day care, career education and some initial work experience. (Case Management with at Risk Youth: 1)

The client is a 16-year-old mother of a 3-month-old baby. She is homeless, not in school, and has been referred to child protective services for possible neglect of her child because of lack of parenting skills and mental health issues.

In addition, here is a list of models of practice a case manager could use to solve such micro-cases (Garthwait, 2012: 65-66).

Behavioural model The practice theory/model which focuses on the process of shaping and changing behaviour through the use of operant and classical conditioning including rewards and reinforcement;

Client centred model The model of social work practice that assumes clients are capable of dealing with their problems in social functioning, and in which the social worker partners with the client to encourage him/her to take the lead in devising interventions;

Cognitive behavioural model The practice theory/model based on learning theory which focuses on the process of shaping and changing behaviour through the use of rewards and reinforcement;

Crisis intervention model The practice theory/model which focuses on helping clients deal with overwhelming crisis situations by drawing upon their strengths and resources to get them through the crisis and return to a normal level of functioning, and in which a professional may take a more directive role because of the client's inability to proceed;

Empowerment model Intervention needs to employ methods that encourage individuals and families to recognize, claim, and use their power to enhance the quality of their lives;

Family preservation model Approach that offers support and resources while supporting families in acquiring the skills and knowledge necessary to remain intact and meet the mutual needs of their members;

Family reunification model Approach that offers services to families who have been separated and/or alienated in order to reconstitute them as a family with the resources and skills to address their problems as a family;

Harm reduction model Practice theory/model in social work and public health whose goal is to decrease harm and consequences of a behaviour pattern instead of to cure or eradicate the problem;

Motivational interviewing model Clinical model that builds upon the Cycle of Change orienting/explanatory theory, recognizes clients' ambivalence to change, sees change as cyclical, recognizes that relapse is normal, and uses specific techniques to build motivation to change;

Narrative therapy The practice theory/model of clinical practice in which clients are given assignments to write about their experiences, problems, thoughts, values, and coping, and in which therapists/counsellors may respond to these stories and accounts;

Solution focused model Approach that utilizes client or client system strengths and resources to design solution-based approaches to dealing with problems;

Strategic family therapy The practice theory/model that focuses on the functioning and interactions among family members, identifying ineffective styles of relating and replacing them with effective and positive relationships and interactions;

Structural family therapy A social work practice theory/model that works to help families improve their functioning through examining and strengthening their family structure, rules, boundaries, and sub-systems;

Task centred model Model of social work practice, which bases interventions on tasks agreed upon by client, and social worker that will enhance the client's social functioning and address problems.

- Example of case and summary assessment: *Child not having a birth certificate and not attending school*

Terre des Hommes staff must talk and facilitate communication between all the resources to achieve the identified goals of obtaining a birth certificate and getting the child back or enrolled in school. This process must involve the child, family, school principal, Government services and Terre des Hommes management. A careful plan based on resources identified to achieve the goal is explained to all parties and the process commenced. Support will be needed by the child and parent to achieve the result, such as providing documents. The connection and communication of resources to the child should be the role taken by Terre des Hommes staff, i.e.: empowering self-determination and power in the relationship. Once the child has the birth certificate and/or is enrolled in school, the Terre des Hommes caseworker should gradually remove him/herself from the relationship. It should be encouraged that the Terre des Hommes worker makes some monitoring visits to ensure regular school attendance. This should be promoted as being professional and human in our response. (O'Leary and Squire, 2009: 9)

- Example of case management implementation: *Youth support in the Netherlands*

From 1994 until 1997, a project for strengthening youth support in two provinces of The Netherlands was implemented. The project's aim was families with multi-problems for which the provided assistance did not have the desired outcome'. 'The aim of the project was to prevent placement of children out of their home and execute child protection measures. Eighty percent of the families included in the project indicated that they experienced sexual abuse of which most occurred in the past. These parents were afraid that they would also manifest abusive behaviour towards their children'. 'Although some parents sought counselling, they felt that the sexual abuse experience was not appropriately dealt with. In implementing case management, the parents got the opportunity to be actively involved in the service process and distance themselves from their victim role'. 'The right to self determination enables the client to choose the provided services. The case manager must act as the advocate for the family. Knowledge about the service processes and the social network is however indispensable. A bottleneck in this project was that most service providers still wanted to do an own extensive needs assessment'. 'Another issue was the fact that the service providers were not focusing on the request of the client but concentrating on what they felt the client needed. Therefore the case manager must guide the service delivery route but is not involved in service delivery'. 'An evaluation among the clients showed that most of the clients were satisfied with the case management approach because it stimulated an integral way of looking at the problem and taking into account the voice of the client'. (van Riet and Wouters, 2000 in Pahalwankhan, 2011: 16-17).

Instead of a Conclusion

The main goal in the practice of social work is to foster human wellbeing, and social workers ensure that their clients are provided with the best services possible. Social work practices should be designed in such a way that service providers address the client's needs properly, i.e. make sure that services complement each other, and that duplication of intake procedures and other arrangements are avoided. Proper coordination is necessary to avoid contradictions and competition between service providers. (Hepworth et al., 2009, in Pahalwankhan, 2011: 19). Social work organisations should make sure they implement methods and techniques that are required to achieving service objectives. (Patti, 1988, in Pahalwankhan, 2011: 19) For Dill (2001, in Pahalwankhan, 2011: 19), social work case management is a method of improving coordination and rationalisation of services.

In the phase of need assessment, the focus is on professional service providers, on the client's own resources and the client's social network resources. Client's limitations are also taken into account, but the focus is on his/her abilities. Another main element in the practice of case management is the formation and approach of the multidisciplinary team: the case manager will organise the team, allotting precise, concrete duties to all its members. Care plan development is crucial in services planning in all categories of beneficiaries of case management (children, the elderly, people with a disability, addicts, etc.) because it helps determine the goals, objectives, and responsibilities of the service providers. This reduces time loss because it is clear who does what. The lack of coordination between service providers involved in case management can lead to both service fragmentation and duplication in certain situations. This says all about the importance and value of case management in social work.

2.2. ROLE OF SUPERVISION IN CASE MANAGEMENT

We live in a world of perceptions in which more and more people are tempted to judge people and events from the perspective of their feelings and emotions. In social life, it is important to have proper perceptions about the people, things, and events around you. The filter of human perception is influenced by several transient or permanent psycho-socio-cultural factors that intervene, knowingly or unknowingly, in the human process of perception of people, things, or events.

Perception also affects the professionals that provide direct social services to a client in need. They are tempted to perceive certain working methods in social work as positive or negative, helpful or helpless, etc., depending on their mentality and on the complexity of the cases with which they interact in their everyday work.

Supervision is a continuing method of teaching and training professionals that work with humans in difficulty. According to Agllias et al. (2010), it should start in college, while preparing to become a social worker. It supports both the professional development of the supervisee and the development of the reflective competence that will help the supervisee in the process of analysis and introspection. As a working method, supervision first occurred in the U.S.A. in the second half of the 19th century: at the time, it designed the supervision of volunteers that worked in the social services provided by public or private institutions.

Kadushin (1976: 24) defined supervision from the perspective of its three main functions: administrative, supportive, and educational. Barker (1995) described supervision as an administrative and educational process used in social work agencies to support social workers develop their abilities and ensure high quality services to their clients. As a form of professional support, supervision was described as a process through which a social worker supports another social worker practice his/her own abilities. (Pettes, 1979)

Maybe the most comprehensive definition of supervision is the one supplied by Garthwait (2012: 57): “a process of providing social workers with formal and informal supervision, oversight, training, education, correction, problem-solving, support and modelling to enhance knowledge, skills and professional practice”.

The concept supervision comes from Latin and it is a combination of two terms – *super* ‘over’ and *videre* ‘to see’. There are various views on supervision depending on the field of professional activity. This conceptual variety shows that supervision is in full development and that it can be approached holistically in socio-human services.

In literature, supervision has also been seen as an educational process allowing professionals to learn and to be taught on a continuous basis. Robinson (1936) says supervision is an educational process through which a person with a higher level of knowledge takes the responsibility of teaching people with a lower level of knowledge. Shulman (1993) defines supervision as an educational process provided by a professional with expertise to a less experienced colleague or to a colleague who is less trained in the same profession or in a related profession, supervision has been mentioned in literature ever since the beginnings of specialised social work practice. (Brashears, 1995)

Supervision prevents professional routine and job burnout. The essence of supervision is to train the supervisee and to facilitate learning experiences, professional progress in this field in which specialty knowledge and human competencies intertwine to produce professional competencies. (Fleming and Steen, 2003, in Muntean and Sagebiel, 2007: 117)

Bernard and Goodyear (1992: 6) present the goals of supervision that refer to the effectiveness of the professional functioning of the supervisee by decentralising and by getting aware of one’s own projections, on the one hand, and through monitoring the quality of professional services provided by the supervisee to his/her clients, on the other hand.

Supervision is perceived differently by educators, doctors, and social workers but, despite theoretical and practical differences, “we should take into account the ultimate goal of any supervision: improving and maintaining the quality of the professional support provided to the people in need by continuing professional development and by avoidance of job burnout.” (Muntean, 2007: 104).

Supervision aims at regrouping fragmented elements as well as elements considered incoherent or meaningless, and at assembling them in a holistic, unitary image that help solving the problem in an optimal, effective and qualitative way.

Supervision: An Overview

After December 1989, supervision was seen, in many public institutions of Romania, only as an administrative, surveillance, control, and monitoring approach. This should not surprise too much given that even the Explanatory Dictionary of the Romanian Language did not contain the word, and the Dictionary of Modern Romanian (1958) only mentioned *supraveghere* ('monitoring').

In 2004, a new legislative framework in Romania significant for the field of child and family protection that asked for supervision (for the first time in the history of social services in our country) through compulsory minimum standards for the functioning of services for children and their families was developed. Since then, the *supervision of human resources* has been a compulsory minimum standard for the professionals in social services.

Supervision has also been included among the professional standards of social workers and psychologists as a guarantee of the quality of the direct services they provide. The right to supervision of the professionals working directly with the child and his/her family has been acknowledged and regulated through Order No. 288 from July 6, 2006 (*Ordinul nr. 288 din 6 iulie 2006 pentru aprobarea Standardelor minime obligatorii privind managementul de caz în domeniul protecției drepturilor copilului*). The right to supervision is a right of the professionals working with humans in difficulty, to ask for and get professional support in the solution of their professional problems and in the management of professional stress inherent to this field of activity.

The need for supervision of the professionals “is in a permanent relationship with their mentality. It is the conception one has about something or somebody that makes one believe it or not, love it or not. Because of the mentality inherited from the Communist era, Romanian professionals perceived supervision as a way to control, survey, and monitor, and they were tempted to reject it from the very beginning as a practice. On the other hand, professionals were afraid to exteriorise their emotions, feelings and thoughts in front of other people because they no longer trusted people. This fear, conscious or unconscious, made them reject being supervised by somebody else because they did not like the idea of being controlled and persecuted and of losing their jobs.” (Runcan, Goian and Țăru, 2012: 184)

Supervision improves the quality of the intervention through reflection and talks; it improves the working climate and inter-disciplinary communication, and helps the decision-making process. (*Ghid de implementare privind managementul de caz în domeniul protecției drepturilor copilului*, 2007: 59) A provider of social services should always rely on an effective system of supervision of human resources.

Case management professionals need supervision to ensure the effectiveness and quality of the services they provide.

Supervision is ensured by experts in supervision. Supervision ensures the best functioning of social services and the increase of the quality of case management.

All social providers in Romania are compelled, by law, to ensure both internal and external supervision of case managers and of case executives (Bunea, 2009).

Internal supervision meetings with the case manager and his/her team are organised by the coordinator of social services at least once a month or as frequently as needed. External supervision of the case manager and of the case executive is done by higher education specialists trained in socio-humane or medical sciences with at least 5 years of work in child and family services and trained in supervision.

Professional Supervision

Supervision is both a continuing education activity and a counselling activity related to the professional activity and tasks that professionals have to attain according to quality standards, aiming at protecting the best interest of the client in social work and the personal and professional development of the social services provider. Supervision in case management makes case prevention managers, case managers, case executives, and experienced supervisors meditate together on social work practice and quality.

In the process of supervision, communication is a key factor. “A complex, penetrating phenomenon, communication can use several models depending on the theoretical perspective. It can be treated by sociologists as a decisive factor of socialisation, by psychologists as a special type of behaviour, and by anthropologists as a tool of cultural development and spread.” (Popp, 2012: 283)

Supervision was introduced in case management to support case managers and case prevention managers instrument and solve the cases at both General Office of Social Work and Child Protection and Public Service of Social Work levels. Supervision was introduced not only in case management: it was introduced as a compulsory condition of any intervention in the socio-human field. Through supervision, we can, on the one hand, instrument the case to reach the client’s wellbeing, in a short period of time and under conditions of high quality and, on the other hand, the supervisor helps the supervisee clean and revive his/her working style, the actions inherent to social intervention, as well as feelings difficult to manage which, if not solved and managed in due time, can result in difficulties and even in failure of social intervention.

Supervision helps both the professional and the client in the social field. It involves both experience and reflexive learning in the professional supervised, which help him develop a proper attitude towards each case and his/her own abilities and professional competencies.

The quality of social services in a civilised country can be maintained and developed only with well-trained specialists. At present, in Romania, supervision is seen as a prerequisite of professional training in all accredited fields of professional activity. Supervision is understood now more as an element of optimisation of social services than as an element of control, monitoring or coercion. We believe social services in Romania are characterised nowadays by a favourable climate necessary to establish supervision at both theoretical and practical levels.

3. Supervision

3.1. SUPERVISION: THEORETICAL AND PRACTICAL APPROACHES

Runcan, P., Goian, C., Ȇru, L. (2012). The Socio-communicational Style and the Need for Supervision of Professionals from the Social Services. Revista de Cercetare și Intervenție Socială, 37, 180-195.

The paper was published in Revista de Cercetare și Intervenție Socială No. 37 in 2012 and it represents a small part of my post-doctoral research carried out between 2011 and 2012.

The theoretical part presents *supervision* as an efficient method of learning and continuous training of professionals that work with the human factor in difficulty. *Supervision* supports both the professional development of the supervised and the development of the reflective competences that will help the supervised in the process of analysis and introspection of social work. The classic definition of *supervision* has been built by Kadushin (1976: 24) on the three essential functions of supervision: the administrative function, the support function and the educational function. Barker (1995: 371-372) described *supervision* as “an administrative and educational process used in the social assistance agencies in order to help social assistants develop their abilities and ensure qualitative services to their clients”. Moreover, as a form of personal and professional support, supervision has been defined as “a process through which a practicing social assistant supports the exercising of personal abilities by another practicing social assistant” (Pettes, 1979: 3).

The term *supervision* represents a combination of two other terms coming from Latin: “super” and “videre”. “Super” is “above, over, across, on”, while “videre” stands for “to see, to look”. Quite a number of conceptual variations regarding *supervision* do exist, according to the nuances in which it is perceived and understood in each field of professional activity. Through this conceptual variety of perception and definition, *supervision* is in full development. It can be developed on the holistic level of socio-human services.

In the specialized literature, *supervision* has been understood as an educative process through which professionals have the opportunity to be trained and formed on a continual basis. Robinson (1936: 53) described *supervision* as “an educative process through which a person with proved knowledge assumes the responsibility of instructing people with a lower level of knowledge”. In 1993, Shulman defined *supervision* as an educational process offered by an experienced professional (expert) to a less experienced peer, less formed from the same profession or from a related profession. Supervision has been mentioned in specialized literature from the beginning of the practice of specialized social assistance (Brashears, 1995, in Cojocaru, 2005). “Supervision, as any human interaction, involves a change, implying a type of specific *professional communication* in the interaction between the supervisor and the supervised” (Muntean, 2007: 104).

Not every professional can be a supervisor. The qualities that the supervisor must possess in the relationship with the client are very important for the efficiency of supervision. They are based on the specialized studies of the supervisor, on the communication abilities with the surrounding people (the main instrument in supervision is the word), but also on the personality traits of the supervisor. Some authors perceive the supervisor as a *mediator of conflicts* between social assistants and the agency (Kadushin, 1974; Shulman, 1993; Munson,

1993; Cojocaru, 2005), while other authors see the supervisor as a *representative figure of the organization in connection with the employees* (Munson, 1979: 42; Cojocaru, 2007: 216). “The supervisor creates the space of a language that can allow the supervisor to express himself/herself, to see himself/herself with the eyes of the supervisor and be aware of the central and secondary aspects of his/her professional functioning” (Muntean, 2007: 85).

Supervision is the process of bilateral communication, between the supervisor and the supervised which involves emotion, word, analysis, reflection and attitude.

Supervision implies both the transposition of the supervisor in his/her own action with aim to confront, outlook and analyses them, as well as perceiving the actions of others. Supervision prevents routine in the professionals’ own profession and, at the same time, it prevents professional exhaustion. “The essence of supervision is constituted by the training the supervised and facilitation of the training experience and professional progress in this field in which specialized knowledge and human competences closely intertwine in what we call professional competences” (Fleming and Steen, in Muntean and Sagebiel, 2007:117).

In the specialized literature, professional supervision has been understood as a type of coaching and, according to several authors (Badiali, 1998: 958; Vail, 2003:13) an increasing tendency of acceptance of the terms of supervisor and coaching and supervisor and coach as synonymous, equal terms actually exists. Bernard and Goodyear (1992:6) present the simultaneous purposes of supervision that refer to the efficiency of professional functioning of the supervised through the decentralization and acknowledgement of projections on the one hand, and monitoring the quality of the professional services offered by the supervised to the clients, on the other hand.

Supervision is perceived and understood in a different way in the ranks of educational, medical and social services, however “despite the theoretical and practical differences, we will take into consideration the final purpose of any supervision: that of improving and maintaining quality of the professional support offered to people in need, through continuous professional development and avoiding professional exhaustion of those who intervene” (Muntean, 2007:104).

In the specialized literature, one can find the 16 principles of supervision presented by O’Donoghue (in Cojocaru, 2005; Cojocaru, 2010) which certify the advantages of the process of supervision in offering social and medical services. The principles of supervision are: 1) All experts from social services need supervision; 2) Supervision is an encouraging activity recognized by the organization; 3) Supervision means sharing responsibilities; 4) Supervision overturns the pyramidal organisational hierarchy; 5) Supervision is based on negotiation and offers solutions to solving conflicts; 6) Supervision is permanent; 7) Supervision promotes reflective critics, competence, empowerment and responsibility; 8) Supervision is one of the most important and strong professional relationships; 9) The supervisor supports social assistances to offer clients qualitative services; 10) The supervisor supports social assistants to maintain high professional standards; 11) Supervision is one of the most important activities within social services, both for the organisation and for the beneficiaries of the services; 12) Supervision aims to ensure that social assistants know their roles and responsibilities; 13) Supervision follows the support of social assistants in order to reach the performance objectives; 14) Supervision assists in the identification and management of stress belonging to the social assistant, generated by the roles that he/she has to fulfil; 15) The supervisor makes sure that the social assistant has the necessary resources

in order to conduct his/her activity and to efficiently administrate these resources; 16) Supervision is based on the methods of educating adults.

The need for supervision is one of the most important professional needs in education, social assistance, psychology and medicine. The need for supervision is based on the need of reflection of the professional on himself/herself and the work they performed with the human factor in difficulty. Is a *need* for supervision really perceived and felt by the professionals from the social and medical fields in Romania?! To this question, rarely uttered, mostly just conjured in thought, the answers given differ according to the field activity, person, time, age, historical background, the direct beneficiaries with which they have to work, but also the degree of experience and understanding of supervision. After the 1989 Revolution, in many institutions *supervision* was either not known or was seen and perceived only through its control and surveillance side (Cojocaru, 2004). This does not surprise us! In 1989, Romanians did not understand very well the term *supervision* because the dictionary did not have an entry for it. The 1958 Dictionary of the Modern Romanian language defined, however, only the term *surveillance*.

The need for supervision of professionals is in a permanent relationship with their mentality. The mentality one has on something or someone makes one believe or doubt in that something or someone, makes one love or hate that something or someone. Due to the mentality inherited from the communist era, professionals perceived *supervision* as a method of control, surveillance, modern monitoring – a fact that made them reject supervision as a practice from the start. On a second note, professionals had great fear of expressing their feelings, thoughts and words in front of other because they did not trust people. This fear, whether acknowledged or not, made them not feel the need of being supervised by someone else in order for them not to be controlled, persecuted and/or lose their jobs in the end.

However, in 2004, a new legislative framework emerged in Romania, significant of the field of child and family information, which imposes *supervision* (for the first time in the history of Romanian social services) through the minimal Standards, mandatory for the functioning of child services and for his/her family. Since then, “*supervision* of human resources” appears as a minimal Standard mandatory for the professionals from the Romanian social services. Furthermore, *supervision* has been also included in the professional standards of social assistants and psychologists as an obligation for them and as an element of guarantee of the quality of these direct services that they offer to the clients. *The right for supervision* of the experts that work directly with the child and his/her family has been recognized and regulated through Order no. 288 from 2006 for the approval of the mandatory minimal Standards regarding case management in the field of child rights protection. This *right for supervision* is a right of the professional that work with the human factor in difficulty, of asking and receiving professional support to help them overcome professional problems and handling professional stress, inherent to these fields of activity. A major problem in Romania remains: the applicability of the legislative framework in social services. Even if *supervision* is stipulated as a mandatory work method for the experts from social services, it still is not a practice in the national social field.

