A Consensus On The Definition And Knowledge Base For

Systematic reviews have shown that family therapy is effective for a range of disorders (Carr, 2009a,b). However, there are many forms of family therapy and it is unclear which specific forms work best for which conditions. One problem is that reviewers have used inconsistent definitions of the field to guide the selection and exclusion of studies from reports. Furthermore, there seems to be little agreement about how to classify family therapies for comparison, leading to difficulties in establishing a clear evidence-base. The current thesis aimed to address these problems by using a Delphi survey (Linstone & Turoff, 1975), to see whether a panel of senior family therapists could agree on a definition and classification of family therapy by consensus opinion. Twenty-seven international experts on family therapy were initially recruited to complete three, iterative rounds of Delphi questionnaires. The process resulted in a consensus profile of essential, unique and proscribed elements of family therapy. There was agreement that family therapy should incorporate a set of essential (systemic) theories, practices and aspects of therapists' training. However, there was little consensus over the specific types of practices that should be excluded and only a few unique elements of family therapy were agreed. Two classifications of the field were agreed as useful based on 1) mechanisms of change and 2) the focus of therapy (specific disorders versus relationships). Overall, results suggest that it is possible to employ consensus-building techniques to inform a contemporary definition and classification of family therapy. The use of consensus definitions may produce more informative reviews that contribute to the evidence-base. Future work would need to address how some of the broad concepts, identified by the experts panel, could be operationalised for this purpose.

To date, there is no consensus about the definition and diagnostic grading of bruxism. A written consensus discussion was held among an international group of bruxism experts as to formulate a definition of bruxism and to suggest a grading system for its operationalisation. The expert group defined bruxism as a repetitive jaw?muscle activity characterised by clenching or grinding of the teeth and/or by bracing or thrusting of the mandible. Bruxism has two distinct circadian manifestations: it can occur during sleep (indicated as sleep bruxism) or during wakefulness (indicated as awake bruxism). For the operationalisation of this definition, the expert group proposes a diagnostic grading system of 'possible', 'probable' and 'definite' sleep or awake bruxism. The proposed definition and grading system are suggested for clinical and research purposes in all relevant dental and medical domains.

This authoritative new dictionary provides clear and up-to-date definitions and interpretations of concepts related to the principles and practice of homeopathy. The goal of this research effort was to develop consensus definitions for fifty-one (51) contracting-terms. This was accomplished by developing a synthesized

definition for each term based on a review of the available published literature, subjecting the synthesized definitions to expert scrutiny via a survey distributed to recognized contracting professionals, and amending the literature-based definitions as indicated by the survey responses. Using this approach, consensus was achieved on all but one term. The consensus definitions developed in this way are recommended for inclusion in a comprehensive dictionary of contracting terminology, to be comprised of the results of this and other related theses. In addition, as indicated by the survey results, three terms are recommended for further study in a later thesis effort.

Distributed controller design is generally a challenging task, especially for multi-agent systems with complex dynamics, due to the interconnected effect of the agent dynamics, the interaction graph among agents, and the cooperative control laws. Cooperative Control of Multi-Agent Systems: A Consensus Region Approach offers a systematic framework for designing distributed controllers for multi-agent systems with general linear agent dynamics, linear agent dynamics with uncertainties, and Lipschitz nonlinear agent dynamics. Beginning with an introduction to cooperative control and graph theory, this monograph: Explores the consensus control problem for continuous-time and discrete-time linear multi-agent systems Studies the H? and H2 consensus problems for linear multi-agent systems subject to external disturbances Designs distributed adaptive consensus protocols for continuous-time linear multi-agent systems Considers the distributed tracking control problem for linear multi-agent systems with a leader of nonzero control input Examines the distributed containment control problem for the case with multiple leaders Covers the robust cooperative control problem for multi-agent systems with linear nominal agent dynamics subject to heterogeneous matching uncertainties Discusses the global consensus problem for Lipschitz nonlinear multi-agent systems Cooperative Control of Multi-Agent Systems: A Consensus Region Approach provides a novel approach to designing distributed cooperative protocols for multi-agent systems with complex dynamics. The proposed consensus region decouples the design of the feedback gain matrices of the cooperative protocols from the communication graph and serves as a measure for the robustness of the protocols to variations of the communication graph. By exploiting the decoupling feature, adaptive cooperative protocols are presented that can be designed and implemented in a fully distributed fashion.

