



CAST Family Health Program (Feasibility Study) Manual of Procedures

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Program description

The Purpose of the CAST Family Health Program

Obesity has become a major public health threat to children in the U.S.—particularly among minority and lower income populations. Alterations in prevalent dietary practices and sedentary lifestyles have produced an energy imbalance that is at the root of the obesity crisis. For children, the family is still the primary environment that instills eating and physical activity behaviors. The CAST Family Health Program was developed to provide a community-based intervention that focused on training and educating parents of elementary school children on the nutrition and physical activity behaviors that can shape children’s healthy lifestyle development.

The CAST Family Health Program (FHP) was designed to be a multi-cultural, bilingual family education intervention program designed to provide behavioral, skill-based training to reduce community risk for child obesity. The FHP used local community resources to support parents as teachers in helping children develop healthful food and physical activity choices. The FHP was developed and piloted with project community partners and Parent Advisory Council members. Partner, parent, and staff feedback were used to revise the curriculum for further implementation. To test the feasibility of developing, implementing, and evaluating the program in school-communities, two groups of families were recruited into separate implementations in Spring of 2012 (Group 1) and Fall of 2012 (Group 2). Another round of revision and development was conducted with parent and child curriculum drawn from feedback and investigator experiences in conducting the Group I sessions. The final curriculum resulting from this iterative development was used with Group 2 and is described below.

Family-based obesity intervention model

The CAST FHP was a school partnership prevention effort that sought to achieve behavior modification in both elementary-aged children and their parents. The theoretical perspective of the program was drawn from the Epstein’s work in developing and conducting family-based behavioral interventions for obese children (Epstein, 1996, 2003). The FHP focused on the family as the lens that translates environment and system processes into eating and activity patterns in children. The principles guiding the design of the CAST FHP included:

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- Youth lose more weight in programs that offer general parent skills training on top of behavioral weight management training (Epstein et al., 1994)
- The family translates environment and societal processes into eating and activity patterns (Panzer, 2006)
- Parent weight loss is correlated with child weight loss (Kitzmann et al., 2006)
- Simultaneously treating parents and children creates positive relationships between parent and child weight change (Panzer, 2006; Wrotniak et al., 2004, 2005)

Goals of curriculum content

The program for both groups consisted of orientation and closing sessions bracketing eight weekly, two hour group sessions, for participating adults and their elementary age children. Parallel lessons for both parents and children, focused on a specific topic area, were conducted during each session. Across sessions some 50 specific educational goals were addressed for parents and children (described in Tables 1 and 2). Among the most important of these goals were to:

- develop positive parent-child interactions and home environments for health promotion
- monitor and increase parent/child daily physical activity
- evaluate personal biometric health screenings for parents
- understand obesity and related disease risks (e.g., cardiovascular disease, Type II diabetes)
- read menu labels
- plan healthy family meals and snacks
- prepare foods to reduce cholesterol and lower sodium levels
- provide alternatives to high calorie/low nutrition offerings in eat-out venues

Detail of Session Content

Each evening session was oriented around a teaching theme that was reflected in activities that addressed the family learning objectives listed above. Content was organized across sessions to both teach and reinforce skills. Each session had specific instruction and materials relevant to the theme, as well as segments on parenting practices, food preparation demonstrations, and time for exercise. The session closed with a summary and preview of next session and discussion of homework. Parents were also provided information on their child's lesson plan for the week and the type of homework children were being asked to complete for the next session.

For parents, the eight sessions provided 480 minutes (8 hours) instructional time, 80 minutes (1.33 hours) of Food Demonstrations, and 240 minutes (4 hours) exercise. Session summaries accounted for 80 minutes (1.33 hours). For grades 2-5 children ("Seedling" Group) the eight sessions provided 200 minutes (3.33 hours) weekly content instructional time, 200 minutes (3.33 hours) applied learning time alternating between gardening and cooking activities, and 400 minutes (6 hours) play skills time. A simplified version of the child curriculum was developed for Kindergarten and first grade children to support their involvement in the program ("Sprout" Group). Child care was provided for infants and preschoolers.