In 2005, in Romania, at the level of social services from the county government structures and from the NGOs which offer medical, psychological and social services, a research has been undertaken by Professor Ana Muntean regarding *supervision* and *the need for supervision*. From the results of the research (Muntean, 2007: 128-129), we can notice that 88% of respondents from the NGOs have affirmed the acute *need for supervision*, as compared to

72% of the colleagues from the government services, which can bring us to the conclusion that *supervision* is more valued as a practice in the services offered by the private NGOs than by government services.

The quality of the social services from a developed country can be maintained and developed only with suitably qualified specialists. In the context, during the 2004-2005 university years, at the West University of Timisoara, the first programme of postgraduate studies has appeared in Romania, which offers formation in the field of supervision. New programmes of formation in supervision will soon open in the universities of Iasi and Cluj-Napoca. In 2012, these programmes of formation function as MAs with the purpose of efficiently preparing professionals in the field of supervision. Only in recent years have Romanian experts started to be increasingly aware of the fact that *supervision* is a professional support that encourages an efficient, constructive and affirmative *communication* between people from the same field of activity (Cojocaru, 2010). Together with the complexity of social problematic aspects, with the development of psychology and social assistance on various segments, the *need for supervision* has started to be increasingly more acknowledged in the ranks of experts from the socio-medical fields in Romania, as a form of professional support and control at the same time.

The need for supervision of the experts from the social and medical field has risen proportionally with the complexity of the social and medical problems and of the ever-changing behaviours of clients, but also of the high volume of work. An ever increasing number of experts from the social and medical services start to acutely feel the *need for supervision* from the part of an experienced supervisor with whom he/she can efficiently and openly *communicate* on the cases and from whom he/she can receive professional counselling through the process of supervision.

To the question “*Why do professionals need supervision?*” we aim to answer with a few punctual answers: 1) So that the suffering encountered when working with the client, within the case, does not overcome the threshold of tolerance; 2) To prevent professional exhaustion; 3) To overcome difficult professional situations; 4) To reflect on their own actions; 5) To continuously form in their relationship with the others; 6) To balance professional and private life; 7) To develop abilities and competences; 8) To exchange ideas in the context of the process of supervision; 9) To talk about the relational situations in a personal way; 10) To ask questions in order to make an evaluation of these questions; 11) To prevent stereotypes of the profession. Currently, in Romania, *supervision* is seen as a condition of professional formation for all the fields of attested professional activity. Moreover, *supervision* is now understood more as an optimizing element of social and medical services offered, than as an element of control, monitoring or coercion. Among the experts from the social and medical services in Romania, we believe that a favourable atmosphere is now present, which is necessary to institute supervision, both on a theoretical and an applicative, practical level.

In the applicative part of the work, I present the subjects, the research instruments, the procedure and the research results.

The present paper values two lots of professionals from social services i.e. one lot consisting of psychologists while the other consisting of social assistants. Besides these lots, in the initial study, professionals from the educational sphere (educators, kindergarten teachers) and professionals from the medical field (nurses) were also interviewed. The latter two lots

mentioned will be the subject of future analyses. The discussed lots in the present study consist of 100 specialists each. The lot of the social assistants included 72% of female professionals, 19% male professionals and 9% refused to declare their sex, with an age average of 33.67 (SD=9.36). As concerns the average number of the years of experience, in the social assistants lot this was 8.25 (SD=6.12). 49% of the people interviewed declared they were married, 45% were not married, 2% were divorced and 4% did not declare their marital status. The lot of psychologists consisted of 15% males and 85% females. The age average of the lot was 28 (SD=7.73). It should be mentioned that 14% of psychologists that have answered the questionnaire did not declare their age. The average number of the years of experience for this lot was 4.72 (SD=4.79) which highlights an important aspect which should be taken into account during further analysis: the psychologists' lot consists of a significant number of individuals who are at the start of their career. The marital status, for the psychologists' lot, is as follows: 21% married, 73% not married and 3% did not declare their marital status.

The instrument used in the research was structured in two parts. In the first part, which was built specifically for this research, we constructed variables that measured the knowledge the term of supervision, evaluation of operational "definitions" of supervision, benefits of supervision, the need for supervision and "the supervisor". In the second part, we have used a scale which measures the socio-communicational style (SCS) on two dimensions the assertiveness and responsiveness (Richmond and McCroskey, 1990). The assertive behaviour implies a sincere and relatively direct expression of one's own feelings and thoughts, but, at the same time, an expression which takes into account the others' feelings (Lange and Jakubowski, 1976; Rimm and Masters, 1979). Thus, assertiveness presumes a support of one's own opinions in a direct, honest manner, in other words "appropriate", so as not to offend the interlocutor. The concept of assertiveness is operationalised in SCS through 10 traits, out of which we can mention "independent", "strong", "dominant", "willing to make a decision" or "takes action as a leader".

Responsiveness refers to the capacity of the one participating in a communicational interaction of being empathic and warm, of resonating with the needs and desires of the partner's desires. It should be mentioned that this will to transform interpersonal interaction in a "comfortable" one for the one with whom you communicate must not come before one's own opinions. Responsiveness does not involve total concession of control to the one with whom you are interacting (Richmond and McCroskey, 1985; McCroskey and Richmond, 1996). In the sense noticed by SCS, responsiveness is synonymous with: "open to communication", "empathic", "warm", and "friendly". As is the case with the dimension of assertiveness, responsiveness also comprises of 10 attributes. The scale of the socio-communicative style has proved in previous research a high degree of fidelity. Richmond and McCroskey (1990) have reported high Cronbach's alphas coefficients i.e. $\alpha = .90$ for assertiveness and $\alpha = .91$ for responsiveness. In a study regarding the correlation of family types with the socio-communicative style in the Chinese culture (Zhang, 2008), $\alpha = .82$ was reported for the dimension of assertiveness and $\alpha = .85$ for responsiveness. In the present study, the socio-communicative style was $\alpha = .81$ for assertiveness $\alpha = .80$ for responsiveness.

Procedure: The sample group for the present study is a sample group of convenience, consisting of professionals from the socio-professional networks of the authors. The subjects were chosen both directly, through the snowball method (the questionnaire was further distributed by those who received it directly from the authors to their own respective groups of professionals). The questionnaire was self applied, and the forms have been recovered

both directly and through email. The data gathering time frame was November 2011 to January 2012.

Research results:

Subjective defining and advantages of supervision

The first variable of the research was aimed on the possible operational definitions of supervision. Respondents had to choose between 9 words/expressions that highlight various aspects of supervision. As one can notice in the Table 3-1, respondents have given values in the superior part of the evaluation scale (1="to a very small extent" and 5="to a very significant extent"). The high percentages obtained by the variables "to a significant extent" and "to a very significant extent" suggest the fact that the majority of the concepts proposed to evaluation can be found at the level of representation of the interviewed subjects.

Table 3-1. The definitions of supervision – percentages obtained (N=200)

| To what extent do you consider that Supervision involves... | To a very small extent | To a small extent | Somewhat | To a significant extent | To a very significant extent |
|---|------------------------|-------------------|----------|-------------------------|------------------------------|
| Counselling | 4.6% | 5.2% | 27.8% | 45.9% | 16.5% |
| Emotional support | 7.6% | 11.2% | 25.9% | 35.0% | 20.3% |
| Professional support | 1.0% | 4.5% | 10.6% | 33.8% | 50.0% |
| Problem solving | 6.1% | 8.6% | 28.3% | 36.4% | 20.7% |
| Professional development | 1.5% | 1.5% | 18.4% | 36.7% | 41.8% |
| Formation | 3.0% | 7.0% | 11.0% | 36.5% | 42.5% |
| Control | 9.0% | 12.0% | 19.5% | 35.5% | 24.0% |
| Education | 1.5% | 11.1% | 26.8% | 36.9% | 23.7% |
| Learning | - | 1.5% | 23.7% | 34.8% | 39.9% |

In order to see if behind these concepts there is a connection, we have made an exploratory factorial analysis. The analysis was suitable for the data structure that we had because of: (1) the Kaiser-Meyer-Olkin measure of sampling adequacy (KMO=.609) and (2) Bartlett's test of sphericity ($\chi^2(36)=454.869, p<.01$), which indicate a data structure that can be factorized. A Principal Axis Factor (PAF) with a Varimax (orthogonal) rotation of the 9 Likert scale (the concepts that can define supervision) has indicated the fact that the variables can be structured on 4 dimensions/factors (see Table 3-2) which explains approximately 75% of the variation of the variables considered.

The first factor/dimension of defining supervision from the perspective of respondents is the professional dimension. This incorporates the concepts: "professional support", "professional development", "formation". The second factor highlighted by the initial factorial analysis is the dimension of emotional support and incorporates the concepts: "counselling", "emotional support" and "problem solving". The third factor includes the concepts which focus on the formative dimension: "education" and "learning". The last factor is supervision as a form of control over the supervised. In order to check if the sex of the respondents induces differences as regards the inclusion when defining supervision of one or another of the

evaluated concepts, we have used the Mann Whitney U test for the independent sample groups. Three of the nine concepts have been perceived differently (they have been evaluated differently) by the female professionals as opposed to the male professionals. Thus, defining supervision as “professional support” is preferred to a more significant extent by the women than the men ($U=1964$, $z=-2.552$, $p=0.011$). “Professional development” is the second aspect which was evaluated differently by the female respondents (Mean rank=98.32) as opposed to the male respondents (Mean rank=73.82), and this difference is significant $U=1875$, $z=-2.535$, $p=0.011$. A difference in perception is also registered when it comes to defining supervision as “formation”. For this concept, the Mann Whitney $U=2065$, $z=-2.212$, $p=0.027$ test indicates the fact that this difference is significant.

Table 3-2. The factorial analysis on the concepts that define supervision

| To what extent do you consider that Supervision involves... | F | | | |
|---|-------------|-------------|-------------|-------------|
| | 1 | 2 | 3 | 4 |
| Professional support | .756 | | | |
| Professional development | .749 | | | |
| Formation | .568 | | | .401 |
| Counselling | | .900 | | |
| Emotional support | | .674 | | |
| Problem solving | | .434 | | |
| Education | | | .745 | .409 |
| Learning | | | .671 | |
| Control | | | | .815 |

Using the same nonparametric test, we have checked the differences between psychologists and social assistants as regards the definition of supervision. In Table 3-3 one can notice the significant differences and the concepts on which the former have been registered.

Table 3-3. The Mann Whitney U test used for testing the differences between psychologists and social assistants when defining supervision

| To what extent do you consider that Supervision involves... | Lots | Mean Rank | Mann-Whitney U | Z | P |
|---|---------------------------|-----------|----------------|--------|-------|
| Professional development | Social assistants (N=100) | 90.72 | 4031.5 | -2.078 | 0.038 |
| | Psychologists (N=100) | 106.44 | | | |
| Learning | Social assistants (N=100) | 88.30 | 3780 | -2.960 | 0.003 |
| | Psychologists (N=100) | 110.93 | | | |

To capture the respondents’ opinion on the benefits supervision a set of 8 “benefits” have been introduced in the questionnaire that were ranked by order of importance that each respondent assigns to them according to the system of representations. For each of these, we have calculated the mean value and a hierarchy of the benefits of supervision have resulted, as they were perceived by respondents. On the first position is “professional development” and “continuous learning and professional formation” with mean values of 2. The next position is occupied by values with a mean value of 3: “ensures the quality of the services for the clients”, “teach you how to practice what you know”. The third and fourth positions

are occupied by less tangible and less quantifiable advantages: “supports you to pursue in your effort” on the third position (Mdn=4) and “emotional support”, “prevents professional stress”, “prevents professional exhaustion” (Mdn=5).

The need for supervision and the supervisor’s portrait

As regards the self evaluation of the need for supervision, 94.5% of those interviewed declared that they *need* supervision. Although the percentages are high for both sexes, this need for supervision is acutely felt by women (97.5% women as opposed to 82.4% men consider that they need supervision). This difference is significant ($\chi^2(1)=12842$, $p<0,01$). The profession (social assistant or psychologist) does not induce modifications in the perception on the need for supervision. In other words, there is no significant difference ($\chi^2(1)=0.096$, $p>0.05$) between the lot of social assistants and the lot of psychologists as regards the need for supervision. Supervision is not seen as a routine activity and this is why the majority of those interviewed (43%) have considered that supervision must be conducted when the need for it arises (“as many times as I feel necessary”). The variants that indicated an activity of recurrent supervision with a certain frequency (once a year, once every six months, one every three months, once a month, once a week) have obtained small percentages, indicating a certain resistance to mandatory supervision, possibly seen as a form of evaluation.

Although a hierarchy of the reasons for which the subjects do not need supervision, the percentage of those who have stated them is so low (5%) that we cannot consider them representative. Regarding the role that the supervisor must play, 37% of subjects have indicated the fact that he/she must be a mentor, 27% prefer a trainer supervisor and 23% consider that the appropriate role must be that of consultant. The smallest percentage was obtained by the variant “evaluator”, with only 7.5%. For two of the evaluated roles, significant differences have been noticed between the male and female respondents. A majority of female respondents (41.8%), as opposed to their male colleagues (17.9%) have indicated the role of mentor as being appropriate for the supervisor. The difference noted is significant ($\chi^2(1)=5.766$; $p<0.05$). The second role in the case of which a significant difference has been noticed between sexes was the one of evaluator. In this case, the male respondents have considered, to a higher proportion (28.6%) than the female respondents (3.9%) that the supervisor must assume this type of role ($\chi^2(1)=20.152$; $p<0.01$).

The ordering of the social, psychological and professional traits that the supervisor must have, from the perspective of the respondents, shows that competence is the most important (Table 3-4). The second place is occupied by a psycho-communicational trait: openness and cooperation (36.2%). The third place (with a smaller percentage than the first two) is occupied by “A good advisor” (9%). These traits are valid for all the categories of subjects considered, both for the male and female respondents, but also for the professionals from the field of psychology or social assistance.

The socio-communicational style

The socio-communicational style measures two dimensions: assertiveness and responsiveness. For each of these dimensions, the scale of the socio-communicational style comprises each 10 personality traits. The respondents from the 2 lots have evaluated the

presence of each of the traits from the SCS, in their own communicational behaviour, using a scale from 1 to 5, where 1 represents total agreement and 5 represents strong disagreement regarding the presence of the respective trait in their own communicational behaviour.

Table 3-4. The top of the supervisor's traits (N=200)

| How I mostly want the supervisor to be is: | Percentage |
|--|------------|
| Competent | 45.2% |
| Open and co-operant | 36.2% |
| A good advisor | 9.0% |
| To know how to encourage me | 4.8% |
| Worthy of respect | 3.2% |
| A good negotiator | 1.6% |

To find out if the value obtained on the dimension of assertiveness by the respondent, we have summed up the values offered by traits 2, 3, 5, 6, 9, 11, 14, 18, 19, 20. The other summed traits have offered the value for responsiveness.

Assertiveness-Responsiveness Measure

Directions: The questionnaire below lists twenty personality traits. Please indicate the degree to which you believe each of these traits applies to YOU by marking whether you (5) strongly agree that it applies, (4) agree the it applies, (3) are undecided, (2) disagree that it applies, or (1) strongly disagree that it applies. There are no right or wrong answers.

At this level of the analysis, we wished to compare the average values obtained by the professionals from the fields of social assistance and psychology on the dimensions of assertiveness and responsiveness from the SCS. A significant difference has been noticed between social assistants (M=28.53, SD=7.60) and psychologists (M=25.48, SD=6.23) in connection to responsiveness. The difference between the average values is significant $t(190)=3.10$; $p<0.01$. It can be stated that, at least in the case of our lots, social assistants are more open, "warm" in their communicational interactions than the psychologists. This difference is strengthened by the difference between the two lots on the scores obtained on the dimension of assertiveness on the SCS. In this case, the psychologists (M=30.04, SD=7.47) are more assertive than the social assistants (M=27.32, SD=6.52). The value of the t test indicates the fact that this difference is significant $t(194)=-2.72$; $p<0,01$. Both in the case of assertiveness and of responsiveness, no significant differences have been noted according to the gender variable. In other words, it cannot be stated that the female respondents are more responsive than the male respondents, which invalidates the assertions made by Bem (1974), who associated responsiveness with the female sex (calling it femininity) and assertiveness with the male sex (calling it masculinity). We have tested if there are differences between those who declare that they need supervision as opposed to those who do not find it necessary. We did not notice any significant differences, which leads us to state that the people who identify their need for supervision are not more assertive than the people who declare that they do not manifest such a need ($t(198)=1.37$; $p=0.17$).

The Conclusions of this paper show that supervision of professionals from our national social services is an essential professional intervention, as a practical and efficient way of ensuring high quality in social services. For the professionals from the social services, current social work with the person in difficulty is even more loaded with emotional tension, professional stress, feelings of insecurity and doubt.

All these aspects can lead the professional to a feeling of personal or professional dissatisfaction and, sooner or later, he/she can reach professional exhaustion. *The need for supervision* “is born from the supervisor’s insecurity, from the need for protection against stress, from the lack of experience and the feeling of great responsibility that works with the human being that needs specialized help” (Muntean, 2007: 117).

The Romanian government institution and NGOs are responsible for ensuring quality services to their clients through the supervision of professionals. *Supervision* also constitutes a means of protection against risks, both for professionals and for their clients. Conducting supervision of the professionals from the social services represents a guarantee of the quality of these services. Efficient *supervision* must meet and intertwine the needs of the supervisors in practical activities, to offer emotional and professional support and, at the same time, to offer practical and concrete help in assisting the supervised so that they can be capable of helping their clients in an efficient and significant way. “In the interventions from the psychological, social and medical fields, which require supervision, the instrument of the intervention is represented by the professional” (Muntean, 2007:108).

The need for supervision of the professionals from the social field also appears due to the complexity of the clients’ problems and due to their changing behaviour. For the professionals from the social services, supervision is indispensable as a way of continuous learning specifically from experience. An increasing number of professionals from the social services begin to perceive *supervision* as a healthy undertaking, of mental and professional equilibrium, for the professionals and to increase the quality of social services that they offer to their clients in difficulty.

Following our research, conducted on the professionals from the social services that work directly with the client, the following specific conclusions:

1) Supervision has an operational definition that comprises to a great extent the concepts proposed for evaluation. Thus, it can be said that supervision is a vaguely represented term in the thinking of the professionals from the social services, where one can also notice this multidimensionality of its defining;

2) Defining supervision can be realized on 4 dimensions: (a) a professional definition in which supervision is considered to be inherent to the process of integration and professional development; (b) a dimension of emotional support; (c) a dimension of learning, which aims towards supervision as a form of education and learning; (d) and the last dimension is control. It should be mentioned that on this dimension of control high percentages have accumulated in this superior area of the scale (19.5% “somewhat”, 35.5% “to a significant extent” and 24% “to a very significant extent”) which indicates a stereotype human representation of supervision as a form of evaluation, of control with possible professional repercussions. The dimensions have been identified with the help of an exploratory factorial analysis. The method of extraction used was Principal Axis Factoring. The factors extracted explain 75% of the variation of the variables. The explicative model is adequate to the data: KMO=.609;

3) The advantages of supervision are placed in a hierarchy order from the tangible and pragmatic to the intangible and, thus, more difficult to evaluate. At the pragmatic end of this continuum, two measurable advantages can be found at the level of the supervised: “professional development” and “professional learning and formation”. In the area of the

vague advantages, one can find aspects such as: “emotional support”, “prevents professional stress”, “prevents professional exhaustion”. For the latter one, the mean values (Mdn=5) indicate a weaker valuing as advantages of supervision;

4) The roles that the supervision must have with the supervised are registered as a continuum from the paternal role (the mentor role indicated by the 37%) to the one of evaluator (indicated by the 7.5%). The middle variants, which together would sum up to percentages (50%) represent the supervisor as an educator, as a person who transfers the necessary knowledge to the professional development and who ensures professional support in key situations. The female respondents consider in a higher proportion than the male respondents that the role of mentor is more appropriate to the supervisor ($\chi^2(1)=5.766$; $p<0,05$). On the other hand, the men, to a higher extent than the women, also consider that the supervisor can also be an evaluator ($\chi^2(1)=20.152$; $p<0,01$);

5) The analysis has revealed the fact that there is no connection between the need for supervision and the socio-communicational style of the respondents. Both the persons that had a high score on the dimension of assertiveness and those who self defined themselves as respondents consider, in equal measure, that they need supervision.

