Chapter 1 : The Holiday Ceasefire: How to Manage Family and Behavior Problems amidst Holiday Stress

The interpretation of static lineage tracing data as a reflection of cell potency and histogenesis is further confounded by the large-scale cell rearrangements that take place during pancreatic morphogenesis.

Abstract Social relationshipsâ€"both quantity and qualityâ€"affect mental health, health behavior, physical health, and mortality risk. Sociologists have played a central role in establishing the link between social relationships and health outcomes, identifying explanations for this link, and discovering social variation e. Studies show that social relationships have short- and long-term effects on health, for better and for worse, and that these effects emerge in childhood and cascade throughout life to foster cumulative advantage or disadvantage in health. This article describes key research themes in the study of social relationships and health, and it highlights policy implications suggested by this research. Social isolation of otherwise healthy, well-functioning individuals eventually results in psychological and physical disintegration, and even death. Over the past few decades, social scientists have gone beyond evidence of extreme social deprivation to demonstrate a clear link between social relationships and health in the general population. Adults who are more socially connected are healthier and live longer than their more isolated peers. This article describes major findings in the study of social relationships and health, and how that knowledge might be translated into policy that promotes population health. Key research findings include: Social scientists have studied several distinct features of social connection offered by relationships Smith and Christakis Social isolation refers to the relative absence of social relationships. Social integration refers to overall level of involvement with informal social relationships, such as having a spouse, and with formal social relationships, such as those with religious institutions and volunteer organizations. Quality of relationships includes positive aspects of relationships, such as emotional support provided by significant others, and strained aspects of relationships, such as conflict and stress. Social networks refer to the web of social relationships surrounding an individual, in particular, structural features, such as the type and strength of each social relationship. Each of these aspects of social relationships affects health. The most striking evidence comes from prospective studies of mortality across industrialized nations. These studies consistently show that individuals with the lowest level of involvement in social relationships are more likely to die than those with greater involvement House, Landis, and Umberson For example, Berkman and Syme showed that the risk of death among men and women with the fewest social ties was more than twice as high as the risk for adults with the most social ties. Moreover, this finding held even when socioeconomic status, health behaviors, and other variables that might influence mortality, were taken into account. Social ties also reduce mortality risk among adults with documented medical conditions. For instance, Brummett and colleagues found that, among adults with coronary artery disease, the socially isolated had a risk of subsequent cardiac death 2. In addition to mortality, involvement in social relationships has been associated with specific health conditions as well as biological markers indicating risk of preclinical conditions. Several recent review articles provide consistent and compelling evidence linking a low quantity or quality of social ties with a host of conditions, including development and progression of cardiovascular disease, recurrent myocardial infarction, atherosclerosis, autonomic dysregulation, high blood pressure, cancer and delayed cancer recovery, and slower wound healing Ertel, Glymour, and Berkman ; Everson-Rose and Lewis ; Robles and Kiecolt-Glaser ; Uchino Poor quality and low quantity of social ties have also been associated with inflammatory biomarkers and impaired immune function, factors associated with adverse health outcomes and mortality Kiecolt-Glaser et al. Marriage is perhaps the most studied social tie. Recent work shows that marital history over the life course shapes a range of health outcomes, including cardiovascular disease, chronic conditions, mobility limitations, self-rated health, and depressive symptoms Hughes and Waite ; Zhang and Hayward Once the clear link between social relationships and health was established, scientists devoted themselves to explaining how this occurs. Generally speaking, there are three broad ways that social ties work to influence health: Behavioral Explanations Health behaviors encompass a wide range of personal behaviors that influence health, morbidity, and mortality. In fact, health behavior explains about 40 percent of premature mortality as well as substantial