There is no consensus definition of acute renal failure (ARF) in critically ill patients. More than 30 different definitions have been used in the literature, creating much confusion and making comparisons difficult. Similarly, strong debate exists on the validity and clinical relevance of animal models of ARF; on choices of fluid management and of end-points for trials of new interventions in this field; and on how information technology can be used to assist this process. Accordingly, we sought to review the available evidence, make recommendations and delineate key questions for future studies. We undertook a systematic review of the literature using Medline and PubMed searches. We determined a list of key questions and convened a 2-day consensus conference to develop summary statements via a series of alternating breakout and plenary sessions. In these sessions, we identified supporting evidence and generated recommendations and/or directions for future research. We found sufficient consensus on 47 questions to allow the development of recommendations. Importantly, we were able to develop a consensus definition for ARF. In some cases it was also possible to issue useful consensus recommendations for future investigations. We present a summary of the findings. Despite limited data, broad areas of consensus exist for the physiological and clinical principles needed to guide the development of consensus recommendations for defining ARF, selection of animal models, methods of monitoring fluid therapy, choice of

physiological and clinical end-points for trials, and the possible role of information technology. Proceeds from the sale of this book go to the support of an elderly disabled person. "This book revises, brings up to date, and consolidates [the author's] two earlier ones: A dictionary of usage and style and American usage." Bibliography: p. 433. Includes index. OBJECTIVES: To inform future discussions and decisions about how to define treatment-resistant depression (TRD) and specify the important outcomes measured in research studies, and to clarify how trials or observational studies might best be designed and conducted to inform clinical practice and health policy. DATA SOURCES: To provide a comprehensive understanding of how experts and investigators have defined and studied TRD, we first performed a narrative review of relevant literature. We considered consensus statements, practice guidelines, government materials, and other literature published from 1/1/1995 through 8/18/2017, except for systematic reviews (limited to start 1/1/2005). Next, we performed a systematic review of published studies of TRD interventions (1/1/2005 through 8/18/2017) indexed in MEDLINE(r), EMBASE, PsycINFO, and Cochrane Library. REVIEW METHODS: Trained personnel dually reviewed all titles and abstracts for eligibility. Studies marked for possible inclusion by either reviewer and those with inadequate abstracts underwent dual full-text review. Disagreements were resolved by consensus discussion. One member of the research team abstracted data; a senior investigator reviewed abstractions for accuracy and completeness. RESULTS: Our narrative review indicated that no consensus definition existed for TRD. We identified four basic definitions for TRD (3 for major depressive disorder [MDD]; 1 for bipolar disorder). Based on frequency of reporting in the literature, the most common TRD definition for MDD required a minimum of two prior treatment failures and confirmation of prior adequate dose and duration. The most common TRD definition for bipolar disorder required one prior treatment failure. For all TRD definitions, no clear consensus emerged on defining adequacy of either dose or duration. Little agreement exists about the best approach to diagnose TRD or the preferred outcome measure, although the Hamilton Depression Rating Scale was the most used. We found general agreement about minimizing bias by using randomization; studies have not focused on minimizing placebo effects. Evidence about the risk factors (e.g., age, sex, number of prior failed treatments, and length of current depressive episode) associated with TRD and data to assess potential prognostic factors were limited. Only 17 percent of intervention studies enrolled study populations that met frequently specified criteria for TRD. Most studies (88%) were randomized controlled trials; all studies applied some exclusion criteria to limit potential confounders. Depressive outcomes and clinical global impressions were commonly measured; functional impairment and quality-of-life tools were rarely used. CONCLUSIONS: No agreed-upon definition of TRD exists; although experts may converge on two as the best number of prior treatment failures, they do not agree on definitions for adequacy of either dose or duration or outcomes measures. Critical to advancing TRD research are two key steps: (1) developing a consensus definition of TRD that addresses how best to specify the number of prior treatment failures and the adequacy of dose and duration; and (2) identifying a core package of outcome measures that can be applied in a standardized manner. Our recommendations about stronger approaches to designing and conducting TRD research will foster better evidence to translate into clearer guidelines for treating patients with this serious condition.