Today, *supervision* is a concept increasingly more used in all the fields of activity: team supervision, elections supervision, student supervision, crisis supervision etc., which makes us understand that supervision has become more and more interesting in any field of activity. The applicative study that focused on the professionals from the social services in Romania certifies the fact that both social assistants and psychologists who work with the human factor in difficulty *need supervision*. Furthermore, the research also highlights the fact that this need has started to be recognized, perceived and acknowledged in a direct and personal way as a professional necessity, increasingly valued and cherished through the advantages that *supervision* brings for the professional, for the institution and, at the same time, for the direct beneficiary, by offering high quality social services.

3.2. PROFESSIONAL BURNOUT

Runcan, P. L. (2013). Aspects of Burnout among Professionals. Revista de Asisten Social , 3, 111-119.

The paper was published in Revista de Asisten Social No. 3 in 2013 and it presents a small part of my post-doctoral research between 2011 and 2012. In the theoretical part, I present burnout as a phenomenon of nowadays societies. It involves high levels of physical, mental and emotional exhaustion, and it endorses negative attitudes towards work.

The combination of paid work with family duties not just in the case of men, but also in the case of women, has given birth to the couples with two means of income (but also with two jobs), which became norm in the present society. Following the increasing financial needs of individuals and families in a consumer society, work involvement has increased in the case of both members of the married couple, so that, if in the past people defined themselves through their family, through love or friendship, today an increasing number of them are defined through *work*. Voltaire said that “*in time, work becomes the greatest of pleasures and accounts for all the lost illusions*”.

Work has been valued in every historical era of society because, through it, a person ensures his/her daily means of existence; however, today, in our modern Society, *work* has acquired new and diverse psychosocial dimensions, both for the individual and for the society he/she lives in. If in the past, our grandparents worked in order to assure their living, now many of us live through continuous working.

We often forget to rest and to enjoy our results! An increasing number of professionals from our times see *work* on the 1st place in a top of life priorities. Work is seen as a mean of continuous personal and professional fulfilment. Either consciously or not, professionals from our times keep spending their time at the workplace, compressing many activities in a single 24 hour day, thus their free personal time and the time spent with the family is significantly shortened.

The analysis of the lifestyle of a number of professionals working either for fame or for money, demonstrated that they are capable of overtaking themselves and others or to forget personal and familial problems for the pleasure of progress. Their desire in acquire a certain lifestyle on long term leads to exhausting a high number of resources and energy. Associated with familial problems related to the little time spent with the members and with problems at the workplace generated by the very intense work rhythm and continuous pressure imposed by the deadlines of urgent tasks, lead professionals (from any field of activity) to the phenomenon of *burnout*, to *professional exhaustion*. If not identified and treated in time, this weakens both physical and mental, emotional health of the person, thus even possibly generating exogenous depression (Brotheridge and Grandey, 2002).

Specialized literature has been using the term *burnout* since 1974, when the psychoanalyst Herbert Freudenberger described this phenomenon as such: “this syndrome is a state of physical, emotional and mental exhaustion that follows stress, chronic emotional overload and which is characterized by feelings of lack of hope, incompetence, loss of purpose and goals, as well as presence of a negative attitude towards oneself, to others and to work” (Freudenberger, 1974:159).

Persons who feel the need to prove something to them or to the others, persons who pressure others for perfection, persons who do not allow themselves to rest and skip the daily meals, persons who do not relax and focus only on work are predisposed to burn-out. The *burnout* phenomenon is the result of prolonged or repeated emotional and physical overload; to its installation, the professional acknowledges with pain that he/she can no longer help the clients because he/she no longer has efficiency in his/her work. When the professional affected by *burnout* acknowledges that he/she has a problem but he/she is too tired to deal with the issue and to solve it in an efficient way; important purposes in life disappear and the daily problems increase in number both in the professional and personal life. If the professional is not helped in this *burnout* phase, he/she risks losing his/her job due to becoming inefficient. Exhausted professionals no longer present an authentic interest for the clients and for the employers. Fekete stated that *burnout* can appear in any profession, but that it is more frequent in support professions (Fekete, 1991:17).

In many cases, *burnout* is installed exactly after intense work periods and continuous stress. If in the stage of *work addiction* the professional is delighted by his/her work, in the *burnout* phase, the same professional starts moving away and becomes estranged from his/her work. It is the stage of loss of meaning at an individual, familial and professional level. *Burnout* is an extreme reaction to intense work associated with chronic stress. It is the point in which the

professional becomes incapable to cope with a high quantity of stress and is no longer interested in the job. *Burnout* is not an isolated phenomenon, but it appears in the case of many professionals with various personality types and it can also be *contagious* because it can spread from one professional to another because this negative behaviour can sometimes be contagious.

We can define burn-out as the reaction to a long period of work associated to chronic stress. One important author on the topic defines burn-out as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind” (Maslach, 1982: 3).

When professionals delivering social services interacting with other persons are affected by burn-out, they realize they have a problem, but they are too tired to solve it. Therefore, they give up. “Burnout is the end result of prolonged job-related or personal stress. The helping professional nurses, doctors, pastors, social workers, and therapists, for example seem to be particularly prone to burnout.

Why? Human services workers, who deal with other people’s personal problems, are employed in highly stressful occupations” (Minirth, Hawkins, Meier, Flournoy, 1986: 18-19).

Persons affected by burn-out cannot control their emotions, cry easily and they feel exhausted all the time. Even during the night they cannot sleep anymore.

Professionals experiencing burn-out are in higher risk of developing health issues, or losing their job, friends, or family. Professionals with *burnout* must be helped from the exterior not to reach depression. Even if *burnout* and *depression* have similar traits, they are two different phenomena. Professionals with *burnout* can enjoy life more than the depressed professionals and burned out professionals experience suicidal thoughts less frequently than the depressed professionals. The statistics conducted by the WHO placed Romania on the 5th place in Europe on the incidence of psychological turbulences. We note that 20% of the country’s population suffers at present from a mental problem. The majority of cases are *depression*. And the organisation Mental Health Europe estimates that, by the end of 2020, *depression* will be the most common disease in Europe.

Unfortunately, “burnout is increasingly considered as an erosion of a positive psychological state” (Schaufeli *et al.* 2009: 204).

We live in a world of all possibilities and opportunities, but also in a world of urgency, in a world increasingly plagued by illness, addiction, pain and alienation, in which the need to analyze and investigate these phenomena to know how to prevent them and how to cope with them in order to be effective in everyday life, both in the professional and private life.

In the applicative part I present the goal of the study, the sources of the data, sample profile, measure, procedure, data analysis, results and discussion.

The current study aims to identify the main features and types of burn-out experienced by professionals delivering socio-medical services. The interest in studying this topic is based on the desire to find out how professionals experience the sensation of exhaustion at the workplace. To our knowledge, this process has been given little quite attention in Romanian

empirical research. Therefore, the present study will add meaningful evidence for the social services practice.

Data were collected between December 2011 and January 2012. The valid sample consisted of 400 professionals delivering social, medical or educational services. They were split into four equal groups: social workers, psychologists, medical staff and educators, addressing clients as children, elderly or ill persons.

Sample profile: There were more female professionals in the sample (88.9% compared to 11.1%). As expected, almost 75% of the respondents have a higher education qualification. Given that the majority are working in the public institutions, the income is low. 38.8% earn less than 1000 RON, these also being on entry-level positions. The majority earn 1000-2000 RON (54.6%). Only 6.6% declare earnings over 2000 RON. They are working in private sector and have more than 3-years experience.

Measure: *The Burnout Measure* (BM) is a widely used self-report measure of burnout. It includes 21 items, evaluated on 7-point frequency scales, assessing the level of an individual's physical, emotional, and mental exhaustion. By summing up the 21 items of the BM three sub-scales are generated: physical exhaustion, emotional exhaustion and mental exhaustion. A score over 4 indicated "burnout" (Pines and Aronson, 1988). The BM is considered a valid and reliable research instrument. Its internal consistency coefficients exceed .90, and it exhibits a high level of stability, as indicated by 1 – 4 month test–retest coefficients ranging from .66 to .89, respectively (Pines and Aronson, 1988).

Demographics included data on the type of professional (social worker, psychologist, medical staff, and educators), gender (1=male; 2=female), and experience (1=entry level/less than 3 years; 2=experienced/more than 3 years).

Procedure: Subjects were asked to fill a questionnaire survey at the workplace. The participants did not place their names on the papers and were told that their responses would be treated anonymously. Also, they were given the option of refusing filling in the questionnaire. It took approximately 20 minutes for the respondents to complete all the measurements.

Data analysis: The current study employs a quantitative design. In analyzing the relationships between the variables, SPSS 17.0 was used and three main analyses were conducted:

- *Reliability test* was conducted to estimate the reliability of the scales adopted in the present study.
- *Descriptive statistics* were used to reveal the demographic characteristics of the respondents and of the scale.
- *Mean comparison* was used to estimate the differences among type of professionals in the level of burnout displayed.

Reliability analysis

The scale used in the present study was borrowed and modified from scales used in past studies and mainly on western samples. As no previous similar study for Romanian context was identified, adaptation of the original scale was required and therefore initial reliability might have been affected. After conducting the reliability analysis, we concluded that the

PINES scale was reliable as the Cronbach's Alpha reached .91. For the current set of data, Physical exhaustion scale reached an alpha of .78, Mental exhaustion scale's alpha is .79, and Emotional exhaustion's alpha value reaches .80. These values prove quite acceptable internal reliability.

Descriptive statistics for the PINES scale

In order to present a clearer overview of our interest variable, this will be sub-divided into existing sub-scales. The total mean score for burnout scale is 66.10. The highest mean is reached for emotional exhaustion ($M=23.48$). With respect to the physical exhaustion, the item with highest mean score is "being tired" ($M=4.36$). For the mental state, the highest mean was for the item "Feeling disillusioned and resentful about people" ($M=3.77$), as for the emotional exhausting the highest mean is reached for the item "being troubled" ($M=3.88$) (Table 3-5).

Table 3-5. Mean scores and standard deviation for burnout scale

| Item | Mean | SD |
|--|--------------|-------------|
| Physical exhaustion | 22.76 | 6.01 |
| Being tired | 4.36 | 1.03 |
| Being physically exhausted | 3.80 | 1.24 |
| Feeling "wiped-out" | 2.49 | 1.30 |
| Feeling run-down | 4.11 | 1.46 |
| Being weary | 2.29 | 1.35 |
| Feeling weak | 2.85 | 1.35 |
| Feeling energetic | 2.75 | 1.24 |
| Mental exhaustion | 20.24 | 6.06 |
| Having a good day | 2.99 | 1.04 |
| Being happy | 3.00 | 1.29 |
| Being unhappy | 2.78 | 1.23 |
| Feeling worthless | 2.49 | 1.42 |
| Feeling disillusioned and resentful about people | 3.77 | 1.34 |
| Feeling rejected | 2.46 | 1.36 |
| Feeling optimistic | 2.59 | 1.31 |
| Emotional exhaustion | 23.48 | 6.52 |
| Being depressed | 3.24 | 1.26 |
| Being emotionally exhausted | 3.51 | 1.29 |
| Feeling "burned-out" | 3.34 | 1.41 |
| Feeling trapped | 3.51 | 1.61 |
| Being troubled | 3.88 | 1.26 |
| Feeling hopeless | 2.54 | 1.34 |
| Feeling anxious | 3.34 | 1.39 |

Mean comparison: Gender and burn-out

Table 3-6 shows that males were significantly different than females on the burn-out ($p<.05$), and on mental exhaustion ($p<.05$). Inspection of two groups of means indicates that the average burn-out score for females (64.94) is significantly lower than the score (71.03) for males. Similarly, males obtain higher scores than females for the mental exhaustion. The effect size d is approximately .2 which is low (Cohen, 1988). Males did not differ from females on physical exhaustion ($p=.063$) and on emotional exhaustion ($p=.211$).

Similarly, Table 3-7 shows that entry level professionals were significantly different than experienced professionals on the burn-out ($p<.05$) and on mental exhaustion ($p<.01$). Inspection of two groups of means indicates that the average burn-out score for entry level

(62.76) is significantly lower than the score (66.93) for experienced. Similarly, experienced professionals obtain higher scores than entry level for the mental exhaustion. The effect size d is below .3 which is low (Cohen, 1988). Professionals with less than 3-years experienced did not differ from professionals with more than 3-years on physical exhaustion ($p=.458$) and on emotional exhaustion ($p=.075$).

Table 3-6. Comparison of male and female on burn-out and types of burn-out

| Variable | M | SD | t | df | p |
|----------------------|-------|-------|------|-----|------|
| Burnout total | | | 2.11 | 335 | .035 |
| Male | 71.03 | 19.20 | | | |
| Female | 64.94 | 16.55 | | | |
| Physical exhaustion | | | 1.86 | 370 | .063 |
| Male | 24.17 | 6.98 | | | |
| Female | 22.36 | 5.75 | | | |
| Mental exhaustion | | | 2.34 | 368 | .020 |
| Male | 23.07 | 6.01 | | | |
| Female | 20.78 | 5.95 | | | |
| Emotional exhaustion | | | 1.25 | 357 | .211 |
| Male | 23.51 | 7.02 | | | |
| Female | 22.17 | 6.40 | | | |

Years of experience and burn-out

Table 1-7. Comparison of entry-level and experienced professionals on burn-out and types of burn-out

| Variable | M | SD | t | df | P |
|----------------------|-------|-------|-------|--------|------|
| Burnout total | | | -2.21 | 209.63 | .028 |
| Entry level | 62.76 | 13.30 | | | |
| Experienced | 66.93 | 18.08 | | | |
| Physical exhaustion | | | -.74 | 217.20 | .458 |
| Entry level | 22.51 | 4.98 | | | |
| Experienced | 22.99 | 6.33 | | | |
| Mental exhaustion | | | -2.41 | 330 | .016 |
| Entry level | 19.94 | 5.10 | | | |
| Experienced | 21.65 | 6.10 | | | |
| Emotional exhaustion | | | -1.79 | 173.36 | .075 |
| Entry level | 21.24 | 5.98 | | | |
| Experienced | 22.62 | 6.74 | | | |

Profession and burn-out

A one-way between subjects ANOVA was conducted to compare the level of burn-out on professionals. There was a significant effect of level of general burn-out on professionals at the $p<.01$ level [$F_{3,344}=4.37$, $p=0.005$]. Post hoc comparisons using the Tukey HSD test indicated that the mean score for social worker ($M=70.01$, $SD=17.20$) was significantly different than educator's ($M=61.21$, $SD=17.41$). There were no significant differences comparing all the other groups. Comparing differences on types of burn-out, there were also significant differences for physical exhaustion [$F_{3,381}=4.80$, $p=0.003$], mental exhaustion [$F_{3,379}=3.77$, $p=0.011$], and emotional exhaustion [$F_{3,367}=6.28$, $p=10^{-3}$]. Again, Tukey HSD showed that social workers obtain higher means than educators for physical exhaustion. For mental exhaustion, there were two significant mean differences: the mean score for medical staff ($M=22.15$, $SD=5.76$) and social worker ($M=22.05$, $SD=5.76$) is higher than the mean for educators ($M=19.64$, $SD=6.34$). For emotional exhaustion, social workers ($M=23.99$,

$SD=5.95$) and psychologists ($M=23.54$, $SD=6.49$) obtained higher means than educators ($M=20.34$, $SD=6.77$).

Taken together, these results suggest that social workers generally tend to be the professional category with the highest degree of burn-out (general and on sub-types), but the differences are significant only compared to educators. Psychologists also declare emotional exhaustion, and medical staff mental exhaustion. Educators seem to be the category with the lowest scores, which concludes that they do not experience work burn-out as often as other professional categories.

Discussion

The measure was applied on the 400 professionals delivering direct services for the clients in Romanian institutions show that more than $\frac{3}{4}$ of them present medium and high-risk of job burnout, which is alarming for both professionals and their clients: they will never be able to supply efficient social and medical services to their direct beneficiaries. Our results showed that social workers are the most sensitive professional category. Social worker professionals who remain in clinical practice for extended periods of time are faced with the reality that there are far fewer opportunities for advancement than there are in administrative and managerial positions. Once a social worker becomes a licensed clinician, their position may stay the same throughout their entire career. In some cases, the lack of opportunity for advancement contributes to social work burnout (Lloyd, King and Chenoweth, 2002). However, even if previous research suggests that social workers experience high levels of stress and burnout, most still remain committed to their work (Evans et al, 2006). If they wish to avoid burnout, they need support, counselling, and professional supervision. They also need to take a break for a short period of time to get rid of the stress and fatigue.

4. Child and Family Welfare

In this chapter, I present diachronically and succinctly a few of my publications from 2010 to 2014 and try to present some aspects that influence positively or negatively the protection and welfare of child and family at certain times in life.

4.1. PRESENTING SOME OF MY PUBLICATION

(1) Runcan, P. (2010). One Minute More: Adolescent Addiction for Virtual World. Procedia Social and Behavioural Sciences, 2, 3706-3710.

In this paper published in *Procedia Social Behavioural Sciences* in 2010, I show that more and more children and adolescents choose to live in a virtual world, a world of computers and televisions, losing touch with the real world and its problems. Undoubtedly that the benefits of computers in everyday life cannot be questioned, absolutely in every field of science or life the computer has become a good and indispensable friend due to its specific effectiveness. But things do not stop here because we know that anything, no matter how good it is, used excessively, especially during childhood and adolescence, may lead to seizure, to addiction and even disease.

This paper has a dual purpose: to find both the degree of computer use by teenagers as extracurricular activities and also the factors that push them to use excessively the computer in their spare time. The main objectives of the article are: to draw attention to the fact that adolescents who spend too much time in front of the computer quickly become to have different problems in various areas of life; to identify the extent of computer use by adolescents, as a extracurricular activities; to explore the factors favouring that it causes adolescents to excessively use computer during their spare time; to present the consequences and the effects of computer dependency into the lives of Romanian teenagers.

In 2004, Roco shows that the persons who spend very much time using the computer soon get to develop various problems. For children and teenagers the computer is mainly a recreation tool and many times it consumes the entire free time (Dinca, 2004). Some authors call this computer and internet addiction “the one minute more syndrome “ according to the answer of the persons asked to leave the internet or to shut down the computer (Mitrofan, 2005). Due to the excessive utilization of the computer and internet, the most affected areas of the child and teenager’s life are the following: the health (mental and physical), the emotional and social life.

In the theoretical part of the study, I present the advantages and disadvantages of excessive use of the Internet and computer, as well as their short- and long-term effects.

In this study it has been used the quantity research and the questionnaire survey method, in order to investigate both the level of computer’s utilization by the teenagers as a extracurricular activity and to identify the factors which push the teenagers to excessively using the computer!

Sample research included a number of 200 students learning in a high-school from Timisoara, having between 15 and 19 years old. The selection criteria of this high-school

were that each student must have a personal computer at home and full access to it in his spare time.

The following 3 instruments were used in the research: (1) A questionnaire for identification of computer's use by the teenager as a extracurricular activity. The questionnaire was made with 30 closed questions that test the degree of computer use by adolescents, beyond normal school curriculum. (2) A questionnaire for investigation of the psycho-socials factors which the teenager is confronting with. It was made with 25 closed questions and 10 opened questions highlighting the psych-social factors the teenager is facing, nowadays, in his life: poverty, loneliness, losses, family support or lack of support from the people he care. (3) Beck Scale for measuring depression. The scale was used in its short form, with 14 groups of statements that highlight the absence or presence of emotional mood in adolescent life: sadness, pessimism, sense of failure, dissatisfaction, guilt, indecision, changes in self-esteem, difficulties in their activity, sleep problems, fatigue, weight losses, concern about his physical condition, lack of libido.

The statistical data analysis was operated with SPSS 16 and had two stages:

- The descriptive stage during which it had been calculated the answer frequencies for every single item of the questionnaire.
- The comparative stage – during which it had been calculated the answer frequencies for every single item according to the studied group and during which it had been effectuated the Z^2 comparison test, taking in consideration as significant values of p less than 0.05 (95% probability).

Following the analysis and the interpretation of results of the first questionnaire were formed three research groups, depending on the degree of computer and Internet use by teens as extracurricular activities, with these levels (Table 4-1):

Table 4-1. Levels to use of computer

| Levels | Teenagers' number |
|---------------------------|--------------------------|
| Low use of computer | 49 |
| Medium use of computer | 80 |
| Excessive use of computer | 71 |

The research results have identified the factors which stimulate and promote extensive use of computer and Internet by adolescents, in order to compensate: (1) Feelings of insecurity; (2) Family problems; (3) School problems; (4) A poor social life; (5) Financial problems.

Because of poverty and many shortcomings that adolescents confront during this period, cause them to spend more time in another world, unreal, “virtual”, which is more easily accessible and manageable than the real world in which we live. “Virtual” world helps a teenager to access almost anything, very quickly, without money or with less money. This world does not humiliate him and also it creates a satisfaction and a safety feeling. The safety feeling that adolescent feels in this “virtual” world , is also due to lack of attention of his parents which are too busy with so many other things in which he feels excluded, causing him to spend more time on the internet where he does not feel alone anymore.