morbidity and disability in the United States McGinnis, Williams-Russo, and Knickman Some of these health behaviorsâ€"such as exercise, consuming nutritionally balanced diets, and adherence to medical regimensâ€"tend to promote health and prevent illness, while other behaviorsâ€"such as smoking, excessive weight gain, drug abuse, and heavy alcohol consumptionâ€"tend to undermine health. Many studies provide evidence that social ties influence health behavior see a review in Umberson, Crosnoe, and Reczek Being married Waite , having children Denney , and ties to religious organizations Musick, House, and Williams have all been linked to positive health behaviors although, notably, as we will discuss below, marriage and parenthood have also been associated with behaviors that are not beneficial to healthâ€"including physical inactivity and weight gain. Religious ties also appear to influence health behavior, in part, through social control Ellison and Levin Social ties can instill a sense of responsibility and concern for others that then lead individuals to engage in behaviors that protect the health of others, as well as their own health. Social ties provide information and create norms that further influence health habits. Thus, in a variety of ways, social ties may influence health habits that in turn affect physical health and mortality. Psychosocial Explanations Research across disciplines and populations suggests possible psychosocial mechanisms to explain how social ties promote health. Mechanisms include but are not limited to: While most studies focus on only one or two of these mechanisms, it is clear that connections between mechanisms are complex, and that these interconnections may explain the linkage between social ties and health better than any single mechanism Thoits ; Umberson et al. Social support refers to the emotionally sustaining qualities of relationships e. Hundreds of studies establish that social support benefits mental and physical health Cohen ; Uchino Social support may have indirect effects on health through enhanced mental health, by reducing the impact of stress, or by fostering a sense of meaning and purpose in life Cohen ; Thoits Supportive social ties may trigger physiological sequelae e. Social ties may enhance personal control perhaps through social support , and, in turn, personal control is advantageous for health habits, mental health, and physical health Mirowsky and Ross ; Thoits Many studies suggest that the symbolic meaning of particular social ties and health habits explains why they are linked. For example, meanings attached to marriage and relationships with children may foster a greater sense of responsibility to stay healthy, thus promoting healthier lifestyles Nock ; Waite Studies on adolescents often point to the meaning attached to peer groups e. The meaning of specific health behaviors within social contexts may also vary. For example, Schnittker and McLeod argue that racial-ethnic identity may correspond with the meaning of certain health behaviors, such as consuming particular foods or avoiding alcohol, in ways that promote and sustain those behaviors. Mental health is a pivotal mechanism that works in concert with each of the other mechanisms to shape physical health Chapman, Perry, and Strine For instance, the emotional support provided by social ties enhances psychological well-being, which, in turn, may reduce the risk of unhealthy behaviors and poor physical health Kiecolt-Glaser et al. Moreover, mental health is an important health outcome in and of itself. The World Health Organization identifies mental health as an essential dimension of overall health status World Health Organization However, the prevalence of mental disorders and their consequences for individuals and societies are often underappreciated by policy makers and private insurers. Data from the National Comorbidity Survey Replication indicate that As the leading cause of disability in both low- and high-income countries, mental disorders account for over 37 percent of the total years of healthy life lost due to disability Mathers et al. Physiological Explanations Psychologists, sociologists, and epidemiologists have contributed a great deal to our understanding of how social processes influence physiological processes that help to explain the link between social ties and health. For example, supportive interactions with others benefit immune, endocrine, and cardiovascular functions and reduce allostatic load, which reflects wear and tear on the body due, in part, to chronically overworked physiological systems engaged in stress responses McEwen ; Seeman et al. These processes unfold over the entire life course, with effects on health. Emotionally supportive childhood environments promote healthy development of regulatory systems, including immune, metabolic, and autonomic nervous systems, as well as the hypothalamic-pituitary-adrenal HPA axis, with long-term consequences for adult health Taylor, Repetti, and Seeman Social support in adulthood reduces physiological responses such as cardiovascular reactivity to both anticipated and existing stressors Glynn, Christenfeld, and Gerin Indeed, continuously married adults

experience a lower risk of cardiovascular disease compared with those who have experienced a marital loss, in part due to the psychosocial supports conferred by marriage Zhang and Hayward For example, marriage is the most salient source of both support and stress for many individuals Walen and Lachman , and poor marital quality has been associated with compromised immune and endocrine function and depression Kiecolt-Glaser and Newton Sociological research shows that marital strain erodes physical health, and that the negative effect of marital strain on health becomes greater with advancing age Umberson et al. Relationship stress undermines health through behavioral, psychosocial, and physiological pathways. For example, stress in relationships contributes to poor health habits in childhood, adolescence, and adulthood Kassel et al. Stress contributes to psychological distress and physiological arousal e. The propensity to engage in particular risky health behaviors in response to stress appears to vary over the life course. For example, stress is associated with more alcohol consumption in young adulthood and greater weight gain in mid-life Umberson et al. Relationship stress also undermines a sense of personal control and mental health, both of which are, in turn, associated with poorer physical health Mirowsky and Ross It may seem obvious that strained and conflicted social interactions undermine health, but social ties may have other types of unintended negative effects on health. For example, relationships with risk-taking peers contribute to increased alcohol consumption, and having an obese spouse or friend increases personal obesity risk Christakis and Fowler ; Crosnoe et al. One key mechanism is social norms. Perceived social norms about drinking behavior influence alcohol consumption among young adults Thombs, Wolcott, and Farkash , and friendship norms about dieting influence unhealthy weight control Eisenberg et al. Unsupportive social ties may also present barriers to improving health behaviors and outcomes. For example, Nagasawa and colleagues found that negative social environments and their perceived barriers predicted poor compliance to medical regimens among diabetes patients. For example, providing care to a sick or impaired spouse imposes strains that undermine the health of the provider, even to the point of elevating mortality risk for the provider Christakis and Allison Caring for a sick or impaired spouse is associated with increased physical and psychiatric morbidity, impaired immune function, poorer health behavior, and worse health for the provider Schulz and Sherwood Moreover, the recipient of care may be negatively affected by interpersonal interactions with stressed caregivers Bediako and Friend Middle-aged adults, particularly women, often experience exceptionally high caregiving demands as they contend with the challenge of simultaneously rearing children, caring for spouses, and looking after aging parents Spain and Bianchi The combination of smaller families to share in the care-giving of aging parents and an aging population mean that the multigenerational demands of social ties may become more pronounced in the future. Throughout life, we are exposed to social conditions that promote or undermine health, and over time these exposures accumulate to create growing advantage or disadvantage for health in socially patterned ways. The principal explanatory mechanisms may also vary over the life course. Some effects of social ties are more immediate, while others slowly build over time. For example, at any given point in time, ongoing social ties affect mental health and health behavior€"for better or for worse. These effects may or may not dissipate over time, but recent work on the effects of distressed, disrupted, and emotionally unsupportive childhood environments on adult health shows that these effects reverberate throughout the life course Crosnoe and Elder ; Palloni ; Shaw et al. Certainly, chronic isolation or strain in social ties take an increasing toll over time on a host of health indicators including allostatic load Seeman et al. Regarding size, women tend to have larger confidant networks than men, as do whites compared with blacks, better-educated adults compared with less-educated, and, to a lesser extent, younger adults McPherson, Smith-Lovin, and Brashears Moreover, the diversity of social ties varies in patterned ways with, for example, better-educated adults engaged in more diverse personal networks McPherson et al. Sociodemographic variation in quantitative aspects of social ties may partly explain parallel variation in health disparities because both size Brummett et al. People with a greater number of ties have a larger pool of confidants from which to connect and to receive social support and health-relevant information. In general, we know little about how the benefits and costs of social ties vary across sociodemographic groups, but some evidence suggests that there is variation. Most attention has been devoted to gender differences, particularly in the context of marriage. Historically, marriage has conferred more health gains for men than for women. The availability, costs, and benefits of social ties may also vary by