The term Medical Family Therapy (MedFT) was coined in the early 1990s (McDaniel, Hepworth, & Doherty, 1992a) by a team of family therapists and a family psychologist. Since then there has been growing interest in MedFT, including the expansion of training programs and an increasing prevalence in the academic literature. While this growth is exciting, if MedFT is going to continue to move forward and gain credibility in the healthcare system, its practitioners, researchers, and scholars must first establish a common lexicon, that can thereby ground the MedFT's professional identity, regulatory oversight, and scientist-

practitioner models. The first article presented in this dissertation highlights the available literature on MedFT and identifies ways to further MedFT research initiatives and possibilities. The second article is based upon based on responses from an expert panel of MedFTs and includes an analysis of their perspectives on how MedFT should be defined, practiced, and taught. The first article is a non-systemic literature review that illustrates the state of MedFT as well as reports on the similarities and differences present in its myriad of available definitions. Additionally, the article presents the theoretical foundation and skill set of MedFTs as found in the applied clinical literature and foundational research. Researchers who have studied MedFT interventions or incorporated MedFTs as interventionists in models of clinical care are also reviewed. Overall, 65 articles were reviewed and three distinct themes emerged from the process: 1) the inception of MedFT, 2) MedFT skills and applications, and 3) MedFT Effectiveness and Efficacy Research. During the review of these articles, variations in the definition of MedFT included or excluded concepts such as: collaboration, family systems, or the biopsychosocial perspective. These variations appeared to reflect the qualifications and educational background of the practitioners, the focus and generalizability of the research. Additionally, these variations will affect the future of MedFT as either an orientation to be practiced by a wide variety of professions or a profession to be licensed independently. Upon reviewing the literature and articulating the existing gaps, it is clear that the most salient need for future research is a cohesive definition of MedFT, quality science that demonstrates its effectiveness, and educational guidelines for those desiring to be MedFT practitioners. Therefore, three recommendations are made: 1) those with expertise in MedFT must reach a consensus on a definition from which practice, training, and research can grow, 2) the MedFT intervention framework must be strengthened through research, and 3) agreement must also be reached on a MedFT curriculum with which to train future practitioners and scholars. The second article is the results of a research study conducted to address two of the recommendations suggested in the literature review. A modified Delphi (Dalkey, 1972; Linstone & Turoff, 1975) study was conducted bringing together 37 panelists with MedFT expertise to identify the current definition of MedFT, its scope of practice, and educational competencies believed to be essential to those who practice it. After analyzing these data, we discovered that several of the foundational elements of MedFT discussed in McDaniel et al. (1992a) still hold true, including the importance of collaboration, the connection to marriage and family therapy as a parent discipline, and the overarching goals of agency and communion. The biopsychosocial (BPS) model (Engel 1977; 1980) also a foundational element of MedFT (McDaniel et al., 1992a), remained fundamental; however, the expert panel also argued for the inclusion of the spiritual dimension of health to be addressed. Panelists endorsed MedFT as primarily an orientation, a way of thinking; leaving it open to be practiced in a wide array of settings with a variety of conditions. However, some panelists also believed MedFT to be a developing profession. Also discovered was a general consensus for what a core MedFT curriculum would include. MedFT students should have a strong theoretical base and clinical skill set in family systems theory and the BPS framework, as well as comfort and skill working within medical settings and collaborating with medical professionals. MedFTs should be familiar with a variety of diseases, illnesses, disorders, and disabilities, as well as have taken courses in areas such as psychopharmacology, MedFT theory, medical culture and collaboration, and families and illness. Panelists called for MedFTs to be involved in the creation of healthcare policy, but also provide psychosocial support to medical professionals in an effort to help them to avoid caregiver burnout, compassion fatigue, and improve patient care. Recommendations for future research, clinical practice, and education in MedFT are offered.