However, applying the Beck Scale for measuring depression, it has been found that in all three groups it is present the depressed mood, to a certain extent. Maximum of depression was ranked by score 3.00 and 0 mark was applied to record cases completely without

depression. Under 0.50 was considered actually the absence of depression and thought that there has been a 2% of adolescences who used a computer within a lower range. From 0.5 to 1.2 we can refer to a moderate depression (relatively small). In this category there were 68% of adolescents who had a lower and average computer use. Between 1.20 and 2.00 we can speak of a severe depression. Within 15% of adolescents were using the computer and internet in an excessively way. Above 2.50 is the threshold of extreme depression, with death risk, where fit 5% of adolescents who were using the computer excessively. It is obvious the direct link between excessive use of computer by adolescence and the presence of depression mood and most of it, what is the level of depression for adolescent.

As a Conclusion, the paper claims that behind the excessive use of computer by adolescents, in addition to interest, preoccupation and intelligence it can hide psycho-social factors and many frustrations of adolescent that have accumulated over time and which are obvious in this vulnerable period of his life, called adolescence. Because of lack of family support, many teenagers choose to fill their free time by using computer and internet which offer ways of socialization, communication and information, but sooner or later it will drive them away from their family and from the real world. Through this work we wish to draw a warning for both adolescents and parents, but also for their teachers as well, to be involved in the adolescents' life and to help prevent the excessive use of computer as an extracurricular activity during their free time. Excessive computer and internet usage by teenagers can lead to addiction and in the end, even to diseases.

(2) Runcan, P. L., Constantineanu, C., Ielics, B., Popa, D. (2012). The Role of Communication in the Parent-Child Interaction. Procedia Social and Behavioural Sciences, 46, 904-908

Together with other colleagues from the West University of Timisoara, from the "Alexandru Ioan Cuza" University of Ia i" and from the Theological Institute of Bucharest, I conducted a study on the role of communication in the parent-child relationship, published in *Procedia Social Behavioural Sciences* in 2012.

Communication is the engine of social relationships and upon it depend the quality of the relationship or its bankruptcy! It is necessary in any relationship. Communication involves listening, availability, understanding, mutual respect and emotion. In essence, to communicate means to know how to give and to know how to receive! Defined in the most practical way, communication is the natural process of transmitting ideas, information, emotions and feelings from one person to another in a certain amount of time!

Communication between parents and children is not necessarily difficult but requires certain skills, availability, and time. Relations between parents and children represent some significant communication interactions. Communication between the parent and the child involves more than just simple expression. Through it the parent seeks to be intelligible to child, both in terms of the specific content of communication and in terms of its general content. "Communication is done on three levels: logical, verbal and nonverbal. Out of these, the logical level (of words) is only 7% of the total act of communication; 38% occurs at the paraverbal level (tone, volume, speed of speech) and 55% at non-verbal level (facial expression, position, movement, clothing etc.). If there is no contradiction between these levels, communication can be effective otherwise the message will have no effect." (Pracsiu, P., 2008, 60).

Why is parent-child communication required?

In our times debate in ongoing more and more about communication, but, unfortunately, communication is less encountered! There is a certain tendency of postmodern people towards communicating superficially on appearance, on the surface, but this is very dangerous. People talk more than ever about the importance of the way in which the communication process within the family, but we cannot help but ask regarding what is required for communication between parents and children. To the question above, we can formulate a number of possible answers:

- •Family functions cannot be operationalised in the absence of communication;
- •Communication establishes and maintains relationships between parents and children;
- •Through the feedback achieved through communication, interaction between parents and children becomes more powerful and effective;
- •Through communication, as the basis of the motivational process, parents can identify, know and then satisfy the real needs of children;
- •Communication between parents and children contributes significantly to creating fair and effective relationships, understanding and mutual acceptance between parents and children.

Therefore, there is no aspect of the relationship between the parent and the child that does not involve communication. But the issue in the contemporary family is not if the parent or child engages in the communication process, but if they know how to communicate, if they succeed through the message conveyed to tell the other what he/she wants. Often when the child does not “capture” the real meaning of a message, the fault belongs, most often, to the parent who failed to make himself understood and did not choose the most appropriate form of communicating the message to his own child.

In family relationships, members are increasingly more open to others as they gain more confidence. Mutual communication, not unilateral, contributes significantly to this openness and to the creation of ties in the parent and child interactions. Also, when parents communicate with children, they must use an appropriate vocabulary that is understood by them, also, it is indicated to use a calm and appropriate body language. Using an appropriate vocabulary has two significant implications: on the one hand it implies using words that are understood by the child and the other hand it implies the degree of appreciation of those words as acceptable in social terms. A calm tone used in communication leads to the creation and induction of psychological comfort, and the message will be faster and better understood than if the parent uses an angry tone. Anger which accompanies communication leads to feelings of panic, fear, misunderstanding of the message and blocking of the communication process. The body language associated with communication can lead to the support or denial of a claim submitted by the parent or child. When the parent tells the child that he/she is forgiven and this message is accompanied by a smile, the child understands the message transmitted and believes it much easier than if the message of forgiveness would be accompanied by a frown. The message must be consistent with body language, to be better understood and believed while also avoiding the confusion that may arise in the minds of children!

Effective daily communication with the child helps the relationship interaction between parent and child and the harmonious and complex development. Few things are more valuable to the child than the chance to talk with one of his/her parents (Maurice Elias. Steven Tobias. Brian Friedlander, 2007: 215).

In the end, the study claims that parents who have obtained a high score on the parent-child interaction variable claim that in the process of communication with their own children, a few of the rules of effective communication are: prefer to speak with the child without “preaching”; do not say things that could hurt; listen carefully to what the child says, encourage children to talk and express emotions and feelings; avoid to speak up. The study clearly highlights the importance of communication between parents and children, this having a significant role in developing a qualitative interaction between them. Communication is very important in the parent-child interaction, especially if the parents want to find a better way to transmit to their children the important life values by which they could guide the present and especially the future.

(3) Runcan, P. L., Petracovschi, S., Borca, C. (2012). The Importance of Play in the Parent-Child Interaction. Procedia Social and Behavioural Sciences, 46, 795-799.

Together with two of my colleagues from the West University of Timisoara, I have carried out a study on the importance of game in the parent-child relationship, published in *Procedia Social Behavioural Sciences* in 2012.

Play is a defining element for the harmonious development of children. Play is the child’s basic activity that engages his/her global psychism. The parent can efficiently prepare his/her child for the adult life through play: for the role of parent, professional, and even for civic responsibility. Play is a form a specific manifestation which can be encountered in the case of every child.

The purpose of this paper is stress the role of play in the harmonious development of the parent-child interaction. The study presents several forms of game that can help children develop harmoniously, as well as the relationship between parent and child.

The study draws a few specific conclusions: (1) A low involvement of the parent in the play activity with the child draws upon itself instantly a low level of quality of the interaction between the two; (2) Play helps the child interact with the environment, giving the possibility to develop the capacity to use the senses; (3) Play in itself involves a plan that implies the fixation of a purpose, of rules, so that finally one can realize a certain action that produces satisfaction; (4) Through play the child’s ego and personality develop and affirm themselves; (5) Up to the school age, play is the only possibility of affirmation for the child; (6) Play offers children a sum of impressions and experiences that contribute to the enrichment of knowledge on the world and on life and, at the same time, enlarge the capacity of understanding of certain complex situations.

(4) Muntean, A., Ungureanu, R., Runcan, P. L. (2012). The School’s Role in Building up the Resiliency of Adopted Children. Procedia Social and Behavioural Sciences, 46, 331-334.

Together with Professor Ana Muntean from the West University of Timi oara and a younger colleague of mine, Roxana Ungureanu, I carried out a study titled *The School’s Role in Building up the Resiliency of Adopted Children*, published in *Procedia Social Behavioural Sciences* in 2012.

Introduction

Adopted children start their lives under traumatic circumstances. They are abandoned by their biological parents and that moment they lose the necessary conditions for healthy development: stability, continuity and love (Perry, 2001, 2002). Very often this first intensive traumatic event is followed by adverse experiences within less adequate environments for child development. Such circumstances can lead to a second traumatising and to specific consequences in a child's development. The adoption brings to the child a new family and opportunities for healing the post-traumatic consequences. "... no doubt regarding the positive effects of adoption on children's development" (Johnson, 2002, 51). The abandoned child capable to stabilize and integrate his traumatic feelings (Steele, 2005) within adoption and to continue to thrive is showing good resiliency. The resiliency is a dynamic process, composed by multiple factors which empower the child in the confrontation with stress. "Despite having experienced hardship and adversity, they work well, play well, love well and expect well" (Killian, 2004: 41-42). The core element of resilience is the trusting relationship of the child with an adult capable of understanding, supporting, protecting and loving the child. What the adoptive parents are doing with the child, their parental ability to interact and support the child's healing process and development of secure attachment, is crucial for the child at the beginning of his/her new life within the adoptive family. The attachment provides protection, and the secure attachment soothes the child's distress, restores the physiological homeostasis and encourages the exploration of the world (Grossmann, Grossmann, 2009).

The parents are in the very beginning and during the first years, the unique resource for an adopted child's development. Behind the parents are the relatives and the entire community with neighbourhood, institutions, values and norms in which the adopted child has to be part (Grotevant, Dunbar, Kohler, Lash Esau, 2000). The adopted child growing-up in relation to and supported by sensible parents will expand his/her social and emotional relationship especially among peers. The school will bring to the child good opportunities for meeting peers and the chance to increase self-esteem and cognitive skills based on the confrontation with the school's tasks and the comparison with peers' performances. The school becomes the most important resource for developing the knowledge, skills and the social capital for the adopted child (Meier, 1999; Coleman, 1993; Almedon, Glandon, 2006). All these are aspects that supported educational resilience (Johnson, Wiechelt, 2004) promoted by the school's environment. In adolescence the child is ready to establish new affiliations and develop closer relationships with other adolescents, often being involved in different peer groups. The participation within the new groups and the new relationships brings to the adopted adolescent new experiences, which can in turn increase his/her healthy development, or on the opposite side, can jeopardize the previous healthy evolution.

During adolescence the social and emotional life of the child leaves more space for relationships outside the family. The parents and family continue as a support and provide the orientation to the new relationships of the child outside the family (Collins, Maccoby, Steinberg, Hetherington, Bornstein, 2000). In this way, children from complicated families very often continue and end-up within difficult relationships outside the family. Even the expression of the genetic nature of the adopted child is mediated through the adoptive parents' capacities "to buffer children at genetic risk and circumvent the process that might ordinarily lead from genotype to phenotype" (Collins, Maccoby, Steinberg, Hetherington, Bornstein, 2000, 223). During adolescences the school is a resource of resilience for the child. Providing relationships and experiences, the school becomes more important in the adopted child's identity development (Grotevant, Dunbar, Kohler, Lash Esau, 2000).

Building-up a healthy identity includes the child's plans for future. At this point the teachers in school take the most important role and the parents' role very often fades in comparison with teachers' roles (Muntean, Roth, Iovu, 2010). This article explores the relations between the quality of attachment, as an indicator of resilience and the school life of the adopted child.

Goals and context of the research

In this paper we explore the school's role in developing the resiliency of adopted children. For the resiliency of children we take into account the coherence, reflective capacity and quality of the attachment of the adopted child. In connection with these data we will explore the school's framework for child development. In this respect, we consider the child's well-being and grades in school, relationship among peers and perception about the teacher's expectation regarding his/her development.

The data used here are part of the information collected through a research project focused on national adoption in Romania, during 2009-2011. The instruments used in order to collect the data work within or are congruent with Bowlby's (1988) attachment theory. Referring to the data used here, the assessment of the adopted child's attachment is done through the Friends and Family Interview (FFI) (Steele and Steele, 2009). The child's school performances are evaluated through School Success Profile (SSP) (Bowe, Rose, Bowen, 2005), a complex questionnaire asking for child's self-report. FFI will provide data concerning the coherence, reflective and capacity and quality of child's attachments. Additionally we will qualitatively analyze the children's answers regarding their wishes related to the future. The use of SSP will show the child's well-being and grades in school, the relationship among peers and the child's perception about the teacher's expectation regarding his/her evolution.

The demographic description of the adoptive families and children

Most adoptive parents are two parent families (67.5%, n=27), but 32.5% (n=13) are single parent families, including one adoptive father. In the study, mostly mothers (57.5%, n=23) participated; otherwise, both parents participated (40%, n=16). In one adopted child was living with the father who participated in the interview (2.5%, n=1). At the time of the study, the age of the mothers ranged from 39 to 65 (mean=47.9) and the age of the fathers ranged from 39 to 65 (mean=49.96). At the time of adoption, the age of the mothers ranged from 21 to 56 (mean=37.0) and the age of fathers ranged from 25 to 54 (mean=38.2). The highest level of education achieved by the mother was as follows: 10% grammar/secondary school, 59% high school diploma, and 31% college education or above. The highest level of education achieved by the father was as follows: 18% grammar/secondary school, 39% high school diploma, and 43% college education or above. Family income ranged from working class (14%) the middle class (48%) and to high SES (38%) according to Romanian standards. The majority (72.5%) were of the Romanian Orthodox faith.

Regarding the adopted children, 37.5% of the participants in the study were male and 62.5% were female. At the time of the study, the age of the adoptees ranged from 11 to 16 years. Median and mode age at time of the study was 12 years. The age of adoptee at the time of adoption ranged from 1 to 48 months and the median age was 16 months. Before adoption, 47.5% of children had been in a hospital, 32.5% had been in an orphanage and the remainder had been in foster care. The majority (85.5%) reports the child's health as good to excellent and 15% of the child's health was reported as fair. Most adoptees (60%) had siblings either

biological children or foster children. The foster children in the adoptive family were counted as sibling because the model of foster care practiced in Romania is a long-term foster care and the child often lives with the family during the entire childhood and adolescence, until 18 years old.

Results

Compared with other research (van Ijzendoorn, Bakermans-Kranenburg, 2010), the sample here shows different dimensions of the quality of attachment. Evaluated with FFI, half of children in (50%) are quoted as securely attached or moving toward secure attachment. The school grades of children in the sample varied between low (10%) and high results (55%). The most significant correlation between the type of attachment and positive expectations of the child regarding the future (I see myself in the future doing great things) collected through SSP; this is proved by chi-square test, the value being 6.472 in relation to its level of statistical significance, which is $p < 0.03$. The coherence of children correlates very well with type of attachment (chi-square test value=11.624; $p < 0.003$) both being evaluated through FFI, which can also prove the good reliability of FFI. None of other correlations (coherence, reflective capacity and quality of attachment in connection with child's wellbeing and child's grades in school, child's relationship among peers and child's perception about the teachers expectation regarding his evolution) were found significant. The qualitative analysis of respondents' answers to the question asking for the most important three desires for their life gives interesting orientations. The most important desires expressed by the 40 children are the following: job (48%), my own family and children (43%), school, good education (38%); to keep close relationship with adoptive parents (38%).

Despite the quality of child's attachment, school appears to be more important for girls (80%) than for boys (20%). The choice for school is bigger among girls comparing with boys (20%). The choice for school is bigger among girls comparing with boys even taking in account the gender representations within the sample: 27% boys; 73% girls.

Discussions

Except for the good correlation between the type of attachment and child's expectations regarding the future, we did not find any other significant correlation between, the variables mirroring the school life of the child and the dichotomy of attachment. The quality of attachment is an important factor in a child's resilience highlighted the importance of school for the healthy development of the child. The limited results found here are due to the statistically not significant sample from which we have the data. Even if we have 40 adolescents in our sample; the computational process splits the initial sample in two equal but statistically not significant samples of 20 children securely attached in opposition to 20 children insecurely attached.

Expressed in their desires, the school has an important place (38%) for our sample. Taking in consideration the grades in school, 55% of children have high grades in school. This confirms the importance of the school the adopted children in our sample even if the statistical data does not yet allow any hypothesis. We can speculate about the importance of school in our research based on the SES of the adoptive families. An important criterion for the selection of these families in the SES. Fairly good family SES and school attendance are connected with adequate parenting and good school performance (Stroufe, Coffino, Carlson, 2010).

Conclusions

The study here is based on preliminary data collected within a research project focused on national adoption in Romania. The adopted children are met by the research team at an important moment of their development: adolescence. Adolescence is a very powerful and gifted stage of development when the child can shift the pathway of his development in a manner of his/her own choosing, even against the previous models and experiences (Erikson, 1997; Glaser, 2007). The school creates for the child the best opportunities for raising his skills and knowledge. The school's environment brings to the child a spiritual space of security through new relationships with competent adults and affiliations to peers groups. All these aspects are parts of a child's resilience which in turn empowers the child in his/her confrontations with stressful situations. The current resilience of the child, to which the school contributes in the highest degree, is fostering the healing process of the child traumatized by abandonment. The adoptive family and the social network, in cooperation with the school environment, within the larger community, will support the healthy development of the adopted child.

(5) Runcan, P. L., Iovu, M. B. (2013). Emotional Intelligence and Life Satisfaction in Romanian University Students: The Mediating Role of Self-Esteem and Social Support. Revista de Cercetare și Intervenție Socială , 40, 137-148.

Together with Mihai Bogdan Iovu from the "Babes-Bolyai" University of Cluj-Napoca I carried out the research *Emotional Intelligence and Life Satisfaction in Romanian University Students: The Mediating Role of Self-Esteem and Social Support*, published, in 2012, in the issue No. 40 of the *Revista de Cercetare și Intervenție Socială* .

This study examines a mediation model for the relationship between emotional intelligence and life satisfaction for students. Self-esteem and social support were used as mediators. The participants were 131 Romanian undergraduate students. Data were collected by using the Wong Law Emotional Intelligence Scale, the Multi-Dimensional Scale of Perceived Social Support, the Rosenberg Self-esteem Scale, and the Satisfaction with Life Scale. Bootstrap analysis showed that both self-esteem and social support partially mediated the relationship between EI and life satisfaction. Implications for future research and limitations of the present findings are discussed.

Introduction

Traditionally, when referred to *intelligence* one focuses mainly on cognition (e.g. Piaget, 1972). The publication of Goleman's book *Emotional Intelligence* (1995), asserted the controversial idea that experience and expression of emotions is a domain of intelligence (Schutte, Malouff, Hall, Haggerty, Cooper, Golden, Dornheim, 1998). Since then, the construct has received considerable attention from researchers in different areas, but Ashkanasy and Daus (2005) conclude that opinions about emotional intelligence (EI) as a construct varies greatly among researchers and still produces much controversy about its definition, measurement and practical impact. To date we can talk about two conceptual models of EI: (1) ability-EI defined as "the ability to perceive and express emotion, assimilate emotion in thought, understand and reason with emotion, and regulate emotion in the self and others", and (2) trait-EI defined as a constellation of emotion-related self-perceptions which locates at the lower-levels of personality hierarchies (Petrides, 2011: 657).

This study is focused on trait EI and uses a self-report questionnaire to assess the construct.

Trait EI and life satisfaction

Life satisfaction refers to the individual's global judgment on his/her life as a whole (Diener, Emmons, Larsen, Griffin, 1985). It is one important indicator of subjective well-being. Several studies examined the relationship between these two concepts reporting significant correlations, concluding that abilities to understand and accept one's own emotions, set goals in order to develop one's own potentials, and see events in the right perspective are the most important factors of subjective well-being (Avsec, Kav i , 2011). Previous research shows positive associations between EI and life satisfaction (Palmer, Donaldson, Stough, 2002; Saklofske, Austin, Minski, 2003; Austin, Saklofske, Egan, 2005; Extremera, Fernández-Berrocal, 2005; Gignac, 2006; Gallagher, Vella-Brodrick, 2008; Rey, Extremera, Pena, 2011).

Trait EI, life satisfaction, self esteem and social support

Although as we noticed the research literature is quite clear about the relationship EI and life satisfaction, little is yet known about the processes that sustain this relationship. What potential mediating or moderating variables can account for the association between trait EI and life satisfaction? One recent review (Zeidner, Matthews, Roberts, 2012) notes a number of mediating factors in the EI–socio-emotional well-being relationship.

In respect to their model, self-esteem might be hypothesized to mediate the association between EI and life satisfaction. Self-esteem refers to an individual's stable sense of personal worth or worthiness (Rosenberg, 1965). On the one hand, self-esteem has been found to be associated with life satisfaction (Westaway, Martiz, Golele, 2001; Rey et al. 2011; Yamawaki, Peterson Nelson, Omori, 2011; Kong, Zhao, You, 2012). On the other hand research has indicated that higher EI is associated to with high self esteem (Schutte, Malouff, Simunek, McKenley, Hollander, 2002; Dong, Urista, Gundrum, 2008; Kong et al, 2012). Thus, trait EI is likely to be associated with greater life satisfaction by means of the greater sense of self-esteem.