race. For instance, blacks are less likely to be married than whites. Yet evidence regarding costs and benefits is mixed. African Americans may experience more marital strain Broman ; Umberson et al.

Chapter 2 : Parenting Tips, Advice, & Help | Empowering Parents

This paper investigates how lineages, the commonly found organizations in rural villages of China, affect people's intra- and cross-lineage cooperative behavior.

Abstract In general, social support from family members affects chronic illness outcomes, but evidence on which specific family behaviors are most important to adult patient outcomes has not been summarized. We systematically reviewed studies examining the effect of specific family member behaviors and communication patterns on adult chronic illness self-management and clinical outcomes. Family emphasis on self-reliance and personal achievement, family cohesion, and attentive responses to symptoms were associated with better patient outcomes. Critical, overprotective, controlling, and distracting family responses to illness management were associated with negative patient outcomes. Study limitations included cross-sectional designs 11 cohorts , however results from longitudinal studies were similar. For adults actively managing chronic illnesses like diabetes, heart disease, and lung disease, social support is particularly critical Fisher et al. In chronic illness, higher social support, most commonly measured as the amount of practical and emotional support that patients perceive, has been linked with improved self-management behavior DiMatteo ; Gallant , improved disease control Griffith et al. Knowing which specific family behaviors are linked with better or worse chronic illness management could help practitioners better understand specific ways families can increase their effective support. Family behaviors are particularly important in chronic illnesses that require ongoing, active self-management. The management of chronic illnesses often involves changes in daily routines that occur in family settings, such as changes in eating patterns, physical activity, and regular self-testing i. Moreover, family members often take an active role in helping adults with chronic illness execute complex self-management tasks, make disease-related decisions, and cope with disease-related stress Connell ; Friedman ; Gleeson-Kreig et al. These behavioral patterns evolve over time and can last many decades. Behavioral theory points to several specific family behaviors that could be particularly influential in chronic illness management. Family systems theory Lutz et al. Coping theory Lazarus and Folkman, highlights ways that family members might help or hinder patient coping with disease-related symptoms or stress, including efforts to distract the patient, or conversely, directly confronting and discussing illness management issues with the patient. Finally, family behaviors originally observed among patients with chronic mental illness could also affect patients with other chronic illnesses. One prominent example is expressed emotion Wearden et al. Our goals in this review were to: Past reviews of the impacts of specific family behaviors on chronic illness have shed some light on these questions, but have focused on different populations or outcomes. For example, Fisher and colleagues, in two narrative reviews of family relationships in chronic illness Fisher et al. A meta-analysis of family-oriented psychosocial interventions in chronic illness by Martire and colleagues included studies that did not focus on specific family behaviors, and many studies with patients with dementia or frailty two conditions for which family support tends to focus more on direct instrumental help with tasks than encouragement of self-management. In this review, we summarize the literature on the associations between family behaviors and patient outcomes of mortality, illness control or symptoms, disease-related self-management behavior, and disease-related quality of life. Because we were interested in patterns of family behaviors among adults who can actively self-manage chronic illness, we focused on adults who do not have memory impairment or need assistance with activities of daily living ADLs. To achieve this goal, we systematically searched health, psychology, and sociology databases for studies examining associations between family behaviors and patient outcomes among patients with diabetes, chronic heart disease, chronic lung disease, chronic kidney disease, and arthritis. We then grouped studies by the type of family behaviors investigated and examined the patterns of associations between these family behaviors and patient outcomes. Methods Data Sources and Searches We conducted this systematic review in consultation with a university-based medical research librarian with expertise in systematic reviews and evidence-based medicine. All searches were limited to studies of adults 18 years and older. We manually searched references of retrieved articles to identify additional pertinent articles. Definitions of Key Concepts We defined specific