I bogen gennemgås og kommenteres den definition på aggression, som blev vedtaget på FN-generalforsamlingen i 1974 med særlig vægt på definitionens betydning for de vigtigste

strategiske, politiske, økonomiske og ideologiske spørgsmål, som præger og adskiller det internationale samfund.

More than 2 decades have passed since the 1990-1991 conflict in the Persian Gulf. During the intervening years, many Gulf War veterans have experienced various unexplained symptoms that many associate with service in the gulf region, but no specific exposure has been definitively associated with symptoms. Numerous researchers have described the pattern of signs and symptoms found in deployed Gulf War veterans and noted that they report unexplained symptoms at higher rates than nondeployed veterans or veterans deployed elsewhere during the same period. Gulf War veterans have consistently shown a higher level of morbidity than the nondeployed, in some cases with severe and debilitating consequences. However, efforts to define a unique illness or syndrome in Gulf War veterans have failed, as have attempts to develop a uniformly accepted case definition. Chronic Multisymptom Illness in Gulf War Veterans is a comprehensive review of the available scientific and medical literature regarding symptoms for chronic multisymptom illness (CMI) among the 1991 Gulf War Veterans. This report evaluates and summarizes the literature in an effort to identify appropriate terminology to use in referring to CMI in Gulf War Veterans. While the report does not recommend one specific case definition over another, Chronic Multisymptom Illness in Gulf War Veterans does recommend the consideration of two case definitions on the basis of their concordance with the evidence and their ability to identify specific symptoms commonly reported by Gulf War veterans. This report recommends that the Department of Veterans Affairs use the term Gulf War illness rather than CMI. The report recommends that that the Department of Veterans Affairs, to the extent possible, systematically assess existing data to identify additional features of Gulf War illness, such as onset, duration, severity, frequency of symptoms, and exclusionary criteria to produce a more robust case definition.

Towards Consensus on a Definition of LED?What is Corporate Strategy, Really?An Inductive Derivation of a Consensus Definition of the TermAcute Renal FailureDefinition, Outcome Measures, Animal Models, Fluid Therapy and Information Technology Needs: the Second International Consensus Conference of the AcutCreatespace Independent Publishing Platform The main objective of this project is to apply consensus tools in order to make the decision making process in SMEs easier. Therefore, you will find a wide section dedicated to research upon the field of group tasks, consensus and decision making. The reader will be put into context regarding the current situation of SMEs in the region of Catalonia, Spain. Conclusions obtained during the whole process of research will be later used to try and decide how can they be applied to help this companies solve some of the main issues that they are facing. A survey will be conducted in order to determine what kind of factors can be associated to determined profiles, which will later be useful for the final purpose of the project. A deep look will also be taken at the concept of collective intelligence (CI), which is defined by the global intelligence of a group of individuals who work together to carry out different tasks. An experiment will be set in order to, at least, identify some of the main features pointed out of conclusions of the research in the field of CI. As a final step, a tool will be designed in order to help these companies in the process of forming groups which will later have to take part in decision making and problem solving processes. In order to design this tool, the knowledge previously obtained in the rest of the project will be used.

"In May 2009, the International Committee of the Red Cross published its Interpretive Guidance on the Notion of Direct Participation in Hostilities under International Humanitarian Law on the meaning of the term "direct participation in hostilities" (DPH) and the hotly-debated status of combatants and civilians in armed conflicts. Even though the recent conflicts in Iraq and Afghanistan have increased the concern over the DPH issues, a consensus on a definition and its application has evaded international legal and military experts. In reaction to the ICRC guidance and the international community's non-consensus, Jeremy Marsh and Scott L. Glabe

recently opined that the United States must officially respond to the ICRC and provide a definition of DPH. However, as this paper argues, a premature U.S. stance on DPH may produce unintended consequences in future use-of-force scenarios. The current state of international indecision concerning what constitutes DPH in unconventional armed conflicts signals that today is not the day to establish a U.S. standard for the future battlefield. However, in the future, a DPH interpretation that guides strategic policymakers and operational commanders in conducting warfare is in the best interests of the United States. This paper concludes with a proposed conceptual framework from which the U.S. should structure a DPH definition that is both practical to the fluid environment in armed conflicts and not contradictory to the tenets of international humanitarian law"--Leaf v.