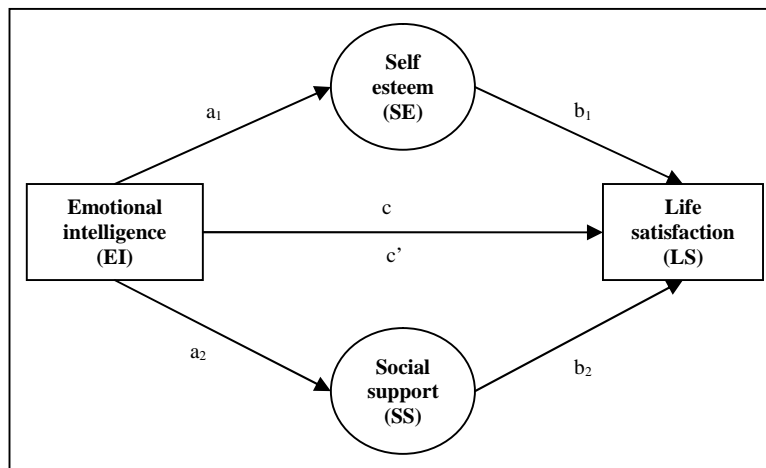
In a similar way, social support is another 'candidate' variable to mediate the association between EI and life satisfaction. Some research already shows that people with high trait EI are likely to perceive greater social support from others and people who perceive much social support also report greater life satisfaction (Gallagher, Vella-Brodrick, 2008). Recently, some researchers have verified the relationship concluding that social support acted as a mediator of the relationship between EI and life satisfaction (Kong et al. 2012).

Methods

Aim: Considering all these previous studies analyzing the complex relationships between emotional intelligence, life satisfaction, self-esteem and social support, the purpose of the current research is to examine the concurrent mediating effects of self esteem and social support between trait emotional intelligence and life satisfaction in a Romanian sample of students. Figure 4-1 presents the conceptual relationships going to be tested by the mediating model.

On the other hand, an important limitation in the EI literature is that the majority of the studies were conducted within different Western or Asian countries. Testing these relationships in a Romanian culture would add meaningful evidence for practice (St nescu, Cicei, 2012).

Figure 4-1. Mediation model of the Ei and life satisfaction



In summary, the present study examines a double mediator model. The model is used to determine whether emotional intelligence affects life satisfaction through two proposed mediators: self esteem and social support.

Participants

One hundred and thirty-one social science undergraduates students from one public higher education institution in Romania volunteered to take part in the study (Mean age=23.18 years, standard deviation=5.74 years, age range=18–43 years). In the sample, 103 were females and 28 were males.

Measures

Emotional intelligence was assessed by a translated version of the self-report Wong Law Emotional Intelligence Scale (WLEIS) (Wong, Law, 2002). This is a 16-item self-report measure based on the Mayer and Salovey model of EI. It can be used free of cost (Jensen, Kohn, Rilea, Hannon, Howells, 2007). The scale includes four dimensions: Regulation of Emotion (ROE), Self Emotion Appraisals (SEA), Others' Emotion Appraisals (OEA), and Use of Emotion (UOE). Respondents are asked to rate their agreement on a 5-point Likert type scale ranging from 1=strongly disagree to 5=strongly agree. The WLEIS has proven good reliability and validity in several studies on Chinese students (Shi, Wang, 2007; Kong et al., 2012), but also on European samples (Libbrecht, De Beuckelaer, Lievens, Rockstuhl, 2012) or compared to other measures of EI (Libbrecht, Lievens, Schollaert, 2010). In this study, the Cronbach alpha coefficients for the four subscales were: SEA: .66; ROE: .80; OEA: .73; UOE: .74. The Cronbach alpha coefficient for all 16 items was .82.

Self-esteem was accessed by the Rosenberg Self-esteem Scale (RSES) (Rosenberg, 1965), which is a 10-item self-measure of global self-esteem. Responses are coded on a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). The RSES contains an equal number of positively and negatively worded items. Upon reverse coding, the scores range from 10 (high level of self-esteem) to 40 (low level of self-esteem). The relative simplicity and accessibility of the RSES has favoured a considerable number of translations and validation in many countries (including Romania), proving similar structural equivalence of the global self esteem as measured by the instrument (Schmitt, Allik, 2005). In this study, the Cronbach alpha coefficient for the RSES was .85.

To assess perceived *social support* in participants, we administered the Multi-Dimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, Farley, 1988), consisting of 12 items. The scale assesses three sources of support: Significant Other, Family and Friends. Each item is answered on a 7-point Likert type scale ranging from 1=strongly disagree to 7=strongly agree. The MSPSS has good reliability and validity (Kong et al., 2012). Adequate internal consistency was also shown on Romanian population (Marian, Ro eanu, 2005). In this study, the Cronbach alpha coefficients for the three subscales were: Significant Other: .87; Family: .92; and Friends: .93. The scale had a Cronbach alpha coefficient of .89.

Life satisfaction was measured using the Satisfaction with Life Scale (SWLS) (Diener et al., 1985) consisting of five items. Participants are instructed to indicate the extent to which they agree or disagree with each statement using a 4-point Likert type scale. The SWLS has good reliability and validity (Kong et al., 2012). Usage in Romanian context has shown similar results (Stevens, Constantinescu, Lambru, Butucescu, Sandu, Usc tescu, 2012). In this study, the Cronbach alpha coefficient for the SWLS was .68.

Demographic information was also collected including age and gender.

Procedure

Participants were asked to fill a questionnaire survey consisting of the WLEIS, RSES, MSPSS and SWLS in the classroom environment. The participants did not place their names on the papers and were told that their responses would be treated anonymously. Also, they were given the option of refusing filling in the questionnaire. It took approximately 30 min for the students to complete all the measurements.

Data analysis

The analysis was performed with SPSS 17.0. Means, correlations, and standard deviations were computed for the variables. Multiple mediation analysis was chosen as the appropriate method of data analysis because it has the ability of testing multiple indirect effects simultaneously (Preacher, Hayes, 2008). The multiple mediation analysis was conducted with Preacher and Hayes' (2008) SPSS Indirect Macro for Multiple Mediation. This macro uses a bootstrap technique to test the mediation hypotheses, which is a powerful method for testing the statistical significance of indirect effects (Mallinckrodt, Abraham, Wei, Russell, 2006). Bootstrap analysis is a nonparametric approach and not based on large-sample theory, which means that it can be applied to small and moderate samples with more confidence (Shrout, Bolger, 2002; Preacher, Hayes, 2004). Bootstrapping involves generating series of unique data sets, called bootstrap samples, by directly taking samples from the original sample and estimating the indirect effects in each resampled data set (Shrout, Bolger, 2002). The resampling process is conducted with replacement, which means that each case is put back such that every case has equal chances of being redrawn while the new samples are constructed (Hayes, 2009). This process is repeated thousands of times creating an empirically estimated sampling distribution of the indirect effects, which is then used to derive bootstrap confidence intervals to test the statistical significance of total and specific indirect effects (Mallinckrodt et al., 2006). An effect is considered as significant if the confidence interval does not contain zero (Preacher, Hayes, 2008).

Results

Descriptive statistics: Means, standard deviations, and bivariate correlations for the study variables are presented in Table 4-2. In general, students displayed moderate to high levels of emotional intelligence, with the highest scores for the SEA (M=16.24). This shows that respondents are quite competent in understanding their own emotions and the causes of their emotional state. Also, students have an average level of their global personal value and self acceptance as shown by RSES. As for the social support they indicate that they benefit from the family, friends or other's support. But while significant other had the highest mean (25.22), significant friends had the lowest mean (21.94), indicating the tendency of using social support as a coping resource mainly related to others (special person that is always reliable). The mean value recorded for life satisfaction shows moderate level of satisfaction.

Table 4-2. Means, Standard Deviations and Bivariate Correlations of the Study Variables

| Variables | M | SD | EI | SE | SS | LS |
|--------------------------------|-------|-------|----|---------|---------|---------|
| Independent variable | | | | | | |
| 1. Emotional intelligence (EI) | 63.27 | 6.93 | | -.429** | .313 | -.327** |
| Mediators | | | | | | |
| 2. Self-esteem (SE) | 18.84 | 5.34 | | | -.274** | .341** |
| 3. Social support (SS) | 70.89 | 11.86 | | | | -.476** |
| Dependent variable | | | | | | |
| 4. Life satisfaction (LS) | 11.13 | 2.53 | | | | |

NOTE: N=131 for all variables. ** p<.01

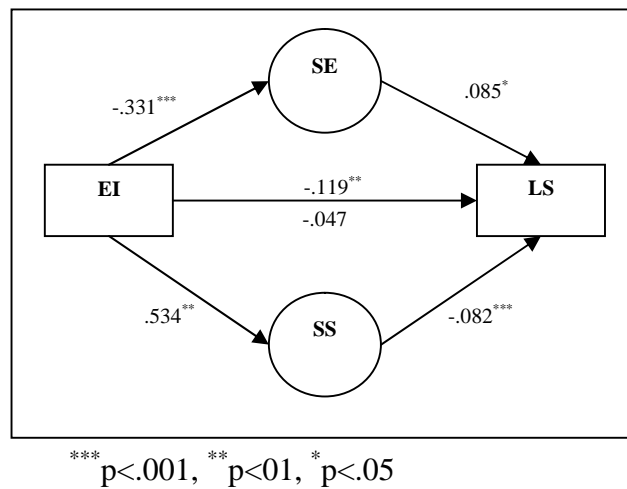
To ensure that there was no problem with multi-collinearity due to a significant correlation between the two mediators, collinearity diagnostics were performed in linear regression analysis. The Tolerance-level was high (.92) and the VIF-value was low (1.08), indicating that multi-collinearity was not an issue (Leech, Barrett, Morgan, 2005).

Multiple mediation analysis

Figure 4-2 provides a graphic representation of the estimated multiple mediation model. Overall, the double mediation model explained 27% of the variance in life satisfaction ($R^2=.27$, $p<.001$). The individual relations between the variables need further attention. As seen in Figure 4-3 (path *c*), the results showed that emotional intelligence was significantly related to life satisfaction ($b=-.119$, $p<.05$). This finding indicates that high levels of emotional intelligence lead to satisfaction in life. However, the results also demonstrated that the direct effect (path *c'*) of emotional intelligence on life satisfaction was not significant ($b=-.047$, $p > .13$). That is, the effect of emotional intelligence on life satisfaction, when controlled for the effect of the mediators, was considerably reduced and no longer significant. The fact that the influence of emotional intelligence was not significant once it was adjusted for the set of mediators indicates that the mediators completely mediated the effect of EI on life satisfaction (Baron, Kenny, 1986).

The figure also shows that emotional intelligence was significantly related to the two mediators (path *a*). Emotional intelligence had a positive influence on self esteem ($b=-.331$, $p<.001$). The results also showed that emotional intelligence had a positive effect on social support ($b=.534$, $p<.01$). These indicate that students who feel adequate emotional competent display good global personal value and self acceptance. Similarly, because of their openness they report more support either from the family, others or friends.

Figure 4-2. The estimated multiple mediation model for the relationship between EI and LS as mediated by SE and SS. The numbers in the figure represent unstandardized regression coefficients



Life satisfaction was also influenced by the two mediators (path *b*). Self esteem ($b=.085$, $p<.05$) and social support ($b=-.082$, $p<.001$) both had a significant effect on life satisfaction. These results indicate that students that display good levels of self esteem and benefit from support feel more satisfied about their life.

Bootstrap Analysis

Table 4-3 displays the parameter estimates and the bias-corrected and accelerated confidence intervals (BCa CIs) for the total and specific indirect effects obtained from the bootstrap analysis. The total indirect effect of the set of mediators was statistically significant, with a parameter estimate of $-.0711$ and a BCa 95% CI of $-.1124$ to $-.0433$. That is, the confidence interval did not contain a zero. In agreement with the interpretation of the direct effect (path *c'*), this result demonstrates that the set of mediators mediated the effect of emotional intelligence on life satisfaction.

At the beginning of the study we predicted that self esteem is a mediator of the effect of emotional intelligence on life satisfaction. An examination of the specific indirect effects in Table 4-3 shows that the specific indirect effect of self esteem is significant. With a parameter estimate of $-.0285$ and a BCa 95% CI of $-.0633$ to $-.0095$, the confidence interval does not contains zero. Therefore, self esteem had a mediating effect. The relationship between EI and SE was significant and the effect of SE on LS is also significant. These results suggest that emotional intelligence has a positive influence on the students' self-esteem and these beliefs about themselves encourage students to have more positive statements about life in general.

The other expectation was that social support also mediates the effect of emotional intelligence on life satisfaction. As shown in Table 4-3, the specific indirect effect of social support was significant. With a parameter estimate of $-.0425$ and a BCa 95% CI of $-.0723$ to $-.0249$, the confidence interval was different from zero. That is, social support was a significant mediator of the relationship between emotional intelligence and life satisfaction. The direction of the relationships was as expected: emotional intelligence had a positive influence on social support, which in turn had a positive impact on life satisfaction.

Table 4-3. Total Indirect Effect, Specific Indirect Effects, Contrasts, and their Corresponding Bootstrap Confidence Intervals of the Relationship between Emotional Intelligence and Life Satisfaction

| Mediator | Parameter estimate | SE | 95%BCa CI | |
|------------------|--------------------|-------|-----------|--------|
| | | | Lower | Upper |
| Total | -.0711 | .0173 | -.1124 | -.0433 |
| SE | -.0285 | .0133 | -.0633 | -.0095 |
| SS | -.0425 | .0177 | -.0723 | -.0249 |
| Contrasts | | | | |
| SE vs SS | .0140 | .0181 | -.0198 | .0505 |

NOTE: BCa CI=bias corrected and accelerated confidence intervals.
Based on 5000 bootstrap samples.

Contrasts between the specific indirect effects

As noted above, the examination of the specific indirect effects showed that both mediators were significant for the relationship between EI and LS. Pairwise contrasts between the specific indirect effects were therefore conducted to get information about the size of the differences. Table 4-3 also presents the results for contrasts.

However, the specific indirect effects of self esteem and social support could not be distinguished in terms of magnitude, despite the fact that both specific indirect effects were significantly different from zero. With a parameter estimate of .0140 and a BCa 95% CI of -.0198 to .0505, the confidence interval contained a zero. A possible explanation for this might be that the specific indirect effects of both mediators were not sufficiently far from zero.

Discussion

The present study tried to investigate the role self-esteem and social support might play in the relationship EI and life satisfaction in a sample of Romanian university students. Correlational analyses showed that trait EI was significantly related to life satisfaction, meaning that students who display high levels of understanding and expressing emotions also report greater satisfaction. These results are consistent with earlier studies (Palmer et al., 2002; Saklofske et al., 2003; Austin et al., 2005; Extremera, Fernández-Berrocal, 2005; Gignac, 2006; Gallagher, Vella-Brodrick, 2008; Rey et al., 2011). Moreover, those with high emotional abilities tend to develop positive images about the self. This is consistent with studies reporting the relation between EI and self-esteem (Schutte et al., 2002; Dong et al., 2008; Kong et al., 2012). The association EI-social support was not significant in our sample. In line with our expectations, the specific indirect effect of trait EI on life satisfaction via self-esteem and social support was significant in Romanian university students. This is in line with the previous findings on Chinese university students (Kong et al., 2012). Our findings suggest that trait EI influenced life satisfaction by two different pathways. In other words, the mediating effect of self-esteem suggests that students with higher emotional abilities can recognize and manage emotions in self well and are thus more prone to enhancing their self-esteem, which in turn leads to an increase in their life satisfaction. The mediating effect of social support suggests that individuals with higher emotional abilities can recognize and manage emotions in others and are thus more apt to enhance their social support, which also contributes to an increase in their life satisfaction.

With all its theoretical and practical significance, several important limitations of the present study must be mentioned. First, the study was a cross-sectional which did not allow us to

establish possible causality relations. Future researchers must test mediating models through longitudinal studies, which will provide a better understanding of how these variables work. Second, the data in this study collected only through self-report measures. This could be a threat to internal validity, because we still cannot avoid the self-report biases, such as social desirability. The use of mixed research designs where both quantitative and qualitative approach are employed and the engagement of multiple subjects (e.g. parent, peer reports) may minimize the influence of subjectivity. Third, this sample was drawn from a university population, which limits the extent to which these findings can be generalized within the Romanian culture.

(6) Runcan, P. L., Goian, C. (2013). Career Aspirations of Social Work Students from Romania. Revista de Asisten Social , 1.

In 2013, we published this paper in the first issue of Revista de Asisten Social , which contains a research carried out among the students of the West University of Timisoara.

Introduction

Thinking about and constructing a career in the current socio-economic context characterized by job insecurity, continuous changing technology and increasing personal responsibility for constant upskilling, globalization, employability and lifelong learning are just a few of the key challenges that young workforce has to deal with (Baruch 2004; Marshall, Bonner 2003; Coetzee, de Villers, 2012). The number of youth worldwide who make career related decisions each year indicate the importance of future job planning. Facing this task when leaving higher education system, youth may attempt to place the responsibility for making a career decision onto others and may even delay or avoid making a clear choice, which could ultimately lead to a less than optimal decision. In this context, assessing and developing career meta-competencies include awareness of the inner motives and values (or career anchors) that drive one's career decisions and experiences of career satisfaction, behavioural adaptability and emotional literacy in dealing with potential setbacks and failures (Coetzee, 2008; Coetzee, Bergh, 2009).

Career anchors and career aspirations

In relation to career aspirations, Schein has examined individual's internal careers and he identified the concept of career anchor (Van Maanen, Schein, 1979 in Mohd Rasdi, Ismail, Uli, Mohd Noah, 2009). The concept of career anchors focuses on individuals' realization of his/her 'internalized' career perceptions (Singh Bhatt, 2011). From a longitudinal study which took place over a period of 10 to 12 years among 44 alumni of the Sloan School of Management at MIT he has identified eight such career anchors that foster future career decisions. Table 4-4 briefly describes their main attributes.

Schein argues that over time, a *single* career anchor emerges, stabilizes, guides and constrains an individual's future career path. When facing a difficult career situation or choice, people use that dominant anchor that contains all that significant them in their professional trait (Wils, Wils, Tremblay, 2010). Several researchers have argued this statement of single dimensional dominance (Feldman, Bolino, 1996; Suutari, Taka, 2004) and proposed the idea that individuals may have a primary career aspiration and one or two secondary aspirations, and this combination of career aspirations will define the unique profile of career aspiration (Figure 4-3).

Table 4-4. Description of Edgar Schein's eight career anchors

| Career anchor category | Description |
|--------------------------------------|--|
| Technical/functional competence (TF) | These people discover during their career that they are very talented and highly motivated for a certain type of job. Pursuing their talents and the satisfaction they derive from the knowledge of being professionals gives them 'a real kick'. Their competence may focus on any work environment and, consequently, does not have to be technical. |
| Managerial competence (MG) | These people prefer to become general managers rather than specialising in a certain functional field. They aspire to obtain a high status in the hierarchy within the organisation and are driven by the possibilities of additional responsibilities and contributions to the success of the organisation and for a high salary. |
| Autonomy/independence (AU) | People who have 'autonomy' as their career anchor cannot stand to be restricted by the rules of other people, procedures, working hours, clothing regulations and other standards of an organisation. They want to do things their own way, at their own pace and according their own standards. |
| Security/stability (SE) | These people are more engaged in the contents of the job than in the nature of the job itself. They want to feel safe and secure and often look for a job within an organisation that offers a permanent contract, has a reputation of avoiding dismissals, offers proper pension provisions and secondary elements of remuneration, and is known to be strong and reliable. |
| Entrepreneurial creativity (CA) | Entrepreneurs want to create a new company of which they are the owner by developing new products or services or to build up an organisation according to their own specifications. They have a creative urge which is linked to their own efforts and can survive on their own. They desire to be economically successful. |
| Service/dedication to a cause (SD) | Some people choose a certain profession in order to achieve certain ideals. They are more focused upon ideals such as serving humanity, helping a country or improving the environment than on actual talents or fields of competence. |
| Pure challenge (PR) | These people find pleasure in their jobs through accepting and meeting challenges. They are competitive and ambitious to a very high degree and do not concentrate on a single functional skill, but constantly seek variation and new challenges. Just like 'fighters' they look for confrontation with the 'enemy' and seek to prove their own superiority. |
| Lifestyle (SV) | Lifestyle people feel that it is important to combine their individual needs with their family and career. They would rather look for an organisation with a flexible attitude that for a specific programme. |

Source: Klapwijk, Rommes, 2009: 410

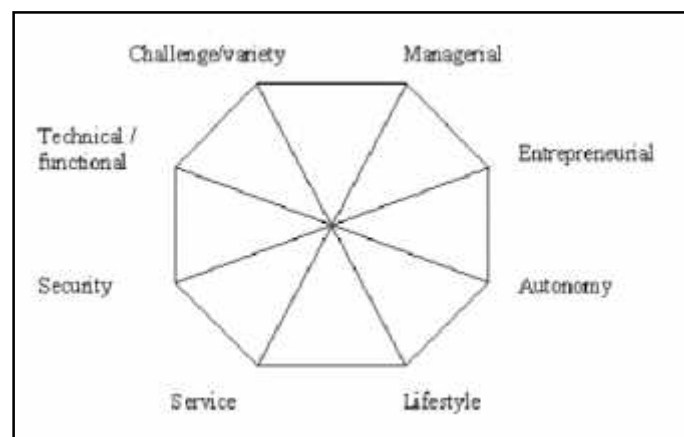
Higher education senior students' decisions concerning professional life

Choosing a future career is a common challenge for students. Scholars and vocational practitioners both emphasized the importance of choosing a career that is consonant with one's profile (Cools, Vanderheyden, 2009). In this context, the relation between career anchors and career-fit was constructed as a research topic that help developing effective career counselling services of higher education institutions and selection and recruitment policies of organizations. Therefore, the study of career anchors among higher education students has been a subject of interest in international research for several years now.

