

An Institute of Medicine Report on Families

Stressful family conditions, which may include poverty, marital discord, domestic violence, child abuse and/or neglect, and parental depression, contribute to many psychological disorders and some of the most common and costly physical disorders. Yet despite the accumulated evidence about why and how family conditions can lead to these disorders and the considerable evidence that effective family interventions can prevent them, the nation lacks a systematic strategy for reducing the prevalence of dysfunctional, stressful families. As a result, millions of young people arrive at adulthood lacking the skills, habits, and values they need to lead productive and caring lives. Moreover, many bring debilitating diseases into adulthood that could have been prevented by improving their family caregiving environments.

The Impact of Stressful Family Conditions

Recent research investigating family influences on disease processes shows that stressful family conditions have dramatic and long-lasting effects on biological processes that lead to cardiovascular disease, obesity, diabetes, and related metabolic conditions (Miller, Chen, & Zhou, 2007; Segerstrom & Miller, 2004). For example, the stress associated specifically with family conflict is a well-established risk factor for cardiovascular disease (Dimsdale, 2008). Unless parents provide a nurturing environment by minimizing coercion, being responsive to their child's cues, setting appropriate and consistent limits, and supporting their child's capacity for empathy and self-regulation, children develop metabolic processes that lead directly to higher rates of mortality due to cardiovascular disease when they are adults (Galobardes, Smith, & Lynch, 2006). Moreover, research on maltreatment in childhood shows that those who experienced it had higher rates of disease and death as adults (Wegman & Stetler, 2009).

Poverty and family conflict have direct effects on young people's development of virtually every common and costly psychological or behavioral problem, including academic failure; antisocial behavior; tobacco, alcohol, and drug use; depression; anxiety; and early pregnancy (Biglan, Brennan, Foster, & Holder, 2004). Poverty and family conflict are no less harmful to adults. Marital discord and depression are more likely in families that are stressed by poverty (Yoshikawa, Aber, & Beardslee, 2012); and marital discord contributes to depression (Du Rocher Schudlich, Papp, & Cummings, 2011). In sum, conditions of poverty and conflict within families make it difficult to provide the type of responsive and nurturing family environment necessary for healthy development, thus leading to costly and acute conditions that require intervention in adulthood.

The Availability of Tested and Effective Family Interventions

The Institute of Medicine's (IOM) prevention report (National Research Council (NRC)/IOM, 2009) documents the fact that tested and effective family interventions can prevent mental, emotional, and behavioral disorders throughout all stages of development. Similarly, well-validated interventions can prevent or reduce marital conflict. Unfortunately, despite the fact that these interventions reduce family conflict, abuse, and neglect, their benefit in preventing the development of cardiovascular disease and related disorders has not yet been thoroughly evaluated. Nonetheless, the evidence points to the tremendous potential of widespread implementation of effective family interventions to improve American's wellbeing. In addition, the recently released IOM report entitled *New Directions in Child Abuse and Neglect Research (IOM/NRC, 2013)* identifies evidence-based practices and programs that are effective in preventing abuse against children.

The Need for a Public Health Strategy for Increasing the Prevalence of Nurturing Families

Translating the extensive knowledge that has been gained about the impact of family conditions on child, adolescent, and adult wellbeing into population-wide improvements in the nurturance of families should be one of the highest priorities for public health. Yet even a cursory review of current research and practice will show that efforts are piecemeal and fragmented and under-resourced. Despite the fact that family conditions strongly affect most aspects of human wellbeing and even though effective intervention strategies are available,

the U.S. lacks any type of systematic effort to bring all of this knowledge to bear on increasing the prevalence of nurturing families—and thereby the prevalence of wellbeing (Biglan, Flay, Embry, & Sandler, 2012).

An Institute of Medicine report that brings all of this evidence together and articulates a strategic plan for a public health strategy to affect families could have an enormous influence in getting the disparate sectors of government and society to focus on increasing the prevalence of nurturing families and thereby reducing the incidence of family conflict, child and spousal abuse, and all the other problems that result.

The report would bring together all of the evidence on the impact of family dysfunction on all aspects of wellbeing. It would describe the policies, programs, and practices that have been shown to reduce the prevalence of dysfunctional families and that can thereby prevent the entire range of psychological, behavioral, and health problems. It would lay out an agenda for future research and policymaking.

A persuasive report could influence our society's direction in profound ways. It could forcefully place the problem of improving family nurturance on the agenda of policymakers. It could shift funding priorities toward research on strategies to reduce coercion in families and their impact on all aspects of wellbeing. It could increase support for policies that reduce family poverty. In essence, it could be a catalyst for the development of a society-wide effort to ameliorate the most harmful environmental conditions for children and families and thereby nurture the wellbeing of virtually all of our young people.

References

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