What is a Disaster? Addresses the most basic question in the field: that of defining the phenomenon of study. For theoretical advancement, it is important that researchers begin to develop a consensus about the meaning of disasters and related phenomena. With the rise in international terrorism, one must clarify whether these events are disasters and if so, what kind of disasters. Similarly, in addition to natural disasters, do we include riots, explosions, nuclear power plant accidents, damn collapses, and land subsidence under the same conceptual umbrella? What practical and theoretical differences does it make if the same label is used or not used for such different situations? What is a Disaster? Brings together twelve social scientists representing eight disciplines and seven countries to share their definition and vision of disasters. In the process, a wide range of views are expressed and issues raised regarding the relationship of academic versus practical definitions, the impact of grouping types of disasters in different ways, and the epistemologies on which theoretical growth should rest. The forum provided involves the presentation of each author's views, followed by a discussant's critique, and closed with a response from the author. The editor's close the volume with discussions of the theoretical framework of disaster research and an agenda for disaster research in the twenty-first century.

De nos jours, la cyberintimidation est un problème courant dans les communautés en ligne. Filtrer automatiquement ces messages de cyberintimidation des conversations en ligne c'est avéré être un défi qui a mené à la création de plusieurs ensembles de données, dont plusieurs disponibles comme ressources pour l'entraînement de classificateurs. Toutefois, sans consensus sur la définition de la cyberintimidation, chacun des ensembles de données se retrouve à documenter différentes formes de comportements. Cela rend difficile la comparaison des performances obtenues par de classificateurs entraînés sur de différents ensembles de données, ou même l'application d'un de ces classificateurs à un autre ensemble de données. Dans ce mémoire, on utilise une variété de ces ensembles de données afin d'explorer les différentes définitions, ainsi que l'impact que cela occasionne sur le langage utilisé. Par la suite, on explore la portabilité d'un classificateur entraîné sur un ensemble de données vers un autre ensemble, nous donnant ainsi une meilleure compréhension de la généralisation des classificateurs. Finalement, on étudie plusieurs architectures d'ensemble de modèles, qui par la combinaison de ces différents classificateurs, nous permet de mieux comprendre les interactions des différentes définitions. Nos résultats montrent qu'il est possible d'obtenir une meilleure généralisation en combinant tous les ensembles de données en un seul ensemble de données plutôt que d'utiliser un ensemble de modèles composé de plusieurs classificateurs, chacun entraîné individuellement sur un ensemble de données différent.

Essay from the year 2013 in the subject Politics - International Politics - Region: Other States, grade: 1,3, University of Warwick, language: English, comment: "Erasmus-Englisch," abstract: After the Second World War a supposed "consensus" developed throughout British politics. In February 1954, 'The Economist' invented a new word - "Butskellism." The magazine thought that the policies of the Exchequer of the day, the

Conservative R.A. Butler, were so similar to those of his Labour predecessor, Hugh Gaitskell, that they had been devised by a "Mr. Butskell" (Boxer 2010,38). This statement shows that even the people at the time thought of a consensus in British politics. [...]