Table 1. CAST Family Health Program Parenting Curriculum

Session 1 - OUR FAMILY, OUR HEALTH		Session 5 - SATURATED FATS AND CHOLESTEROL	
<p>Meal: Citrus Spinach Salad with Chicken, french bread, fresh pears. Introductions and program overview</p> <p>HEALTH CONTENT (1:10 min.)</p> <ol style="list-style-type: none"> 1. Why is it important to prevent childhood obesity? 2. The scale of childhood obesity 3. What is BMI? Intro to Children’s BMI 4. What Can My Family and I Do to Encourage a Healthy Weight? 5. Introduction to Pedometers 6. Introduction to Tracking Behavior 	<p>PARENTING: (15 min) “Importance of Role Modeling”</p> <p>PHISICAL ACTIVITY – (30 min) OBJECTIVE: “Walking as a Leisure and Aerobic Activity” - Pedometer</p> <p>CLOSING (5 min)</p>	<p>Meal: Tofu and green bean stir fry, kale and potato hash, apple/greek yogurt/agave & walnut fruit salad. Highlights: Tofu. Reducing bad fat and increasing the good</p> <p>HEALTH CONTENT (1:10 hrs/min)</p> <ol style="list-style-type: none"> 1. Parent Health Card: <u>Cholesterol</u> 2. Blood cholesterol levels (<i>LDL, HDL, Triglycerides</i>) 3. Triglycerides 4. Saturated and unsaturated fats 5. Reading labels to choose foods lower in saturated fat from Shari’s Menu 	<p>PARENTING: (15 min) “Giving Clear Directions”</p> <p>PHISICAL ACTIVITY – (30 min) OBJECTIVE: Strengthening upper body (shoulders, biceps, triceps) and more simple active games to play with children.</p> <p>CLOSING (5 min)</p>
Session 2 - PARENTING FOR OUR CHILDREN’S HEALTH		Session 6 - HEALTHY WEIGHT AND DIABETES	
<p>Meal: Tuna salad without mayo, Sautéed Rainbow chard with mild chili garlic, and Fruit Salad Highlights: Benefits of Kale and fish Bringing Your Family Back to the table</p> <p>HEALTH CONTENT (1:10 hrs/min)</p> <ol style="list-style-type: none"> 1. Check in 2. Safe walking for children. <p>PARENTING: “Encouragement” (15 min)</p> <ol style="list-style-type: none"> 1. Positive effects of encouraging 2. Behaviors to encourage 3. Recognizing good behavior 	<ol style="list-style-type: none"> 4. Principles for Parental Encouragement 5. Vignette <p>PHISICAL ACTIVITY – (30 min) <u>PARENTS & KIDS TOGETHER</u> OBJECTIVE: “Walking as a lifestyle: Parent training for safe child walking” -Tips for parents and other adults. -Maps of school walking routes for children [Pedometers] CLOSING (5 min)</p>	<p>Meal: Vegetable fried rice with eggs, Hummus and veggies (broccoli and carrots) Fruits and snack mix. Highlights: Why Healthy Snacks are Important Fruits and veggies</p> <p>HEALTH CONTENT (1:10 hrs/min)</p> <ol style="list-style-type: none"> 1. Working with food preferences on children 2. Encouraging healthy eating 3. Diabetes and its effects on children and adults 4. Preventing diabetes 5. Sugar and its effects on health 6. - 5.2.1.0. 	<p>PARENTING: (15 min) “Privileges and limit setting”</p> <p>PHISICAL ACTIVITY – (30 min) ENG: 6:35-7:00 SP: 7:05-7:35 OBJECTIVE: Strengthening lower body (quads/hamstrings/calves) and games of tag to play with children.</p> <p>CLOSING (5 min) -Scavenger Hunt in home and neighborhood</p>
Session 3 - PORTION SIZE YOUR LIFE		Session 7 - WHOLE FOOD, ACTIVE LIVES	
<p>Meal: Heathy breakfast frittata, greens with parmesan vinaigrette, and apple slices with lime Highlights: Importance of Breakfast</p> <p>HEALTH CONTENT (1:10 hrs/min)</p> <ol style="list-style-type: none"> 1. Energy IN – Energy OUT 2. How much exercise do we need? 3. Portion distortion 4. Portion vs Serving 5. Daily serving sizes for children and adults 6. My Plate: Children and Adults 	<ol style="list-style-type: none"> 7. Alternative Portion Guide 8. Tips on healthy eating and exercise <p>PARENTING: (15 min) “Positive Communication for Positive Parenting”</p> <p>PHISICAL ACTIVITY – (30 min) ENG: 6:35-7:00 SP: 7:05-7:35 OBJECTIVE: CORE for parents and active games to play at home.</p> <p>CLOSING (5 min)</p>	<p>Meal: Corn and black bean burritos, 3 min. guacamole with crudités, Healthy Waldorf Salad Highlights: Healthy benefits of black beans and corn</p> <p>HEALTH CONTENT (1:10 hrs/min)</p> <ol style="list-style-type: none"> 1. Health benefits of fiber: Why does it matter? 2. Benefit of whole grains: hearty options for a healthy diet 3. Sedentary time: Screen time 	<p>PARENTING: (15 min) “Teaching through encouragement and discipline”: Time for Time-Out</p> <ul style="list-style-type: none"> • Limit Setting <p>PHISICAL ACTIVITY -(30 min) ENG: 6:35-7:00 SP: 7:05-7:35 OBJECTIVE: Stretching moves and jump rope games to play with children.</p> <p>CLOSING (5 min)</p>