family behaviors as particular ways that family members can relate to the person with illness, for example, by using control or by encouraging self-reliance. Study Selection Eligible studies included original reports of empirical observational research published in peer-reviewed journals. We included studies of adults 18 years or older who had one of the following chronic illnesses that require active self-management on an ongoing basis: We excluded studies that examined the immediate period following an acute event, such as the period immediately following a heart attack, stroke, or surgery. However we included studies with coronary artery disease CAD patients that addressed long term issues such as healthy eating, physical activity, medication adherence, or symptom management. We excluded studies focusing on care of adults with dementia or disability requiring assistance with basic ADLs, as family behaviors likely impact patients who need direct care differently than those more capable of self-management. We also excluded studies of cancer patients, whose level of self-management can fluctuate widely over the course of illness, and whose self-management often focuses on symptom and treatment side-effect management. Studies were included if independent variables included the quality of family or marital function or a specific family behavior. English translations of non-English abstracts were reviewed. Any studies that were not clearly excluded by these criteria were reviewed for inclusion by a second author, and disputes were resolved by consensus. Data Extraction and Quality Assessment Key information about study methods and results was abstracted using a structured form. Initially, each pair of investigators abstracted a set of three articles, and discrepancies in abstracting methods were reconciled. The remaining articles were abstracted by one author each, and abstracted data were checked by the primary author for accuracy. Study quality was rated using criteria adapted from checklists used by other systematic reviews of survey studies Fletcher et al. These criteria are based on survey study methods recommended by key texts Fink and Kosecoff, ; Fowler and the STROBE guidelines for reporting of observational studies von Elm et al. Four aspects of quality were rated for each study: Studies that did not account for either type of confounder were excluded from the review. Details on analysis methods and covariates are given in Appendix B for included articles and in Appendix C for articles excluded due to low quality. Data Synthesis and Analysis We grouped similar family behaviors into family behavior themes, based on the definition of the behavior found in the articles. We then tallied the results of tests of associations between each combination of family behavior theme and chronic illness outcome category. We did not summarize statistical results quantitatively in a meta-analysis for two main reasons. Most important, our goal was to describe and differentiate which specific family behaviors had positive, negative or no associations with illness outcomes, patterns which would be obscured by averaging results for multiple family behaviors. In addition, the reviewed studies examined a wide variety of family behaviors, with a wide range of heterogeneous outcomes. Meta-analysis would require models for each combination of family behavior and outcome type, which would lead to more analysis models than were logistically feasible. Results Description of Studies studies were identified based on the keyword search, and full articles meeting initial eligibility criteria were retrieved Figure 1.

Chapter 3 : Squirrel - Wikipedia

Family The link between families and positive behavioral interventions and supports is an important one. When families are meaningfully involved in educational activities their children do better in schools.

Drugs, Brains, and Behavior: Yes, addiction is a treatable disorder. Research on the science of addiction and the treatment of substance use disorders has led to the development of research-based methods that help people to stop using drugs and resume productive lives, also known as being in recovery. Can addiction be cured? But addiction can be managed successfully. The Journal of Neuroscience, 21 The chronic nature of addiction means that for some people relapse, or a return to drug use after an attempt to stop, can be part of the process, but newer treatments are designed to help with relapse prevention. Relapse rates for drug use are similar to rates for other chronic medical illnesses. If people stop following their medical treatment plan, they are likely to relapse. When a person recovering from an addiction relapses, it indicates that the person needs to speak with their doctor to resume treatment, modify it, or try another treatment. Relapse rates for people treated for substance use disorders are compared with those for people treated for high blood pressure and asthma. Relapse is common and similar across these illnesses. Therefore, substance use disorders should be treated like any other chronic illness. Relapse serves as a sign for resumed, modified, or new treatment. While relapse is a normal part of recovery, for some drugs, it can be very dangerousâ€"even deadly. If a person uses as much of the drug as they did before quitting, they can easily overdose because their bodies are no longer adapted to their previous level of drug exposure. An overdose happens when the person uses enough of a drug to produce uncomfortable feelings, life-threatening symptoms, or death. What are the principles of effective treatment? Research shows that when treating addictions to opioids prescription pain relievers or drugs like heroin or fentanyl , medication should be the first line of treatment, usually combined with some form of behavioral therapy or counseling. Medications are also available to help treat addiction to alcohol and nicotine. Additionally, medications are used to help people detoxify from drugs, although detoxification is not the same as treatment and is not sufficient to help a person recover. Detoxification alone without subsequent treatment generally leads to resumption of drug use. For people with addictions to drugs like stimulants or cannabis, no medications are currently available to assist in treatment, so treatment consists of behavioral therapies. Discoveries in science lead to breakthroughs in drug use treatment. What medications and devices help treat drug addiction? Different types of medications may be useful at different stages of treatment to help a patient stop abusing drugs, stay in treatment, and avoid relapse. When patients first stop using drugs, they can experience various physical and emotional symptoms, including restlessness or sleeplessness, as well as depression, anxiety, and other mental health conditions. Certain treatment medications and devices reduce these symptoms, which makes it easier to stop the drug use. Some treatment medications and mobile applications are used to help the brain adapt gradually to the absence of the drug. These treatments act slowly to help prevent drug cravings and have a calming effect on body systems. They can help patients focus on counseling and other psychotherapies related to their drug treatment. Science has taught us that stress cues linked to the drug use such as people, places, things, and moods , and contact with drugs are the most common triggers for relapse. Scientists have been developing therapies to interfere with these triggers to help patients stay in recovery. Common medications used to treat drug addiction and withdrawal Opioid.

Chapter 4 : Family Partnership

Understanding your family's behavior control or family patterns is an important step in finding effective ways to deal with everyday or difficult family situations. Styles of Behavior Control Researchers have identified four styles of family behavior control: rigid, flexible, laissez-faire, and chaotic.