Marshall and Bonner (2003) conducted an international comparative study on a sample of graduate business students from five different countries. They found differences among different regions in the dominant career anchor expressed (e.g. lifestyle for Australia, USA, and Malaysia, service/dedication for UK, and pure challenge for South Africa). Also, both male and female scored higher for lifestyle. Peterson and Roger (2009) measured career anchors within a population of students and alumni from a French business school in the south of France and revealed that men are better represented for managerial, challenge and variety

anchors, while females are better represented for the technical/functional dimension. Also, younger and more educated respondents are more anchored on managerial/challenge/variety. By analyzing the link between students' career anchors and their cognitive styles and personality profile, Cools and Vanderheyden (2009) conclude that cognitive styles and personality traits could predict people's career orientation towards security/stability, service/dedication to a cause and for pure challenge. Similarly, Järilström (2000) was also researching the relationship of personality characteristics to explain career choice and development for Finnish students and concluded that Schein's career anchor model is a useful tool in measuring for business student's future career expectations. In Romania, a recent study on adolescent transition to adulthood showed that family support and self confidence are the most important predictors in planning having a job, while peer group and neighbourhood support were less significant (Iovu, in press).

Figure 4-3. Proximity and opposition of anchors proposed by Feldman and Bolino (1996)



Source: Feldman and Bolino, 1996 in Wils, Wils, Tremblay, 2010: 239

Method

Aim: Because our interest is in Romanian students and because there is little research on exploring the factors associated to their future life choices we focused on exploring the youth' career anchors. According to Schein (2006), the knowledge of one's career anchor is critically important because of its influence in future career choices and its effect on shaping individual goals in life. Therefore, this study complements the scarce Romanian existing research on youth' future transition to adulthood. Furthermore, giving the lack of official data on how many social work students actually work in the field upon graduation, this study is a valuable tool in assessing the values and the needs students actually have. Therefore higher education institutions can implement active measures in orientating students accordingly.

Sources of data

Data were collected between October and November 2012. The participants were a convenience sample of 79 social work students enrolled at West University of Timi oara at undergraduate and graduate level.

Sample profile

There were more female students in the sample (88.6% compared to only 11.4%). Two thirds of them were living in urban areas (65.8%). The sample was about evenly split between undergraduate and graduate students (Table 4-5). When asked about their perception of the

income level of their families, they scored a Mean of 6.10, which indicates that they place themselves in the average group (Me=6).

Table 4-5. Sample characteristics

| Characteristic | N (%) |
|----------------|-----------|
| Gender | |
| Male | 9 (11.4) |
| Female | 70 (88.6) |
| Residency | |
| Urban | 52 (65.8) |
| Rural | 27 (34.2) |
| Level of study | |
| Undergraduate | 40 (50.6) |
| Graduate | 39 (49.4) |

Source: generated by the authors

Measures

A translated version of *The Career Orientations Inventory* (COI) (Schein, 2006) was used to measure the career aspirations of the subjects. COI is a self-rated measure containing 40 items on areas of competence, motives, and values. For each item respondents rate how true each statement is for themselves by assigning a number from 1 to 6 (1 – the statement is never true for me, 2/3 – the statement is occasionally true for me, 4/5 – the statement is often true for me, and 6 – the statement is always true for me). Total scores obtained for each of the eight categories of career anchors were added together and averaged to yield an individual score for each career anchor. The COI provides a pretested instrument with demonstrated high internal validity and reliability in international studies (Burke, 1983; Coetzee, Schreuder, 2008; Tornikoski, 2008; Coetzee, Bergh, Schreuder, 2010). For Romanian population, no prior testing was found, but the Cronbach's alpha for this sample was .81 for the overall scale, demonstrating similar high internal validity.

Demographics. Additional information was obtained regarding gender (male/female), residency (urban / rural), level of study (undergraduate/graduate), and income (on a scale to 1-10, where 1 – very poor, 10 – very rich where do you place your family).

Procedure

The questionnaire was self administrated. The average time needed for completion was 45 minutes. Respondents were told that their responses would be treated anonymously and that they have the option of refusing filling in the questionnaire.

Data analysis

Data were analyzed using the SPSS version 14 for Microsoft Windows. Bivariate correlation was run in order to test for significant association between dimensions. A .05 and .01 level of statistical significance was set. Also, mean comparison was run to test for significant differences. Response frequencies for the survey questions were determined and displayed in graphic formats.

Results

First, we wanted to evaluate how the eight career aspirations work together. The correlations matrix among the eight career aspirations indicates several significant correlations among career dimensions. The significant positive correlations among most of the components of

aspirations illustrate that as one aspiration increases there is a corresponding increment in the other aspiration. Moreover, this also indicates that a student may have one particular primary aspiration and two or more secondary aspirations. This is further supported by Feldman and Bolino (1996) whereby they suggested that these combinations of career aspirations provide a comprehensive view of the individual internal careers. The highest correlation coefficients are for *technical* and *managerial* ($r_{77}=.512, p=10^{-5}$), indicating that those who perceive themselves as highly functional tend for managerial positions) and for *technical* and *autonomy/independence* ($r_{77}=.502, p=10^{-5}$), showing that those who possess good technical skills feel more free and tend more to do things their own, at their own pace and according to their own standard). There are no significant negative correlations observed.

Table 4-6. Correlation matrix between career anchors

| | TF | MG | AU | SE | CA | SD | PR | SV |
|----|----|--------|--------|--------|-------|-------|--------|--------|
| TF | | .512** | .502** | .241* | .269* | .224* | .423** | .287* |
| MG | | | .481** | .388** | .198 | .179 | .372** | .178 |
| AU | | | | .255* | .220 | .050 | .289** | .328** |
| SE | | | | | .147 | -.004 | .206 | .302* |
| CA | | | | | | .066 | .287* | .153 |
| SD | | | | | | | .469** | -.048 |
| PR | | | | | | | | .142 |
| SV | | | | | | | | |

NOTE: * $p < .05$, ** $p < .01$

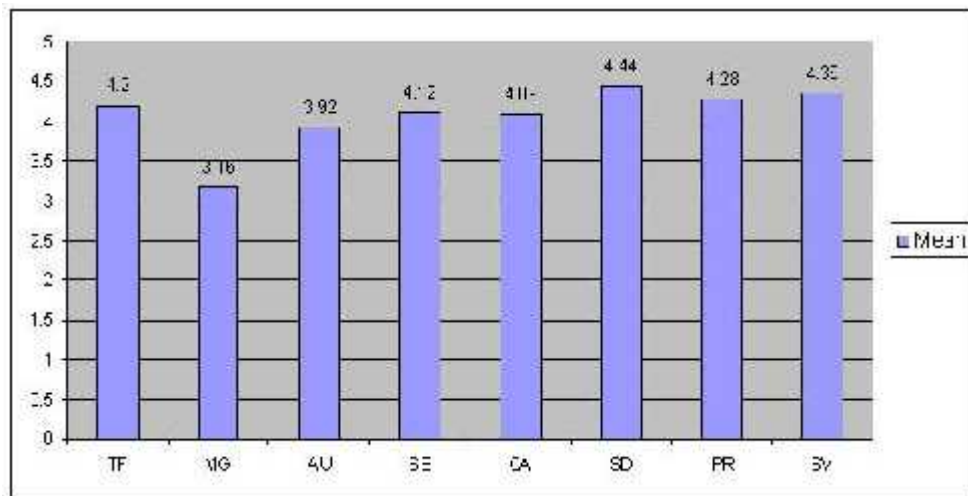
Source: generated by the authors

Characteristics of career aspirations

The average score of each career anchor was calculated to examine the career aspirations of respondents. The findings of this study revealed quite a rich diversity of career aspirations held by the social work students. The identification of a variety of aspirations held by the managers was consistent with previous research in the area (Mohd Rasdi *et al.*, 2009; Peterson, Roger, 2009; Singh Bhatt, 2011) suggesting that each individual is different and exhibits a variety of career needs. The results are graphically presented in Figure 4-4. The figure shows that *service/dedication to a cause* ($M=4.44$; $SD=1.21$), *lifestyle* ($M=4.36$; $SD=1.18$), and *pure challenge* ($M=4.28$; $SD=1.02$) are the dominant aspirations. These career orientations are needs based (lifestyle) and values-based (service/dedication to a cause and pure challenge) (Coetzee, Schreuder, 2011). *Autonomy/independence* ($M=3.92$; $SD=1.01$) and *managerial competence* ($M=3.12$; $SD=1.02$) however, are less dominant.

Therefore, it seems that social work students are firstly driven by the value of helping others, which is a core value of the profession. However, in choosing a career, which may or may not be in social work field, they are also driven by the need to integrate professional, family and personal issues in a consistent manner. Last, they seek careers that will provide constant stimulation and difficult problems that they can solve. They might change jobs when the current one gets boring and their career can be very varied. Higher education institutions training prospective social workers need to realize these dominant needs and values of students in making their career decisions. By knowing the students' career aspirations, personalized career development interventions and career paths can be developed.

Figure 4-4. Mean of components of social work students' career aspirations (N=79)



Source: generated by the authors

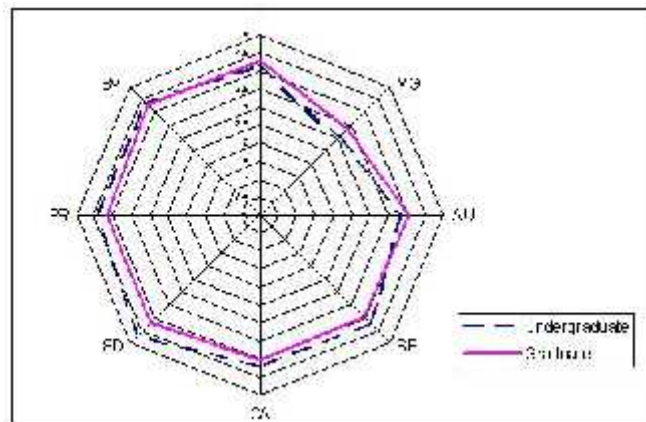
Demographics and career aspirations

Because of the sample characteristics we were not able to generate profiles according to gender, but our main question was focused on differences between undergraduate and graduate social work students. Although there are no significant differences according to the level of study, the descriptive analysis allows discussion of certain career orientation profiles of the students. Undergraduate students have as dominant career aspirations *service/dedication* (M=4.70; SD=1.25), *pure challenge* (M=4.41, SD=1.01) and *lifestyle* (M=4.29; SD=1.25). This means that primarily they want to contribute to 'the general well-being' of people (core value of social work profession), desire to solve 'unsolvable' problems and meanwhile to be able to integrate career with personal and family needs. Therefore they will look for a work place that will give them the opportunity to influence the social policies in the direction of personal values, that will pose tasks or situations that provide a constant variety of challenging opportunities, but also a work place that is open enough to personal and family concerns. Graduate students reveal a slightly different situation. They place as dominant aspiration *lifestyle* (M=4.34; SD=1.12), followed by *technical/functional* (M=4.27; SD=1.03) and *service/dedication* (M=4.18; SD=1.12). Compared to undergraduates they also see the value of continuous learning and development in the chosen specialty. They will also look for workplaces that will offer them a challenging environment in exercising talents, abilities and skills. Figure 4-5 reveals the computed profiles for the two subsamples.

On the other hand, residency proved to be an interesting variable in shaping the students' prospective career. The only statistical significant differences were for *managerial competence* ($t_{77}=2.55$, $p=.012$) and *entrepreneurial creativity* ($t_{77}=2.84$, $p=.006$). For both cases, inspection of the two group means indicates that the average score for those coming from urban areas ($M_{MG}=3.36$; $M_{CA}=4.29$) is significantly higher than of those coming from rural ($M_{MG}=2.77$; $M_{CA}=3.71$). These two aspirations are talents-based (Coetzee, Schreuder, 2011) showing an interesting option that students residing in urban areas make before they enter the active workforce: they seek for high level of responsibility, challenging, varied and integrative work, opportunities for leadership that will allow them to contribute to the success of the organization and also seek for opportunities to create their own enterprises. Compared to urban students, those from rural areas score lower in all eight career dimensions. This

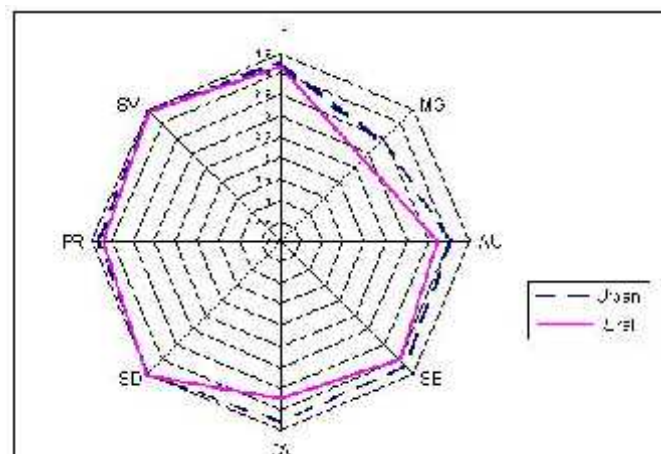
means that they may need additional counselling support in defining their needs and aspirations.

Figure 4-5. Profile of undergraduate and graduate social work students (N=79)



Source: generated by the authors

Figure 4-6. Profile of social work students from urban and rural areas (N=79)



Source: generated by the authors

Perception of income does not correlate with any of the career aspiration.

Conclusions, Implications and Directions for Future Research

Career aspirations are an important concept related to the level of employability. It refers to the prestige or socioeconomic level of a person's ideal occupation. It is utterly important to understand the vocational behaviour because it is related to a person's achievement and persistence in a potential career (Mohd Rasdi *et al.*, 2009). This study shows the diversification of students' career aspirations as suggested by previous studies (Järnlström, 2000; Marshall, Bonner, 2003; Peterson, Roger, 2009). Moreover, the study indicated service/dedication to a cause, lifestyle and pure challenge are the social work students' dominant anchors in determining their career paths. This shows that they have internalized as core values influence and freedom to operate autonomously in the pursuit of their own

personal values or higher life purpose/goal, flexibility and freedom to balance work-family life and power and influence to be competitive and win (Coetzee, Schreuder, 2011).

Taken together, these results give us some further insights into the career aspirations of students, which also complement earlier person-career fit studies that focused rather on employees and managers in existing organisations (Ehrhart, Ziegert, 2005). From a practical perspective, our findings are particularly relevant for career counselling services of higher education institutions and for selection and recruitment policies of different organisations activating in the social field. For instance, subjects who indicate service/dedication to a cause as a master career motive also perceive themselves as having lower skills in developing and implementing personal career goals and plans, they seem to have less clarity on the future direction of their careers, and are more concerned with finding jobs which meet their values of helping others than with focusing on career progression (Coetzee, Schreuder, 2009). This is an important aspect to consider by teachers when preparing students for a social work career. Also, people with a lifestyle career anchor prefer to have the freedom and autonomy to balance family matters with their career and work demands (Suutari, Taka, 2004). This dimension is strongly related to developing and maintaining a lifestyle that balances one's career and family needs and to having the freedom and autonomy to choose and maintain a certain lifestyle (Coetzee, Schreuder, 2009). A social work profession does not allow this all the time.

Giving the current socio-economic context, making career decisions is not an easy task for students. Armed and empowered with information and knowledge about their own individual profile and their career preferences, students can learn how to satisfy their needs and to follow a career alternative path leading to long-term job satisfaction (Cools, Vanderheyden, 2009). In the end, the ability to place the career anchor in alignment with an individual's work ultimately becomes a definition of his/her career success (Peterson, Roger, 2009).

(7) Runcan, P. L., Goian, C.G. (2014). Parenting Practices and the Development of Trait Emotional Intelligence: A Study on Romanian Senior High Schoolers. Revista de Asisten Social , 1.

Was carried out together with Associate Professor Cosmin Goian and published in the first issue of Revista de Asisten Social , at the beginning of 2014.

Nothing of what a parent invests in his/her child/children is ever lost. Such an investment is forever and extremely valuable. In most life cases, it is rewarded and acts like a boomerang. In most life situations, a parent will project in his/her child/children everything that he/she cherishes most through his/her conduct, through what he/she represents and through what he/she says. A child is the purest mirror of a parent. For a child, the most important and significant human interactions involve his/her parents and close family members. A child's social and educational abilities and skills moulded and developed during his/her childhood and teenage, are the basis for the future adult's emotional intelligence (EI): the latter will help him/her relate effectively and adapt successfully to his/her professional and family life. A young person with a high EI has better chances to develop proper, significant social relationships with the people around him/her than a young person with a low level of EI has. The present study aims at identifying parenting practices and emotional intelligence and their relationship among senior high school students. One hundred and sixty-one 12 graders from Timisoara, Gataia and Deta (Timi County, Romania) participated in the study, of which

41.6% males and 58.4% females. Most of them came from rural areas (55.9%). In general, high schoolers displayed moderate to high levels of emotional intelligence ($M=60.84$), with the highest scores for the UOE ($M=16.01$). This shows that respondents are quite competent in using their own emotions by directing them towards constructive activities and personal performance. There was a significant effect for gender [$t(159)=2.44, p=.015$] with boys receiving higher scores ($M=16.64$) than girls ($M=15.56$). On average, students report more supportive parental practices ($M=40.90$) than non-supportive practices ($M=22.97$). Regression is the most notable result of the study. What we wanted to see was how, and if parental practices (be they positive or negative) influence the development of EI though, logically; though we expected “supportive” families to have a better effect on EI, we were more interested in seeing what exactly determines EI that needs to be developed in Romanian parenting programmes.

Introduction

If, in the past, “being clever” meant only “having excellent grades”, “having a high IQ”, it involves, nowadays, a perfect combination of several results related to Emotional Intelligence (EI) and relying on social and emotional skills that ensure success in life. Goleman (1995) remarked that EI is an asset in any domain of life, in both private, romantic life, and in professional life.

We are witnessing a re-definition of “being clever” (TIME, Cover, 1995). “Being clever” also means to be adapted to the present times and be able to identify and valorise everyday opportunities now when life is much more complex and sophisticated than it used to be. Mestre et al. (2006) claim that EI is closely related to social and academic adaptation. In addition, an emotionally intelligent person “is not the one that has no emotions or the one that does not express them, but the one that succeeds in subordinating their emotions to the objectives they settled.” (Danciu, 2010: 2232)

Research carried out in the field confirm the relationship between EI and some positive developmental outcomes such as (Alegre, 2012: 8) physical and psychological health (Tsaousis and Nikolaou, 2005), subjective well-being (Gallagher and Vella-Brodrick, 2008), academic achievement (Schute, Malouff, Hall, Haggerty, Cooper, Golden, Dornheim, 1998) and school adjustment (Adeyemo, 2005).

They have long considered that IQ is the only measure acceptable in assessing intelligence. When they spoke about intelligence, they focused only on its cognitive side (e.g., Piaget, 1972), despite the fact that, almost a century ago, Thorndike and Stein (1937) referred to social intelligence as a combination of two main factors (personal competence and social competence) indispensable for the modern, dynamic man of the 21st century. The concept of EI occurs, for the first time, in 1985, in Wayne Leon Payne’s doctoral thesis, where he claims EI “involves relating creatively to fear, pain and desire” (Hein, 2005). EI was first defined in a published work in Salovey and Mayer’s article (1990) as the “ability at perceiving, assimilating, understanding, and managing emotions” to better guide one’s mind and behaviour. In 1995, Daniel Goleman, a journalist and researcher in the field of clinical psychology and of behavioural sciences, published his best-seller book in which he supported, with pertinent arguments, EI as a field of intelligence. He defined emotional aptitude as “a ‘meta-ability’, determining how well we can use whatever other skills we have, including raw intellect”. Daniel Goleman (1995) also integrated, in his definition of EI, two concepts used

by Gardner (1999): *intrapersonal intelligence* (the capacity to understand oneself, to appreciate one's feelings, fears and motivations) and *interpersonal intelligence* (the capacity to understand the intentions, motivations and desires of other people).

In the last ten years, research continued to be carried out in the field of EI and, in 2003, Petrides and Furnham spoke of two different sides of EI: ability and trait. EI as ability concerns those specific emotional abilities that can be measured with maximum accuracy tests while EI as a trait concerns self-perceptions related to emotions and states that can be assessed with surveys. EI as ability is a form of general intelligence while EI as a trait is a measure of personality (Perez, Petrides and Furnham, 2005, in Alegre, 2012: 8). Eight years later, Petrides stated that we can talk about two conceptual models of EI: ABILITY, defined as “the ability to perceive and express emotion, assimilate emotion in thought, understand and reason with emotion, and regulate emotion in the self and others” and TRAIT, defined as “a constellation of emotion-related self perceptions which locates at the lower-levels of personality hierarchies” (Petrides, 2011, in Runcan and Iovu, 2013).