Session 4 - BLOOD PRESSURE, SALT AND SODIUM		Session 8 - PLANNING FOR FAMILY HEALTH	
<p>Meal: Low salt for low blood pressure: Healthy turkey picadillo, brown rice, and orange slices</p> <p>Highlights: A guide to the leanest meat selections Spice it up!- Seasoning mixture</p> <p>Portion Control Tips, Prepping your produce, Use Herbs and Spices instead of Salt, Eat Less Salt and Sodium, Alternative ways to spice food</p> <p>HEALTH CONTENT (1:10 hrs/min)</p> <ol style="list-style-type: none"> 1. The Heart 2. Parent Health Card: Blood Pressure levels 3. Facts about blood pressure and prevention 4. Salt and Sodium 5. Reading Labels for Sodium/Calories and Shari's Menu 	<p>PARENTING: (15 min) "Setting Realistic Expectations"</p> <p>PHYSICAL ACTIVITY – (30 min) ENG: 6:35-7:00 SP: 7:05-7:35 OBJECTIVE: Strengthen upper body (chest/back) and indoor active games to play at home.</p> <p>CLOSING (5 min)</p>	<p>Meal: Lentils and brown rice and kale, and pear, apples and figs.</p> <p>Highlights: Lettuce greens, Tips on prepping produce</p> <p>HEALTH CONTENT (1:10 hrs/min)</p> <ol style="list-style-type: none"> 1. Organic or Conventional? 2. Good reasons to buy produce locally 3. Willamette Valley Produce 4. Tips to save money 5. Choosing wisely eating out 	<p>PARENTING: (15 min) "Problem Solving"</p> <p>PHYSICAL ACTIVITY – (30 min) <u>PARENTS & KIDS TOGETHER</u> OBJECTIVE: Family Games</p> <p>CLOSING (5 min)</p>