For example, families have many different ways for dealing with conflict, such as avoiding it altogether, calmly discussing disagreements, or engaging in heated arguments. Families develop behavior for dealing with family circumstances, such as conflict. Family patterns of behavior are often handed down from one generation to the next. For example, have you ever caught yourself saying or doing something your parents did and wondered why you were doing it? Parents often find themselves disciplining their children in the same way they were disciplined. Styles of Behavior Control Researchers have identified four styles of family behavior control: Families with a Rigid style of behavior control are very inflexible and leave little room for negotiation and change. In such families, individual members are forced to conform or agree to a set way of doing things within the family. In contrast, families that can adapt their family rules and roles have a Flexible behavior control style. These families are capable of adjusting to changing family situations; whereas, rigid families have trouble when faced with changing or difficult family issues. The "anything goes" style of behavior control is known as the Laissez-faire style. Families with this style of behavior have few rules or standards that guide family interactions. Families that have no consistent style, or that jump back and forth between styles have a Chaotic behavior control style. Each style influences how a family adapts to changing family situations. Therefore, the amount of control family members feel they have influences how they react to different family situations. Of the four styles, the flexible style is thought to be the most effective for healthy family interaction. Family Behavior Patterns Families develop their own standards of behavior, based on what is and what is not acceptable within the family. These standards are reinforced by daily family interaction. Reinforcement of certain types of behavior is important, such as those surrounding physical danger e. Other family behaviors may need to be adapted or changed over time to meet changing family situations. Research indicates that families who are able to be flexible and can adapt to changing family situations have healthier relationships. Rigid families have more difficulty in adjusting to stressful family situations and are more likely to have conflict or to cause resentment among family members. Is your family rigid, flexible, laissez-faire, or chaotic? To answer this question, place a dot where you believe your family fits on the line below. For example, you may feel your family is flexible rather than chaotic. What reasons do family members give for their choices? What similarities and differences can you see from your discussion? Do family members feel there is too much control or too little control within the family? Families tend to struggle with how much control is too much or too little. Striking a balance between these two is a key to building a healthy family. This balancing act comes into play especially when children are involved. Young children need structure and guidance, while older children need more independence and privacy. Looking at what style of behavior your family has will enable your family to make needed adjustments as your family grows and changes. Do you simply wake up one morning and decide to change from being a structured family into a more flexible one? Instead, the family must make a purposeful decision to change. It takes time and effort. But the results can be very helpful for individual family members and also for the family as a whole. Families often run into problems surrounding issues of roles, rules, and acceptable behavior. For example, do family chores get assigned and carried out? If not, maybe your family needs more structure. Or does an adolescent feel he needs more freedom to be with friends? How does your family deal with such issues? One way is to negotiate with each other on how family roles and rules are established and maintained. During this negotiation process, several key issues must be addressed. First, certain family rules and standards must be upheld, especially surrounding issues of safety. Second, rewards and consequences must be clearly spelled out and understood. Third, family members should agree to participate in and to commit to following through with the change process. One way to achieve change is through a Family Contract. In the contract the family identifies changes that it wishes to make and creates a family action plan. Identify an area of family concern or

interest. Use your problem-solving skills to create a family solution see VCE Publication Do your family members feel they need more flexibility or more structure where roles and rules are concerned? Write down the agreed upon solution so everyone knows how it will be carried out, including rewards and consequences. The family should periodically review the agreement to make sure that family members are doing what they agreed to do. This Family Contract is a good way for members to make important changes within the family. Sometimes family members, particularly adolescents, will push the limits of the contract. By holding firm to the bargaining contract, change can be maintained. Families who try to make changes may feel that they have lost their equilibrium or balance and will try to fall back on old family patterns. Focus on Family Strengths Behavior control is a key to successful family functioning. Research shows that families who can adapt to changing situations are better able to meet the challenges that face them. Family Assessment Successful Healthy families periodically take inventory of their strengths and weaknesses and take steps to improve their home and family environment. In Froma Walsh Eds. Reviewed by Novella Ruffin, Extension Specialist, Virginia State University Virginia Cooperative Extension materials are available for public use, reprint, or citation without further permission, provided the use includes credit to the author and to Virginia Cooperative Extension, Virginia Tech, and Virginia State University. Department of Agriculture cooperating.

Chapter 5 : FBR/AERI - Family Behavioral Resources/AERI

Deportment has to do with how you behave and present yourself. Being polite, well-dressed, and soft-spoken shows excellent deportment. People say you shouldn't judge by appearances, but how you present yourself â€" your deportment â€" matters.