The research conducted by Yang (2007) concerning the role of emotions in cognition pointed out that successful learning in everyday life and study relies on both socio-emotional and cognitive processes that are closely related.

Parental Influence on EI

The most powerful and significant human interactions for a child are the interactions with his/her own parents and close family members. Parents contribute to the emotional, social, and spiritual welfare of their children: parents play numerous different roles necessary for their children to develop harmoniously and holistically (Elias, Tobias and Friedlander, 2003). The socio-educational skills developed in childhood and teenage are the basis for the EI of the future adult: they help adults relate efficiently and adapt successfully to both professional and family life. A young person with a high EI level has better chances to develop good, significant social relationships with the people around him/her, as well as perform in his/her job, than a young person with a low EI level.

Parenting is a specific behaviour – taken over or acquired – that a parent chooses to use in his/her child's care, raising, and education. Parenting involves a wide, complex, and sophisticated spectrum of feelings, actions, states, and behaviours that makes a parent behave in a certain way with his/her child. In parenting, the most beneficial *working instrument* is the parent, and the most significant *resonance instrument* is the child!

Parenting is an irrevocable, irreversible “profession” and no parent can ever “resign” or “retire” from it: it is rewarded by huge satisfactions that no other profession can provide, but it is also continuously challenged physically and psychically. Once having chosen this “lifelong profession”, numerous parents choose to turn it into a vocation, which brings about plus-value in the parent – child relationship.

Nothing of what a parent chooses to invest in his/her child is ever lost! The investment is eternal and extremely valuable. In most cases, it is rewarded in time, but it can also act as a boomerang! In most life situations, the parent invests in his/her child everything he/she owns. A parent's deeds and words are taken over by the child who, thus, becomes a true reflection of his father or mother!

We emphasise the role of family as a first group in which a child learns how to socialise and relate to the others, how important relationships within the couple are, and how adults/parents relate to one another (it is this kind of interaction that children learn as a model).

Renaud and Gagné (2010) stated that if a child develops improper behaviour, then he/she must lack something crucial.

Being a devoted parent and educating one's children properly in this complex, sophisticated, and hazardous life is a delicate matter that requires special attention particularly in terms of means. To be a parent nowadays is a continuous challenge involving increasing vulnerability. We now live in a hasty world in which children, teenagers, and young people grow up quicker than their predecessors do. Parents no longer can be or do everything for their children, but they can influence them, as their parents used to, with more efforts and with positive, sustained, and efficient parental practices.

Parenting concerns both parental practices and styles. The term "parenting practices" refers to behaviours defined by specific content and socialisation goals (Darling and Steinberg, 1993). Parental practices differ from parental styles in that they are a "constellation of attitudes toward the child that are communicated to the child and create an emotional climate in which the parents' behaviours are expressed" (Darling and Steinberg, 1993: 493).

Literature in the field of child development distinguishes between "parenting styles" and "parenting practices" (Spera, 2005; Baumrind, 1991; Darling and Steinberg, 1993). Parental styles are defined by the stable emotional climate, and specific parental practices rely on constant, concrete parental behaviours. Parental practices are influenced by the constant parent – child relationship and by proper parent's attitude, which, in turn, determines the child's attitude.

Research carried out so far in the field of parenting has attempted to group parental practices into positive practices (see Rohner, 1990; Krevans, Gibbs, 1996; Collins and Barber, 2005; Eiden, Edwards and Leonard, 2007; Khaleque, Rohner and Riaz, 2007; Baptiste, Tolou-Shams, Miller, McBride, Paikoff, 2007; Wang, Pomerantz and Chen, 2007; Tildesley and Andrews, 2008; Sanders, 2008; De Clercq, Van Leeuwen, De Fruyt, Van Hiel, Mervielde, 2008; Mogro-Wilson, 2008) and negative practices (see Van Leeuwen and Vermulst, 2004; Johnson, Cohen, Chen, Kasen, Brook, 2006; Lengua, 2006; Wang, Pomerantz and Chen, 2007; Barry, Frick, Adler, Grafeman, 2007; Barnett, Deng, Mills-Koonce, Willoughby, Cox, 2008; Lim, Wood and Miller, 2008; Shelton and Harold, 2008). Parental practices mentioned by the authors above refer to a combination of states, behaviours, and attitudes that the parents use frequently in the care, raising, and education of their children. **Positive parental practices** include several specific behaviours such as parental warmth and opening, constant support, constant monitoring and supervision, a certain degree of autonomy depending on the child's age, availability, establishment of clear limits and rules accompanied by inductive discipline, expectations and demands in accordance with the child's development and age. These practices are usually associated with positive outputs: high self-esteem, high self-control and better psychological and social adaptation, low alcohol consumption, lower exposure to risk situations, higher pro-social behaviour, higher level of confidence, and outstanding academic grades. **Negative parental practices** include poor, inconsistent control, conditioned and temporary support, sporadic or almost absent monitoring, inconsistent discipline based almost exclusively on punishment, frequent absence from the child's life, frequent change of rules and lack of transparencies in establishing limits, demands and expectations that do not fit the

child's age. These practices are usually associated with negative outputs: internalisation of frustrations and issues, restlessness, superficiality of relationships, low emotional welfare, personality disorders, spontaneous materialisation of the frustrations and issues, low pro-social behaviour, superficiality and, sometimes, even hostility in the parent – child relationship. The family dynamics, especially deficiencies in roles and problem solving abilities is seen as important in child maltreatment behaviours (Iovu, 2011).

Parenting is a bridge linking the child to his/her future. Parenting influences in a significant, defining way the life quality of the future adult.

Methods

Objectives

This is a cross-sectional quantitative research aimed to identify parenting practices and emotional intelligence and their relationship among senior high school students. With most of the EI literature focusing on Western samples, the current study will complement existing empirical research on Romanian samples (St nescu and Cicei, 2012; Runcan and Iovu, 2013).

Participants

One hundred and sixty-one 12 graders from Timisoara, Gataia and Deta (Timi County, Romania) participated in the study, of which 41.6% males and 58.4% females. Most of them came from rural areas (55.9%). More than half (52.5%) declared themselves Orthodox. A complete description of the sample is provided in Table 4-7.

Table 4-7. Sample description (N=161)

| Variable | N (%) |
|----------------|-----------|
| Gender | |
| Male | 67 (41.6) |
| Female | 94 (58.4) |
| Residency | |
| Urban | 71 (44.1) |
| Rural | 90 (55.9) |
| Age | |
| 17 | 3 (1.9) |
| 18 | 94 (58.4) |
| 19 | 60 (37.3) |
| 20 | 4 (2.5) |
| Religion | |
| Orthodox | 84 (52.2) |
| Catholic | 17 (10.6) |
| Neo-protestant | 60 (37.3) |

Measures

Emotional Intelligence was assessed by a translated version of the self-report Wong Law Emotional Intelligence Scale (WLEIS) (Wong and Law, 2002). This is a 16-item self-report measure based on the Mayer, Salovey's model of EI. It can be used free of charge (Jensen, Kohn, Rilea, Hannon and Howells, 2007). The scale includes four dimensions: (1) *Self emotional appraisal (SEA)* – the individuals' ability to understand their deep emotions and be able to express these emotions naturally, (2) *Others' emotional appraisal (OEA)* – the ability to perceive and understand the emotions of the people around them, (3) *Regulation of emotion (ROE)* – the individuals' ability to regulate their emotions, which will enable a more rapid

recovery from psychological distress, and (4) *Use of emotion (UOE)* – the ability of individuals to make use of their emotions by directing them towards constructive activities and personal performance. Each dimension contains four items and for each item respondents were asked to rate their agreement on a 5-point Likert type scale ranging from 1=strongly disagree to 5=strongly agree. The WLEIS has proven good reliability and validity in several studies on Chinese students (Shi and Wang, 2007; Kong Zhao and You, 2012), but also on European samples (Libbrecht, De Beuckelaer, Lievens, Rockstuhl., 2012; Runcan and Iovu, 2013). In this study, the Cronbach alpha coefficients for the four subscales were SEA: .68; ROE: .81; OEA: .72; UOE: .72. The Cronbach alpha coefficient for all 16 items was .77. These values are similar to previous research using the same measurement on Romanian samples (Runcan and Iovu, 2013).

Parenting Practices (PP) are represented by two general constructs: Supportive and Non-Supportive practices. Supportive practices are an aggregate of three dimensions: warmth, provision of structure, and autonomy support. The warmth dimension is conceptualized as the parents' ability to facilitate the experience of relatedness, respect, and love and take an active interest in the child's life. The structure dimension was conceptualized as the ability to promote in children the experience of competence and efficacy by creating a predictable environment for their development. The dimension of autonomy was defined as the extent to which a parent acknowledges and respects children's individuality and encourages independence and freedom of expression. Similarly, parent Non-Supportive practices were an aggregate of three dimensions that were found to undermine children's academic motivation and performance: rejection, chaos, and coercion. The rejection dimension was defined as parent indifference towards the child, along with criticism, negative feelings, or hostility. The chaos dimension was defined by unpredictability, inconsistency, and lack of rules and contingencies. Finally, the coercion dimension was defined by parent negative control and pressure for the child's obedience and conformity (Skinner, Johnson and Snyder, 2005).

These Supportive and Non-Supportive practices are measured on a 24-item scale adapted and translated from the Parents as Social Context Questionnaire (Skinner, Welborn and Regan 1986). The questionnaire was designed to tap three bi-polar dimensions of parent practices (warmth vs. rejection, structure vs. chaos, and autonomy support vs. coercion). High scores on each item indicated greater presence of supportive or non-supportive parenting practices as perceived by respondents. For the current study, the Cronbach's alpha for the supportive practices was .81 and .83 for non-supportive practices.

Demographic information was also collected including age, gender, residency and religion.

Procedure

The subjects were asked to fill a questionnaire survey consisting of the WLEIS and PP in the classroom environment. The participants did not place their names on the papers and they were told that their responses would be treated anonymously. They were also given the option of refusing filling in the questionnaire. It took approximately 30 min for students to complete all two measurements.

Analysis

The current study employs a cross-sectional quantitative design. In analyzing the relationships between the variables, SPSS 17.0 was used and three main analyses were conducted:

- *Reliability test* was conducted to estimate the reliability of the scales adopted in the present study.

- *Descriptive statistics* were used to reveal some of the demographic characteristics of the respondents and the scale.
- *Multiple regression* was employed to estimate the effect that parenting practices have on developing emotional intelligence on the 12th graders.

Results

Descriptive statistics for the Emotional Intelligence and Parent Practices scales

Means and standard deviations of the study variables are presented in Table 4-8. In general, high schoolers displayed moderate to high levels of emotional intelligence ($M=60.84$), with the highest scores for the UOE ($M=16.01$). This shows that respondents are quite competent in using their own emotions by directing them towards constructive activities and personal performance. There was a significant effect for gender [$t(159)=2.44$, $p=.015$] with boys receiving higher scores ($M=16.64$) than girls ($M=15.56$). However, Cohen's effect size value ($d=.38$) suggested a rather small effect. Furthermore, Pearson correlation coefficient was computed to assess the relationship between the EI dimensions. The only significant correlation was computed between SEA and UOE, [$r(159)=.213$, $p=.007$]. The positive coefficient indicates that the abler a person is in understanding and expressing its own emotions, the abler he is in directing different emotions towards constructive activities and personal performance.

Table 4-8. Descriptive statistics of the study scales

| Item | Mean | SD |
|--|--------------|-------------|
| Emotional Intelligence | 60.84 | 8.71 |
| SEA | 14.94 | 3.36 |
| OEA | 14.95 | 2.77 |
| UOE | 16.01 | 2.79 |
| ROE | 14.94 | 3.36 |
| Supportive parent practices | 40.90 | 6.11 |
| Warmth | 14.02 | 2.55 |
| Structure | 13.03 | 2.37 |
| Autonomy support | 13.83 | 2.59 |
| Non-supportive parent practices | 22.97 | 6.51 |
| Rejection | 6.57 | 2.42 |
| Chaos | 7.78 | 2.50 |
| Coercion | 8.65 | 3.00 |

On average, students report more supportive parental practices ($M=40.90$) than non-supportive practices ($M=22.97$). Among the supportive practices, high schoolers report warmth ($M=14.02$) as the most prevalent attitude. This means they perceive their parents as facilitating mutual respect, love and as taking an active role in their life. Similarly, but on the negative side, they perceive coercion as the most prevalent non-supportive behaviour ($M=8.65$). This means that the subjects perceive more negative control and pressure from their parents. T-test revealed no significant differences in parental practices, either supportive or non-supportive.

Table 4-9 shows the correlations coefficients between the dimensions of parental practices (both supportive and non-supportive). The strongest positive correlation, which could be considered a large effect size, is between warmth and structure [$r(158)=.565$, $p=10^{-14}$]. This means that high schoolers who perceive their parents as respectful, loving and taking interest

in their lives also perceive parent behaviours as predictable and consistent. Warmth was also positively correlated with autonomy support [$r(158)=.549, p=10^{-13}$]. As expected, the strongest negative correlation was among warmth and rejection [$r(158)=-.505, p=10^{-11}$].

Table 4-9. Inter-correlations among Parental practices dimensions ($N=160$)

| | Warmth | Structure | Autonomy support | Rejection | Chaos | Coercion |
|------------------|--------|-----------|------------------|-----------|---------|----------|
| Warmth | ----- | .565** | .549** | -.505** | -.435** | -.260** |
| Structure | | ----- | .348** | -.241** | -.074 | -.010 |
| Autonomy support | | | ----- | -.373** | -.370** | -.374** |
| Rejection | | | | ----- | .539** | .504** |
| Chaos | | | | | ----- | .485** |
| Coercion | | | | | | ----- |

Parenting practices and Emotional Intelligence

In order to test the influence that (supportive and non-supportive) parental practices have on the Emotional intelligence, we ran a simple linear regression. For supportive practices, the results were statistically significant [$F(1, 158)=24.31, p=10^{-5}$]. The R squared value was .133. This indicates that 13% of the variance in emotional intelligence was explained by the variance in supportive parenting. Similarly, when non-supportive parenting regressed, the model was also significant [$F(1, 158)=10.78, p=.001$], but the explanatory value was significantly lower ($R^2=.064$). Simultaneous multiple regression was then run in order to investigate the best predictor of emotional intelligence among parenting practices. When the combination of variables to predict EI included both supportive and non-supportive practices, $F(6, 152)=5.23, p=10^{-4}$. The beta coefficients are presented in Table 4-10.

Table 2-10. Simultaneous multiple regression analysis summary for supportive and non-supportive parenting ($N=160$)

| Variable | b | Beta |
|----------------|-------|-------|
| Warmth | .041 | .012 |
| Structure | .309 | .084 |
| Autonomy supp. | 1.007 | .300* |
| Rejection | -.077 | -.021 |
| Chaos | -.522 | -.150 |
| Coercion | .151 | .052 |

Note: $R^2=.17, F(6, 152)=5.23, p=10^{-4} * p<.01$

Among regressed variables, only the autonomy support significantly predicted EI. The value of Beta coefficient (.300) supports the hypothesis that high schoolers perceiving their parents as respecting them and encouraging their independence and freedom of expression are more likely to develop emotional intelligence.

Discussion

Results suggest that most respondents scored medium to high in EI, which means that they are emotionally competent ($M=60.84$). To note that of all IE components – (1) *Self emotional appraisal (SEA)* – the individuals’ ability to understand their deep emotions and be able to express these emotions naturally, (2) *Others’ emotional appraisal (OEA)* – the ability to

perceive and understand the emotions of the people around them, (3) *Regulation of emotion (ROE)* – the individuals’ ability to regulate their emotions, which will enable a more rapid recovery from psychological distress, and (4) *Use of emotion (UOE)* – the ability of individuals to make use of their emotions by directing them towards constructive activities and personal performance – the highest score was in *Use of emotion (UOE)* (16.01). This points out that high schoolers are capable of managing their emotions depending on the situation. To also note that the scores in the other three dimensions are also high.

After testing the differences in EI and EI dimensions depending on demographic variables, we could see that the only difference significant was again in *Use of emotion (UOE)*; the boys seem to be more able to use their emotions than the girls of the same age, but the coefficient $t(159)=2.44, p=.015$ concerns only the dimension *Use of emotion (UOE)*, not EI on the whole!

It is also worth mentioning that *Self emotional appraisal (SEA)* is related to *Use of emotion (UOE)*, which means that high schoolers that can understand their emotions are also able to use them. We could not identify any significant relationships between the other EI dimensions.

The study shows that positive parental practices are more prevalent than negative parental practices: this is excellent news and shows that the parents in question come from “functional” families that know how to manage behaviour and expectations in their relationship with their children. The most frequent positive behaviour is “warmth” while the most frequent negative behaviour is “coercion”.

Regression is the most notable result of the study. What we wanted to see was how, and if parental practices (be they positive or negative) influence the development of EI though, logically; though we expected “supportive” families to have a better effect on EI, we were more interested in seeing what exactly determines EI that needs to be developed in Romanian parenting programmes. The impact of the three positive supportive parental practices on EI reaches 13% while the negative ones reach 6.4%: this makes sense and supports the hypothesis that the more supportive a family is the better chances for the children to have a high EI are. Table 4-10 identifies the way in which the six individual components of parenting (both positive and negative) contribute to the development of EI. The significant coefficient .300 shows that high schoolers who feel respected by their parents, who are encouraged to express freely also have a better EI than high schoolers who do not benefit from such a parental behaviour. This conclusion is of particular value for the development of future parenting programmes in Romania: these programmes should take into account the dimension that most accounts for the children, teach parents how to encourage their children and to develop their independence so that their children become, in their turn, emotionally competent.

The impact of supportive parental practices on the development of EI in high schoolers needs to be observed and analysed if we want to contribute to and guide family supporting and parenting policies in Romania: we need to implement efficient public policies in the field of parental education with positive effects on both adults and children. Here, parental education refers to “programmes that help parents develop and improve their parental skills, understand their children’s development, learn to reduce the stress that could affect parental functionality, and learn to use alternative methods in the approach of difficult situations.” (Cojocaru and Cojocaru, 2011: 5).

5. Scientific and professional achievements

5.1. PERSONAL CONTRIBUTIONS

Below is a summary of the sections above and of other results that are not detailed in this habilitation thesis that I believe have contributed more or less to my scientific and professional development:

- I was awarded by the Romanian National Council for Scientific Research (CNCS) for my ISI-rated paper titled **Emotional Intelligence and Life Satisfaction in Romanian University Students: The Mediating Role of Self-Esteem and Social Support** in 2013 (http://uefiscdi.gov.ro/userfiles/file/PREMIERE_ARTICOLE/ARTICOLE%202013/LISTA%203%20REZULTATE%2013%20DECEMBRIE.pdf);
- I had the opportunity of working together with Professor Ana Muntean, a specialist in child protection and welfare, in two research projects: “*Factors of Successful National Adoption*” Grant CNCSIS – Ministry of Education, Research and Youth – National Authority for Scientific Research, 2008-2010 and “*Reconstructing the Status of Women: From Discrimination to Professional Development and Chance Equality*” ID 50679, POSDRU, 2010-2013. These research projects also resulted in a few papers in the field of child protection and welfare;
- I won a post-doctoral scholarship for the period October 1, 2011 – October 1, 2012 within the project “Transnational Network of Integrated Management of Post-doctoral Research in Science Communication. Institutional Construction (Post-doctoral School) and Grant Programmes (CommScie)”: POSDRU/89/1.5/S/63663. This post-doctoral scholarship resulted in **two ISI-rated papers published** in *Revista de cercetare i intervenie social* : (1) **Runcan, P. L.**, Goian, C., îru, L. (2012). The Socio-Communicational Style and the Need for Supervision of Professionals from the Social Services, 37, 180-195 and (2) Iovu, M. B., **Runcan, P.** (2012). Evidence-Based Practice: Knowledge, Attitudes, and Beliefs of Social Workers in Romania. 38, 54-70; **four IDB-indexed papers**, of which three in *Revista de Asisten Social* : (1) **Runcan, P. L.** (2013). Aspects of Burnout among Professionals. 111-119 and (2) Tranc , L. M, **Runcan, P. L.** (2013). Communication and Conflict in Workaholic Families and (3) **Runcan, P. L.**, Goian, C. G. (2014). Parenting Practices and the Development of Trait Emotional Intelligence: A Study on Romanian Senior High Schoolers. 1. 67-78 and (4) Danciu, E. L., **Runcan, P. L.**(2013). Timi oara: a multi-cultural, multi-ethnic, multi-confessional and tolerant community (tradition and modernity) in the *Analele Științifice ale Universit ții “Alexandru Ioan Cuza” din Ia i (Serie Nou) Sociologie și Asisten Social* . TOM VI/Nr. 1. “Alexandru Ioan Cuza” University Publishing House, Ia i; and **two books as sole author**: (1) *Case Management in Social Work*. Bucure ti: Editura Didactic i Pedagogic , în 2013 and (2) *Supervision in Educational, Social and Medical Services Professions*. UK, Newcastle upon Tyne: Cambridge Scholars Publishing, in 2013;
- I have organised and coordinated the **Symposium of Social Work of Timisoara (2011)**, the **International Conference of Applied Social Sciences (2012)** and the **Applied Social Work Series (2013)**. The results of the three scientific events have been published in 14 volumes that she has coordinated with professionals from abroad and Romania: **Riscuri i oportunit i ale sistemului de Asisten Social în România** (2011, Excelsior Art), **Applied Social Sciences Series** (2013, 8 volumes, Cambridge Scholars Publishing, UK), as well as the **Applied Social Work Series** (2014, 5 volumes, Cambridge Scholars Publishing, UK);

- The 8 volumes of applied social sciences I have coordinated are already in several important academic libraries from abroad. The **Applied Social Work Series** can be found in the libraries of the University of Cambridge, University of Oxford, Trinity College Library Dublin, Harvard University, University of Virginia, Yale University Library, Duke University Libraries, Princeton University Library, Stanford University Libraries, Queen's University Library, etc. (<http://www.worldcat.org>);
- In the last 5 years, I have published 3 ISI-rated articles with impact factor, 24 articles indexed in international databases, and 3 books as single author: **Case Management in Social Work** (2013, Editura Didactic i Pedagogic), **Depression in the Elderly** (2013, Cambridge Scholars Publishing, UK) and **Supervision in Educational, Social and Medical Services Professions** (2013, Cambridge Scholars Publishing, UK), mentioned in the KVK World Catalogue.