Table 2. CAST Family Health Program (Grade 3-5) Child Curriculum			
Session 1- Introduction to Class and Healthy Choices		Session 5- Food, Play, and Your Vascular System	
<p>MAIN CONTENT (0:25 hrs/min) <u>You are what you eat (and do)</u></p> <ol style="list-style-type: none"> 1. Introduction to class and expectations 2. Recognizing and making healthy choices 3. Health Triangle and Cootie Catchers 	<p>PLAY SKILLS (0:45 hrs/min) <u>Playing the active way</u></p> <ol style="list-style-type: none"> 1. Introduce pedometer- a way of tracking movement 2. Play movements: Fun ways to move 3. Tag-partner tag and hospital tag 	<p>MAIN CONTENT (0:25 hrs/min) <u>Help a heart out: food, activity, and your health</u></p> <ol style="list-style-type: none"> 1. Get to know your heart 2. Learn how taking care of our hearts means taking care of our blood vessels – a bike pump (and tube) demo 3. See how too little exercise and too much food affect blood vessels using clear plastic tubing and Crisco 	<p>PLAY SKILLS (0:45 hrs/min) <u>Active play: playing hard!</u></p> <ol style="list-style-type: none"> 1. Heart Obstacle Course!
<p>GROWING FOOD (0:25 hrs/min) <u>Where does food come from?</u></p> <ol style="list-style-type: none"> 1. Play Where Does Food Come From? sequencing game 2. Plant Window Greenhouses with Legumes 	<p>PARENTING:</p> <ol style="list-style-type: none"> 1. Monitoring / observation 2. Importance of role modeling <p>FAMILY HOMEWORK: Family Walk Track Steps</p>	<p>COOKING FOOD (0:25 hrs/min) Healthy Snacks</p> <ol style="list-style-type: none"> 1. Make healthy dips for vegetables: Hummus 2. Family gets ingredients/money to make Hummus at home 	<p>PARENTING:</p> <ol style="list-style-type: none"> 1. Giving Clear Directions <p>FAMILY HOMEWORK: Teach parents how to make hummus Track Steps, Breakfast, 5-2-1-0</p>
Session 2- Meet the Food Groups		Session 6- Your Environment Affects Your Choices	
<p>MAIN CONTENT (0:25 hrs/min) Learn the Food Groups- 'what we eat'</p> <ol style="list-style-type: none"> 1. Introduce the food groups 2. Food Group learning games 	<p>PLAY SKILLS (0:45 hrs/min) Neighborhood Navigators/Safe Routes</p> <ol style="list-style-type: none"> 1. Review pedometers 2. Pedestrian safety skills and practice <p>Children and Parents Together</p>	<p>MAIN CONTENT (0:25 hrs/min) The lay of the land</p> <ol style="list-style-type: none"> 1. Creating a Healthy Environment Collage 2. Intro Scavenger Hunt Homework 	<p>PLAY SKILLS (0:45 hrs/min) Being Active at home and school (II)</p> <ol style="list-style-type: none"> 1. Jump rope (individual and group) 2. Neighborhood scavenger hunt
	<p>PARENTING:</p> <ol style="list-style-type: none"> 1. Encouragement <p>FAMILY HOMEWORK: Safe Strider Activity Cards Family Walk and Track Steps</p>	<p>COOKING FOOD (0:25 hrs/min)</p> <ol style="list-style-type: none"> 1. Make fat-free, cholesterol-free burrito dip 2. Review fat, cholesterol, and fiber by choosing healthier, good-tasting alternatives to high fat, high cholesterol, or low-fiber ingredients in burrito dip 	<p>PARENTING:</p> <ol style="list-style-type: none"> 1. Setting Realistic Expectations II <p>FAMILY HOMEWORK: Family Scavenger Hunt Track Steps, Breakfast, and 5-2-1-0</p>