Image of Ardhanarishvara However, in a religious cosmology like Hinduism , which prominently features female and androgynous deities, some gender transgression is allowed. This group is known as the hijras , and has a long tradition of performing in important rituals, such as the birth of sons and weddings. Despite this allowance for transgression, Hindu cultural traditions portray women in contradictory ways. Marriage Marriage is an institution that influences gender roles, inequality, and change. Through these platforms society has influenced individuals to fulfill the stereotypical gender roles within a heterosexual marriage starting out at a young age. Typically, women are concerned with caring for the family and the home while men are typically providing for the family. This ultimately portrays the man as a leader and the woman as the follower. Census American Community Survey. The results are varied between age groups, with single men per single women in their 20s, versus 33 single men to single women over For example, China has many more young men than young women, and this disparity is expected to increase. Both men and women ranked "kindness" and "intelligence" as the two most important factors. Men valued beauty and youth more highly than women, while women valued financial and social status more highly than men. It seems inevitable for society to be influenced by the media and what it is portraying. Thinking about the way in which couples act on romantic television shows or movies and the way women are portrayed as passive in magazine ads, reveals a lot about how gender roles are viewed in society and in heterosexual marriages. People learn through imitation and social-interaction both in the physical world and through the media; television, magazines, advertisements, newspapers, the Internet, etc. Their study into television advertising has shown that women are much more likely to be shown in a setting in the home compared to men. The study also shows that women are shown much less in work-like settings. This underrepresentation in television advertising is seen in many countries around the world but is very present in developed countries. Advertisements for products directed towards female viewers are shown during the day on weekdays, while products for men are shown during weekends. The same article shows that a study on adults and television media has also seen that the more television adults watch, the more likely they are to believe or support the gender roles that are illustrated. The support of the presented gender stereotypes can lead to a negative view of feminism or sexual aggression. Girls feel pressurised and stressed to achieve a particular appearance and there have been highly worrying consequences for the young girls if they fail to achieve this look. These consequences have ranged from anxiety to eating disorders. Young girls in an experiment of this journal article describe pictures on women in advertisements as unrealistic and fake. They are dressed in little and revealing clothing which sexualised the women and expose their thin figures, that are gazed upon by the public, creating an issue with stereotyping in the media. It has also been presented that children are affected by gender roles in the media. Because children favor characters of the same gender, the characteristics of the character are also looked to by children. This reoccurring theme in relationship status can be reflected in the ideals of children that only see this type of representation. If the wife grew up imitating the actions of traditional parents, and the husband non-traditional parents, their views on marital roles would be different. When a little girl imitates her mother by performing the traditional domestic duties she is often rewarded by being told she is doing a good job. Nontraditionally, if a little boy was performing the same tasks he would more likely be punished due to acting feminine. Gender roles can be defined as the behaviors, values, and attitudes that a society considers appropriate for both male and female. Traditionally, men and women had completely opposing roles, men were seen as the provider for the family and women were seen as the caretakers of both the home and the family. More and more individuals are adapting non-traditional gender roles into their marriage in order to share responsibilities. This revolutionary view on gender roles seeks out equality between sexes. More and more women are entering the workforce while more men are contributing to household duties. Changing roles[edit] A woman publicly witnessing at a

Quaker meeting seemed an extraordinary feature of the Religious Society of Friends, worth recording for a wider public. Engraving by Bernard Picart, ca Throughout history spouses have been charged with certain societal functions. Husbands were typically working farmers - the providers. Wives typically cared for the home and the children. However, the roles are now changing, and even reversing. The 21st century has seen a shift in gender roles due to multiple factors such as new family structures, education, media, and several others. Women have also started to get more involved in recreation activities such as sports, which in the past were regarded to be for men. Fathers are also becoming more involved with raising their children, instead of the responsibility resting solely with the mother. According to the Pew Research Center, the number of stay-at-home fathers in the US nearly doubled in the period from to , from 1. East and West[edit] See also: Gender Studies This section has multiple issues. Please help improve it or discuss these issues on the talk page. This section may be confusing or unclear to readers. Please help us clarify the section. There might be a discussion about this on the talk page. April This section has an unclear citation style. The references used may be made clearer with a different or consistent style of citation and footnoting. April Learn how and when to remove this template message According to Professor Lei Chang , gender attitudes within the domains of work and domestic roles, can be measured using a cross-cultural gender role attitudes test. Psychological processes of the East have historically been analysed using Western models or instruments that have been translated, which potentially, is a more far-reaching process than linguistic translation. Some North American instruments for assessing gender role attitudes include: In contrast, there was no difference between the viewpoint of Chinese and Americans regarding domestic gender roles. A study by Richard Bagozzi, Nancy Wong and Youjae Yi, examines the interaction between culture and gender that produces distinct patterns of association between positive and negative emotions. In the US people tend to experience emotions in terms of opposition whereas in China, they do so in dialectical terms i. The study continued with sets of psychological tests among university students in Beijing and in Michigan. The fundamental goals of the research were to show that "gender differences in emotions are adaptive for the differing roles that males and females play in the culture". The evidence for differences in gender role was found during the socialization in work experiment, proving that "women are socialized to be more expressive of their feelings and to show this to a greater extent in facial expressions and gestures, as well as by verbal means". Language and gender , Gender differences in social network service use , and Sexuality and gender identity-based cultures Gender communication is viewed as a form of intercultural communication; and gender is both an influence on and a product of communication. Communication plays a large role in the process in which people become male or female because each gender is taught different linguistic practices. Gender is dictated by society through expectations of behavior and appearances, and then is shared from one person to another, by the process of communication. In addition, there are differences in accepted communication behaviors for males and females. To improve communication between genders, people who identify as either male or female must understand the differences between each gender. She believed women were encouraged to be more emotionally expressive in their language, causing them to be more developed in nonverbal communication. Men, on the other hand, were taught to be less expressive, to suppress their emotions, and to be less nonverbally active in communication and more sporadic in their use of nonverbal cues. Most studies researching nonverbal communication described women as being more expressively and judgmentally accurate in nonverbal communication when it was linked to emotional expression; other nonverbal expressions were similar or the same for both genders. They found that men tend to show body language linked to dominance, like eye contact and interpersonal distance, more than women. According to Wood, it is generally thought that biological sex is behind the distinct ways of communicating, but in reality the root is "gender". Communication and sexual desire[edit].