I have presented only some of the results of my professional and academic results over the last 5 years that underlie both the national and international visibility of my contributions, as well as my coordination, facilitation, communication, and organisation abilities in the scientific and professional areas.

6. Plans for future development

My research plans for the future include various aspects related to both professionals in social work and direct and indirect beneficiaries of child and family protection and welfare.

Below are the main professional directions of development in my future career, three academic directions: research topics (one of which is presented in detail, and another one in brief, publications (presented in brief), and scientific events (presented in brief).

6.1. RESEARCH TOPICS

6.1.1. Description of research project

Together with several colleagues from the West University of Timisoara and from other Romanian universities, I intend to carry out several research projects. One of them is presented in detail below, while another one is presented in brief.

(1)Aspects of the TRIAD: WORK ADDICTION – BURN-OUT – DEPRESSION (DM-B-D) in the ranks of professionals

Issues

The combination of paid work with family duties not just in the case of men, but also in the case of women, has given birth to the couples with two means of income (but also with two jobs), which became norm in the present society. Following the increasing financial needs of individuals and families in a consumer society, work involvement has increased in the case of both members of the married couple, so that, if in the past people defined themselves through their family, through love or friendship, today an increasing number of them are defined through *work*. Voltaire said that “*in time, work becomes the greatest of pleasures and accounts for all the lost illusions*”.

In the American specialized literature and not only, the terms in use are *work addiction* and *workaholism*. The term *workaholism* was used in the beginning as an analogy to alcoholism, the two addictions being considered as similar from the point of view of aetiology and symptomatology. The majority of the authors agree that this term appeared for the first time in the 1971 in the autobiographical work *Confessions of a workaholic; the facts about work addiction* written by Wayne Edward Oates, which was later on used by authors such as Machlowitz M. (1980), Cherrington D. J. (1980), Fassel D. (1990) and by other authors. In the national specialized literature, both the term *workaholism* and *work addiction* are used.

Oates, W. E. (1971:5) shows that the work-addicted person is the one that feels “the uncontrollable need to work” or the one whose “need to work has become excessive, so that they create strong disturbances or interfere on the plan of physical health, personal tranquillity and happiness, in relationships and social functioning.” Moisiu S. K. (1983) considers that workaholics are those who work over 50-60 hours per week; however, researchers

Machlowitz M. (1980) and Cherrington, D. J. (1980) state that is not the number of hours that separate workaholics from non-workaholics, but the attitude of people towards work, “excessive devotion towards work...dedicates more time to thinking about and acquiring work than the situation demands”. In the opinion of Ng. T. W. H., Sorensen, K. L and Feldman, D. C. (2007:114) work addiction implies three dimensions: affectivity, cognition and behaviour, and the definition given by them clearly reflects these 3 dimensions: “work addicts are the ones who enjoy the act of working, are obsessed with work and dedicate long hours and personal time to their work. Succinctly, work addicts are those whose emotions, thoughts and behaviour are strongly dominated by work”.

Work has been valued in every historical era of society because, through it, a person ensures his/her daily means of existence; however, today, in our modern Society, *work* has acquired new and diverse psychosocial dimensions, both for the individual and for the society he/she lives in. If in the past people **worked** to live, now people **live** to work! An increasing number of professionals from our times see *work* on the 1st place in a top of life priorities, considering *work* as a means of continuous personal and professional fulfilment. Either consciously or not, professionals from our times keep spending their time at the workplace, compressing many activities in a single 24 hour day, thus their free personal time and the time spent with the family is significantly shortened.

By analysing the lifestyle of a number of professionals that work either for fame, or for money, to demonstrate that they are capable of overtaking themselves and others or to forget personal and familial problems, for the pleasure of progress etc, make this lifestyle be acquired on long term and make professionals exhaust a high number of resources and energy, which, associated with familial problems linked to the time spent within the family and with problems at the workplace generated by the very intense work rhythm and continuous pressure imposed by the deadlines of urgent tasks, lead professionals (from any field of activity) to the phenomenon of *burnout*, to *professional exhaustion*, which, if not identified and treated in time, weakens both physical and mental, emotional health of the person, thus even possibly generating exogenous depression.

Specialized literature has been using the term *burnout* since 1974, when the psychoanalyst Herbert Freudenberger described this phenomenon as such: “this syndrome is a state of physical, emotional and mental exhaustion that follows stress, chronic emotional overload and which is characterised by feelings of lack of hope, incompetence, loss of purpose and goals, as well as presence of a negative attitude towards oneself, to others and to work”. (Freudenberger, 1974:159)

The *burnout* phenomenon is the result of prolonged or repeated emotional and physical overload; to its installation, the professional acknowledges with pain that he/she can no longer help the clients because he/she no longer has efficiency in his/her work. When the professional affected by *burnout* acknowledges that he/she has a problem but he/she is too tired to deal with the issue and to solve it in an efficient way; important purposes in life disappear and the daily problems increase in number both in the professional and personal life. If the professional is not helped in this *burnout* phase, he/she risks losing his/her job due to becoming inefficient. Exhausted professionals no longer present an authentic interest for the clients and for the employers. Fekete (1991) stated that *burnout* can appear in any profession, but that it is more frequent in support professions. (Fekete, 1991:17)

In many cases, *burnout* is installed exactly after intense work periods and continuous stress. If in the stage of *work addiction* the professional is delighted by his/her work, in the *burnout* phase, the same professional starts moving away and becomes estranged from his/her work. It is the stage of loss of meaning at an individual, familial and professional level. *Burnout* is an extreme reaction to intense work associated with chronic stress. It is the point in which the professional becomes incapable to cope with a high quantity of stress and is no longer interested in the job. *Burnout* is not an isolated phenomenon, but it appears in the case of many professionals with various personality types and it can also be *contagious* because it can spread from one professional to another because this negative behaviour can sometimes be contagious.

Professionals with *burnout* must be helped from the exterior not to reach depression. Even if *burnout* and *depression* have similar traits, they are two different phenomena. Professionals with *burnout* can enjoy life more than the depressed professionals and burned out professionals experience suicidal thoughts less frequently than the depressed professionals. The statistics conducted by the OMS situate Romania on the 5th place in Europe as regards the incidence of psychological turbulences, in the context in which 20% of the country's population suffers at present from a mental problem. The majority of cases are those of *depression*. And the organisation Mental Health Europe estimates that, by the end of 2020, *depression* will be the most common disease in Europe.

Depression was defined by AT Beck in 1970 as a mental disorder characterized by a serious disturbance of emotional balance and a considerably reduced quality of life, affecting work and employment relations in different periods of time. (Beck, 1970:216) Pompilia Dehelean in 2001 said that suffering from depression is considered a "moral suffering" because it deeply disturbs the person's value system. (Dehelean, 2001: 51) Authors Stephen A., N. Grulan, Lambrides H., believe that depression is an umbrella term that covers a multitude of emotions from moderate discouragement to intense despair (1984: 121).

We live in a world of all possibilities and opportunities, but also in a world of urgency, in a world increasingly plagued by illness, addiction, pain and alienation, in which the need to analyze and investigate these phenomena to know how to prevent them and how to cope with them in order to be effective in everyday life, both in the professional and private life.

The need and importance of research into this reality, this triad (DM-BD) is reported to today's society that encourages now more than ever workaholism because of globalization, modernization, technology, competition, excessive consumerism, job insecurity, etc., without showing the negative effects of this phenomenon, which can cause a person to burn-out and depression influencing in a direct and significant way both the overall life of the individual and his/her family and work. Even if it is an addiction, the image that work addiction has in our society at all levels, is positive. Through the present research we aim to draw attention to the flip side, the serious repercussions that workaholics can bring into the personal and professional life of the workaholic. In Romania there are very few pieces of research on workaholism in the ranks of the professionals from the public and private sectors, and this *TRIAD: DM-B-D* proposed by us through the present project is not to be found in any national research, fact which gives us the impulse to contribute to the development of writings on this theme both for its scientific value as well as for acknowledging the human and socio-economic capital, the effects and psychosocial consequences that the *TRIAD: DM-B-D* has on the well being at the level of the individual, family and profession.

The novelty element and own contribution of the project to the national and international research resides from the pioneering approach of the *TRIAD: DM-B-D*, to the level of individual, familial and professional functioning, a topic which was insufficiently exploited from an empirical point of view in the international specialised literature but especially, inexistent in the national scientific literature until the present day. The studies proposed in the plan of the project contribute to the greatest challenge of the 21st century: achieving a **balance** between professional and personal life. Furthermore, the research contributes to the field of family sociology, organisational behaviour, medicine and family counselling, both through supplementation in the ranks of the researchers of the phenomena studied in the *TRIAD*, as well as identifying the psychosocial factors that lead to the appearance of these phenomena, to studying their effects, but also to propose preventive and specialized services, solutions and remedies against the *TRIAD: DM-B-D* in the ranks of professionals from various fields of activity in Romania.

Objectives of the research project

The general objective of the project is to analyse in depth individually and in correlation of the three phenomena: *WORK ADDICTION*, *BURNOUT* and *DEPRESSION* among the professionals and to present the effects that these phenomena have on familial and professional relationships (through research, development and innovation). The concrete objectives of the research project are the following:

- To identify and analyse the phenomenon of *work addiction* in the ranks of professionals and to present the main effects that *work addiction* has on the well being of the person, on his/her familial and professional satisfaction.
- To identify and analyse the phenomenon of *burnout* in the ranks of professionals and to present the main effects that *burnout* has on the well being of the person, on his/her familial and professional satisfaction.
- To identify and analyse the phenomenon of *depression* in the ranks of professionals and to present the main effects that *depression* has on the well being of the person, on his/her familial and professional satisfaction.
- To identify and analyse *the connection between work addiction – burnout – depression* in the ranks of professionals and to present the main effects that the *TRIAD: WORK ADDICTION BURNOUT DEPRESSION* has on the well being of the person, on his/her familial and professional satisfaction.
- To study the perception of the population on the *TRIAD: WORK ADDICTION BURNOUT – DEPRESSION*, on the effects that the *TRIAD: DM-B-D* has on the person, family and profession, on the one hand, as well as on the main remedies against the *TRIAD: DM-B-D*, on the other hand.
- To present and value, to the maximum, the scientific results obtained from the project both through publications with a high national and international impact, to increase the visibility of Romanian research on an international level.

Research methodology

The methods and instruments of scientific research that will be used in this research will reflect the effect of the tendency of rigorousness in the collection, processing and interpreting of data, so that the results of the postdoctoral research will meet the demands of representativeness, of valuing the results in a significant number of publications and of the correspondence of the results with reality. The present studies will be made with quantitative methods based on the applicative research with the purpose of analysing in depth, individually

and in correlation, the 3 phenomena of the *TRIAD: DM-B-D* in the ranks of professionals, as well as the effects that these phenomena have on the familial and professional relationships and, last but not least, to formulate and determine solutions to solve problems generated by the *TRIAD*'s phenomena. The quantitative method of scientific investigation used for the 5 studies that compose the field empirical research is the sociological investigation, through which the necessary information will be gathered from the participants in the studies. The rationale of employing the quantitative type method was due to the wish of quantifying, of effectively measuring certain aspects and phenomena, as well as to establish certain correlations. The instruments used in the postdoctoral research are both Scales (pre-established and pretested) for measuring the *TRIAD*'s phenomena that compose the research, as well as Questionnaires and the Opinion Poll (created especially for this research).

The sample of the first 4 studies will be formed from persons employed from the public or private sector, with an average to a high level of studies, who are part of one of 12 professional fields: medical, social, judicial, technical, sales/marketing, education, administration, finances, constructions, army, services, and tourism. And the sample of study 5 will consist of individuals from the Western region of Romania, both from urban and rural environments. **The processing, analysis and interpretation of the quantitative data** will be achieved by using modern methods of advanced social statistics. The data will be filed electronically and processed using the program Statistical Package for Social Sciences (SPSS), and for graphs and tables we will use Microsoft Excel 2007. **The statistical analysis** will occur in 3 stages: (1) Descriptively: the distribution of the data for the main variables used will be calculated; (2) Comparatively: contingency tables will be made and the calculation of the significant differences of mediums and frequencies will be made (the T Test and the Chi-Square Test); (3) Correlative: the variables will be analysed and the possible and significant correlations will be calculated. **This project** will focus on five studies:

The instruments used in the research are the following:

- The WART scale of workaholism (Bryan E. Robinson, 1998);
- The General Well-Being Scale (Roth I., 2006);
- The OMS questionnaire of the 5 criteria for appreciating wellbeing (1998);
- Family Assessment Device General Functioning Scale (Nathan B. Epstein, Lawrence M. Baldwin, Duane S. Bishop, 1983);
- The wellbeing scale in organizations (UWES) (Schaufeli W. B., Bakker A. B., 2003); (6) An analysis questionnaire regarding the psychosocial factors that lead professionals to work addiction.
- The PINES scale for measuring the level of burnout (Pines, 1992);
- An analysis questionnaire regarding the psychosocial factors that lead professionals to burnout.
- The BECK scale for measuring the level of depression (Beck A. T., 1978);
- An analysis questionnaire regarding the psychosocial factors that lead professionals to depression.
- An analysis questionnaire regarding the psychosocial factors that lead professionals to the *TRIAD* and the effects that the *TRIAD* has on the person, family and profession.
- The psychosocial investigation on the population's perception on the *TRIAD* (psychosocial factors, effects, remedies).

The expected results of this complex research project, obtained following the research will be relevant both at *the level of educational output* because the studies presented in the work plan of this research project will help me to develop and perfect the activities of research-

development-innovation (RDI), as well as on the *level of scientific output* through reaching certain indicators of performance.

(2) Analysis of child neglect in Romanian families

The second research project consists in assessing and identifying some efficient ways of measuring and influencing the psycho-social aspects of child neglect in the family. Through the diagnosis of individual, family, and community factors of child neglect, the research will stimulate the quality of services at local, regional, and national levels based on a methodology of social intervention specific to evidence-based social work. This will contribute to decision-making in quality service policies, to quality management in child protection and welfare as well as to special continuous training of the human resources in the field of child and family welfare.

The main goal of this research project has three main components: (1) Identifying child neglect in Romania; (2) Analysing the circumstances that cause child neglect to better understand the way children cope with trauma; (3) Identifying and assessing existing intervention programmes aiming at analysing the real rate of success and to develop some evidence-based good-practice models in the field of child and family protection and welfare.

In order to achieve the social profile of neglect, I will use quantitative data collected with a ICAST-CH questionnaire (International Child Abuse Screening Tool-Child Home Version), qualitative data collected through interviews with neglected children identified as such by specialised protection services, as well as information from the secondary analysis of the data in the protection system.

The originality of the research will consist in the expansion of the issue studied through the application of the ICAST-CH questionnaire at national level; through the inclusion of some categories of vulnerable populations allowing pertinent comparison with the general population and identification of relative risk they are facing; inclusion in the research of children officially identified as neglected to allow deeper investigation of neglect as well as the development of preventive strategies; comparison of empirical models in Romania and in the Balkans; evaluation and design of an intervention methodology based on evidence in the field of child protection.

To achieve the project, I suggest a complex research design that combines quantitative and qualitative methods consisting in the taking over of existing data at national level through the application of the ICAST-CH. It will use complex analysis techniques in SPSS; applying the ICAST-CH questionnaire on special samples and data analysis; developing risk profiles in child neglect; interviewing subjects officially identified as neglected to better understand child neglect. Interview analysis will suppose the use of specialised software that allow the development of categorical schemes regarding the existing relationships; assessing intervention programmes and suggesting evidence-based methodologies.

After analysing empirical data, we envisage the possibility of locating Romania properly on the map of child abuse and neglect in the Balkan area. As a result of better understanding child neglect, I will be able to suggest pertinent intervention solutions. The solutions identified empirically (strategies and recommendations) will be disseminated to both specialised staffs and students in the field of child and family protection and welfare as part of the initial and post-graduation training programme.

6.2. EDITORIAL GOALS

I intend to publish, in the near future, two books meant to help – through their information – students in social work and professionals in the field of child and family protection and welfare and also the parents of children and youth from Romania – in a practical and efficient way. Here are the topics of the two books:

6.2.1. Child Protection and Welfare in Romania will contain a study of the following topics: Child rights and welfare, child rights and protection, Forms of abuse and neglect, Alternative measures of child protection in Romania, Tutorship, special protection measures and adoption, Child protection services, and Romanian public institutions with child protection and welfare attributions;

6.2.2. Childhood and Parenthood in Romania will contain a study of the following topics: Childhood as a life stage, Child's general needs, Child's specific emotional needs, Risks and challenges in Romanian children, Factors supporting the child-parent interaction relationship, Parenthood as a life stage, Parents' needs, Competencies and parenthood styles, Risks and challenges in Romanian parents, Factors supporting the parent-child interaction relationship;

6.3. SCIENTIFIC EVENTS

Starting from the scientific events coordinated in the last years – the International Conference of Applied Social Sciences (ISSA, 2012), the Applied Social Work Series (ASA, 2013), as well as the International Christian Conference “The Power to Be Different” (PFA, 2014), I intend to continue organising and coordinating these scientific events using the information developed and presented on their official sites (www.issa.uvt.ro, www.asa.uvt.ro, www.pfa.uvt.ro):

6.3.1. The International Conference of Applied Social Sciences (ISSA)

This conference is a scientific event with a multi-disciplinary character gathering professionals, specialists, theorists and practitioners in the field included in the Panel 4 (CNATDU) of Social Sciences. The goal of this conference is to suggest inter-disciplinary pragmatic and good-practice models in the field of applied social sciences: social work, sociology, psychology, education sciences, social theology, social medicine, management of resources and services, applied philosophy, communication science, political science, administrative science, legal science, economic science and business administration, international relationships and European studies.

6.3.2. The Applied Social Work Series (ASA)

This series has a multi-disciplinary character: it gathers professional, theorists and practitioners in the field of social sciences related to social work and applicable in the socio-economic practice. The goal of the series is to suggest both theoretical models and good-practice models in contemporary applied social work. The series publishes scientific papers in the following 12 domains: child and family welfare, social economics and entrepreneurship, social psychology, social theology, continuous education and training, social medicine, people trafficking, migration (emigration and immigration), virtual identity and social relationships, management of services and human resources, multiple intelligence, and interpersonal communication.

6.3.2. The International Christian Conference “The Power to Be Different” (PFA)

One of the paradigms of post-modernism is that there is no absolute, and that everything is relative with no criterion for hierarchies. *The Power to Be Different* allows us to be found by the Truth and then to be transformed by the *courage or madness* to live it plenary no matter the price. To be different meant *to be free, to live normality*. No price is too big to touch such a dream.

This conference is a scientific event with multi-disciplinary approach that gathers professionals, specialists, theorists and practitioners in the field of social and humane domains invited to present studies/papers significant for their fields of research applicable in social practice and advancing models and good practices in *fields of study* and *everyday life*. The 20 sections of the conference are: *family versus isolation, communication versus manipulation, to be versus to have, generosity versus selfishness, deep human interaction versus superficiality, Christian values versus contemporary values, resilience versus abandonment, goodness versus wickedness, good health versus illness, truth versus lie, authority versus power, content versus discontent, courage versus fear, uniqueness in diversity versus uniformity, social work and values, theory of happiness, educating and moulding characters, Christianity: ritual or relationship?, solidarity and difference, alterity and the beauty of meeting the other!*

The results of these three main directions of professional development will be disseminated at national and international levels through papers and articles published by prestigious international publishing houses and journals, as well as presentations within international scientific events in Romania and abroad.

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