Everyone needs knowledge about the media and information systems in order to express themselves and have a critical awareness towards media and different kinds of information content. Media and information literacy is perhaps the most important and significant tool for developing this kind of knowledge and ability. Media literacy definitions have been discussed in research literature for decades. Different models on media and information literacy include different parts. Potter (2010) approached the concept with the help of three questions: 1) What are the media? 2) What do we mean by media literacy? 3) What should be the purpose of media literacy? The answers to these questions are complementary to each other and there is no need to try to agree on only one consensus definition. Similarly, a recent review of research articles by Lauri Palsa and Heli Ruokamo (2015) concludes that the definitions are multifaceted and that there is no consensus about the definition. The authors further argue that there is no need to find a general agreement. Rather, multiple media literacies should be discussed, which would possibly help contextualise different media literacy definitions and help both practitioners and researchers to understand each other. PinterestTwitter The word consensus has been frequently used for centuries, perhaps millenia. People have always deemed it important that decisions having a long lasting impact on groups, countries or even civilizations be arrived at in a consensual manner. Undoubtedly the complexity of modern world in all its social, technological, economic and cultural dimensions has created new environments where consensus is regarded desirable. Consensus typically denotes a state of agreement prevailing in a group of agents, human or software. In the strict sense of the term, consensus means that the agreement be unanimous. Since such a state is often unreachable or even unnecessary, other less demanding consensus-related notions have been introduced. These typically involve some graded, partial or imprecise concepts. The contributions to this volume define and utilize such less demanding - and thus at the same time more general - notions of consensus. However, consensus can also refer to a process whereby the state of agreement is reached. Again this state can be something less stringent than a complete unanimity of all agents regarding all options. The process may involve modifications, resolutions and /or mitigations of the views or inputs of individuals or software agents in order to achieve the state of consensus understood in the more general sense. The consensus reaching processes call for some soft computational approaches, methods and techniques, notably fuzzy and possibilistic ones. These are needed to accommodate the imprecision in the very meaning of some basic concepts utilized in the definition of consensus as a state of agreement and as a process whereby this state is to be reached. The overall aim of this volume is to provide a comprehensive overview and analysis of the issues related to consensus states and consensual processes.

Ever since the rapid rise of the Internet and the associated exponential growth of online business, the topic of remote teams has become inevitable, and with the onset of our global pandemic remote working both grew exponentially whilst also becoming "normalized". Remote working is one of numerous evidences of the spread of

Globalization generally. Vendors produce increasingly advanced solutions for mobile and web communications, start-ups create virtual collaboration solutions that sometimes seem to border on science fiction, and journalists extol the exploits of organizations that achieve extraordinary results with teams distributed in the four corners of the world.Yet understanding of what a remote team actually is - let alone how to make it work optimally - seems to be as varied as the number of people discussing the matter. Is a remote team one that never meets face-to-face? Is it one in which the team leader has no line-manager control over the other team members? Or is it a team that only exists as an electronic entity on the web, and that disappears when the power is turned off? We can understand those through this book.Here are a few topics in the book: -What Is A Remote Team-Pros And Cons Of Remote Working-Looking From A Leadership Perspective-How To Manage Team PerformanceAnd so much more!!!All of the characteristics above, and more, are possible even if they are not necessarily represented in any one remote team. This may explain the difficulty of reaching a consensus about the definition of a remote team. Yet defining a remote team, or in fact defining team "virtuality" may be simpler than many people think.The definition is linked to the notion that remote teams exist because organizations want to access competence, and experience globally without restrictions such as immigration control. This can mean the bypassing of geographical barriers, but also the need to manage differences in culture, language and local hierarchy.In addition, remote teams may also include team members that are not employees of the same organization, a factor that immediately escalates the number of different combinations possible. Essentially, we are moving beyond the notion of whether a team is or is not remote, to one where we need to define the degree of virtuality - how virtual a remote team is.We can still apply measurements and make suggestions about how to identify particular levels of virtuality that make a remote team workable. However, we are no longer working with a dictionary definition of a remote or virtual team: we are working with a cursor, or rather several cursors that slide back and forth along different dimensions of virtuality.A first definition of a remote team is therefore, that it is a team that in some way operates outside the boundaries of the traditional, one-physical-location team.Whether one remote team can be said to be "more" or "less" remote than another team, then depends on whether the two teams have extended beyond the traditional limits in the same way. As we will see further on, a team whose members work in neighboring buildings, and who have different cultural backgrounds, may turn out to be no less remote than a team physically spread over the five continents, but whose members all originate from the same country or culture.Read this book to understand further about Remote Teams.BUY NOW!

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