Chapter 6 : Behavior Charts for Kids You'll Love! - iMOM

Motivational enhancement therapy uses strategies to make the most of people's readiness to change their behavior and enter treatment. Family therapy helps people (especially young people) with drug use problems, as well as their families, address influences on drug use patterns and improve overall family functioning.

So, when we look at how to manage family and behavior problems during the holidays, we need to look at the effect the season has on us and on our kids. We are often overwhelmed by the amount of work we need to get done on the job and the amount of pressure we feel due to social obligations at this time of year. Add in the stress of gift buying especially in divorced and blended families and we feel a tremendous emotional fatigue—which means we have fewer emotional resources with which to manage our kids. An adult who is emotionally fatigued and anxious is less able to be there for their kids emotionally. Parents have to keep in mind that their resources—both emotional and financial—are under a lot of stress at this time of year. The holidays are an exciting time. The truth is, the holidays are a lot of work—primarily done by parents. We tend to feel our economic deficits more critically at this time. But it does show you that your child has the ability to behave appropriately. You can look at it as a strength that he does indeed possess. For most other kids with behavioral issues, the higher levels of excitement or anxiety in the home at this time of year can lead to lower impulse control. Kids have less structure to contain their excitement and emotions. This creates two things. One is that you will see your child acting out more. Two is that the meltdowns you see will be more frequent and more intense. I mean more planning by parents on the part of children. Give more thought to preparations even for simple things like shopping. Parents should work out a schedule where one of them is shopping while the other is watching the kids. While the idea of taking the kids along to shop for dad may sound fun, it may not be. If you want to take Sarah along with you to shop for her brother, think twice. Depending on the age and temperament of your child, it may not be a good idea. Decrease the stress on yourself and keep the kids at home. So instead of one parent going home after work and the other parent going shopping, they both go home after work and then one parent goes shopping after dinner. Dinner and getting homework started are stressful times of the day, and, truthfully, the most important times of the day, regardless of the holiday. Find ways for them to occupy themselves. Parents have to plan for that, and plan ways to manage that time. Plan outings for the week with your kids. If you have a couple of kids in your house, plan a holiday Monopoly or Yahtzee tournament that lasts a couple of days or even a week. Perhaps two tournaments in a week. If you have a big family, borrow a couple of board games from your neighbors. Have a tournament where kids are involved in creating the number of games, the times and the prizes. This is a good idea for any time with your kids, but especially during holiday break. Get your kids involved with baking and wrapping up cookies to take to a homeless shelter. Schedule it as a project. Who will bake and who will pack the boxes. Then deliver them together. I did it with my son. Communicate with your spouse—in private—about things that bother you. I always suggest this to parents. Make a pact with your spouse that neither of you will complain about your in-laws from December 15th to January 3rd. Keep a journal instead and write in it. Write in the journal, and keep it to yourself. Use some basic math: I put that in capital letters for a reason. Many parents have a tendency never to let go. Buy what you can afford and nothing more. Knowing when to let go on spending is particularly important for divorced families. You have two scenarios. The first is where the parents are still very antagonistic about each other. More advice for divorced parents with strained relationships: Put a moratorium on negative talk about your ex-spouse…at the holidays and always. Call a permanent ceasefire when it comes to negative talk about the ex. The same goes for the kids and for your own extended family. All you have to do is state your position and stick to it. You will be surprised at how this cuts the day-to-day tension in your home. In blended families you have the problem of having three sets of parents involved. You and your spouse. His ex and her spouse. Your ex and his spouse. Maybe it will become a habit and things will improve. Let the kids who live with you open their gifts first. One of the biggest problems for blended families is when do you open presents? The kids who live with the family are there on Christmas morning. What do you do? In some families they open up some presents that

morning and then wait till the other kids get there to open the rest. The important thing is not when you open the gifts between sets of kids. A successful holiday depends in large part on your commitment to planning for your kids. Planning how to use their free time constructively so they stay out of trouble and do positive things with the family. Planning so that you have the emotional resources to give them. We all need limitsâ€"both kids and adults. Set some limits with yourself this holiday and stick to them. The end result will be a holiday everyone enjoys. Show Comments 0 You must log in to leave a comment. Create one for free! Responses to questions posted on EmpoweringParents. We cannot diagnose disorders or offer recommendations on which treatment plan is best for your family. Please seek the support of local resources as needed. If you need immediate assistance, or if you and your family are in crisis, please contact a qualified mental health provider in your area, or contact your statewide crisis hotline. We value your opinions and encourage you to add your comments to this discussion. We ask that you refrain from discussing topics of a political or religious nature. Having had severe behavioral problems himself as a child, he was inspired to focus on behavioral management professionally. Together with his wife, Janet Lehman, he developed an approach to managing children and teens that challenges them to solve their own problems without hiding behind disrespectful, obnoxious or abusive behavior. Empowering Parents now brings this insightful and impactful program directly to homes around the globe.

Chapter 7 : Early Development & Well-Being • ZERO TO THREE

Identifying Family and Relationship Theories in Family Life Education Materials Brief Descriptions of Major Family and Relationship Theories/Philosophies.

Low-income African American children with mothers involved in their education showed more self-control in unruly and disorganized classrooms than children whose parents did not provide support. Latino youth who are academically high achieving have parents who provide encouragement and emphasize the value of education as a way out of poverty. Ask staff to evaluate their own assumptions and beliefs about the families with whom they work. Develop staff communication skills. Provide staff time to process with others difficult conversations or situations. Participate in neighborhood meetings to help families understand schools and to help schools understand families. They know their own child in a different setting than you do. Expect to disagree once in a while and embrace the opportunity to see things from a new point of view. Recruit widely so that all families know their contributions are welcome. Ask current and former participants to help with recruitment. Hold meetings for parents during nontraditional hours, including weekends and evenings. Provide transportation, infant care, and meals at meetings. Harvard Family Research Project, October Let families know the best ways to help students learn If students have several teachers, coordinate homework assignments. Ask families to participate in setting student goals each year, and help them look ahead to college or work. Joyce Epstein and Adapted by Seattle Public Schools Seek out and use community resources that can strengthen school programs Help match community contributions to school goals; align child and family services with learning standards. As a class or school, have students, families and staff provide service to the community. Among the possibilities are recycling, art, music, or drama performances for seniors. Bring alumni back to participate in school programs for students. Joyce Epstein and Adapted by Seattle Public Schools Develop family leaders and include them in school decisions Be sure school councils and other school governance committees include family representatives. Nominate family members from your school for regional and district councils and committees. Families volunteer to participate, support, and develop the PBIS Universal Store Families are invited to be active on PBIS teams Family members can volunteer at lunch or bus to supervise and acknowledge expected behavior Improve school climate and increase family friendly atmosphere through new routines and activities meet at buses, offer coffee Families receive acknowledgement when their children act in appropriate and exceptional ways Family organization supports PBIS activities by designating a special line item in their annual budget. School matrix sent home for posting on the refrigerator. Families are informed about PBIS with specially designed handbooks, mini-binders, newsletters and school websites. PBIS family newsletter with cool tools for home. Provide tools to parents to help them to understand function of behavior and behavior modification. Families of new students can be presented a DVD upon enrollment in school. The result will be a visual, in addition to the written, Student Success Guide. Do you review this data in Universal team meetings? What are some other indicators? What does your data say about how well you involve families? Beyond the Bake Sale: The New Press, Families want… To feel welcome at school. To receive more information on how to help their children succeed. Positive feedback and personalized contact about their children whenever possible. To be partners in the process of educating children, with timely notification of problems. The Importance of Family Involvement The evidence is now beyond dispute. When schools and families work together to support learning, children tend to succeed not just in school, but also throughout life. Patrikakou, Weissberg, Redding, and Walberg. Columbia, Schools and Families: Creating Essential Connections for Learning. Guilford, Parenting with Positive Behavior Support. Brookes, Beyond the Bake Sale: Henderson, Johnson, Mapp and Davies. Designing Positive Behavior Plans. Your Handbook in Action, 2nd edition. Joyce Epstein and adapted by Seattle Public Schools: Help families create homes that get children ready to learn. Be sure information gets to all families who want or need it, not just the few who can come to meetings at school. Encourage your school to provide workshops, videotapes or computerized phone messages on parenting and child rearing, and to publicize community programs on nutrition, family literacy and adult education. Find out where to refer parents for family support programs that

help with health, nutrition or other services. Follow up the annual parent-teacher conference with regular communications with parents. Consider parents who do not read well and arrange for phone calls in their native language. Have a regular schedule to send home useful notices, memos or newsletters. Recruit and organize parent help and support. Arrange to use parent and community volunteers in your classroom. Communicate with parents at the beginning of each year to identify talents, times and locations of volunteers. Recognize family members for the support they provide. Let families know the best ways to help students learn. Provide calendars with activities for parents and students at home. Send home summer learning packages. Decision Making at School: Develop parent leaders and include them in school decisions Foster an active PTA or other parent group. Involve students too, when appropriate. Be sure school councils and other school governance committees include family representatives. Encourage parents from all segments of the school population to become leaders and to get leadership training. Help establish networks to link all families with parent representatives. Collaborating with the Community: Seek out and use community resources that can strengthen school programs. Encourage your school to provide families with information on community activities that relate to learning skills, including summer programs, mentoring, tutoring and business partnerships. Make sure students and families have access to information about community health, cultural, recreational and social support services. Work with family representatives to find and apply for grants to further student learning. Help organize a career fair in which community members expose students to future job possibilities. Help match community contributions to school goals; align child and family services with learning standards. Thank local merchants and other business owners who support activities at school. Among the possibilities are recycling, art, music or drama performances for seniors. Aid staff in understanding research on families and the theoretical rationale for the program. B Tips for Recruitment and Retention Recruit families through face-to-face visits. Ask current and former program participants to help with recruitment. Visit parents in community locations. Ensure that staff are culturally sensitive. Understand the beliefs, values, and attitudes of the community. Help staff to think of recruitment and retention as a routine and ongoing process.

Chapter 8 : Gender role - Wikipedia

Early Development & Well-Being The first three years of life are a period of incredible growth in all areas of a baby's development. Learn how the earliest relationships with caregivers can promote healthy brain development, how young children build social and emotional skills, and ways you can support language and literacy development.

Chapter 9 : Treatment and Recovery | National Institute on Drug Abuse (NIDA)

Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change.