Session 3- Food Groups and Serving Sizes		Session 7- Nutrition Detectives	
MAIN CONTENT (0:25 hrs/min) Introduce serving sizes/portions— 'how much we eat' 1. Intro MyPlate 2. Go Dish! Game (practice my plate and review fg)	ACTIVE PLAY (0:45 hrs/min) Identifying Active Play 1. Simple, active games to play at school and home (e.g., 4 square)	MAIN CONTENT (0:25 hrs/min) 1. Scavenger Hunt results 2. Nutrition Detectives	PLAY SKILLS (0:45 hrs/min) 1. Hula Hoops
COOKING FOOD (0:25 hrs/min) Breakfast! 1. Why is breakfast important? 2. Including vegetables and fruit at breakfast 3. Make pancakes	PARENTING: 1. Postive Communication FAMILY HOMEWORK: Draw/Record a Day of Meals Track Steps and Breakfast Walk with family to or from School	GROWING FOOD (0:25 hrs/min) 1. What are Seeds and How do We Use Them? 2. Plant Radish Seeds in cups to take home	PARENTING: 1. Limit Setting FAMILY HOMEWORK: Nutrition Detectives at home Walk with Family Track Steps, Breakfast, and 5-2-1-0
Session 4- Balancing Your Day		Session 8- What have we learned together?	
MAIN CONTENT (0:25 hrs/min) Balancing your food and play for a healthy day 1. Serving Sizes and Portions 2. Tug of War from day of meals 3. Intro sugar and salt (flavors) and serving size activity 4. Introduce: 5-2-1-0	PLAY SKILLS (0:45 hrs/min) Limiting Screen Time 1. Indoor Games	MAIN CONTENT (0:45 hrs/min) 1. Add our steps and celebrate! 2. What did you learn? questions 3. Closing send-off ideas and thanks 4. Review game of Jeopardy	ACTIVE PLAY (0:45 hrs/min) 1. Child locomotor movements 2. Activity Stations Children and Parents Together
GROWING FOOD (0:25 hrs/min) Flavors, Herbs, and Spices 1. Introduce herbs and spices 2. Stations Activity: herbs and spices, making tea, serving sizes	PARENTING: 1. Developing Realistic Expectations FAMILY HOMEWORK: Help Parents Make a Meal Walk with Family Track Steps, Breakfast, 5-2-1-0		PARENTING: 1. Problem Solving

Participants

Two rounds of feasibility testing were conducted with the FHP. Round 1 was conducted Spring of 2012. Recruitment was initially restricted to a random sample drawn of families of with CAST students in grade 4 or lower having a valid CAST BMI value at the 2011-2012 collection point. Underweight children were not included in the sampling pool. 82% (1924 of the 2335 students with a valid BMI) met the selection criteria for recruitment.

Recruitment methods for Round 1

Initial recruitment was conducted using a random draw of 120 CAST students stratified by language spoken in the home (English/Spanish) and BMI Category (Normal/Overweight/Obese). Two project recruiters (one Hispanic, one non-Hispanic) used phone numbers obtained from partner school district records and a recruitment script to attempt to engage families in the program. Normal weight children were included in the sample with (1) the view of integrating families with potential health behaviors that could be reinforced in the program, and (2) to avoid stigmatization of children in the program. Upon discovering that ten of the Spanish speaking children drawn had siblings who also were drawn, the younger of the two siblings in each pair was removed from the sample, reducing the initial recruitment pool to 115 families. However, the recruiter assigned to English speaking families was unable to recruit to targets from the initial sample of 60, primarily due to parental time constraints. An additional set of 60 students from English speaking families was drawn to supplement the original 60 families.

Of these, one family thought to be English speaking, used Spanish in the home. Thus, the final recruitment pool was 175 families for Round 1 of the FHP program.

Based on requests from project partners and prospective family participants, a decision was made to include friends and families of those recruited, and members of the CAST Parent Advisory Council (PAC) in the program. Families recruited in this fashion were still subject to the constraint that they be consented to participate and had an eligible child participating in CAST who met the criteria of being in the 4th grade or lower, had a valid BMI measure, and was not underweight. One PAC family was added to the English-speaking group (final English-speaking family N=6), while two PAC families and two families who were social affiliates of families recruited from the random sample were added to the Spanish-speaking group (final Spanish-speaking family N=11). Figure 1 below shows the recruitment pattern for all participants in the first feasibility round, as well as those adults and children from participating families who consented to participate, and contributed survey or biomedical data pre-post program and at 3 months after the intervention. A higher percentage of round 1 participating children were overweight or obese than were those in the recruitment sample (overweight: 41% vs. 16%; obese 29% vs. 18%).

The consort diagram below shows the characteristics of the families engaged in the Round 1 Family Health Program. This included 6 English speaking families involving 9 adults and 9 children, and 11 Spanish speaking families involving 16 adults and 16 children. Across all 8 sessions, parent households attended an average of 7.2 sessions in the English speaking group and 6.5 sessions in the Spanish speaking group.

CAST Family Health Program Recruitment—Round 1

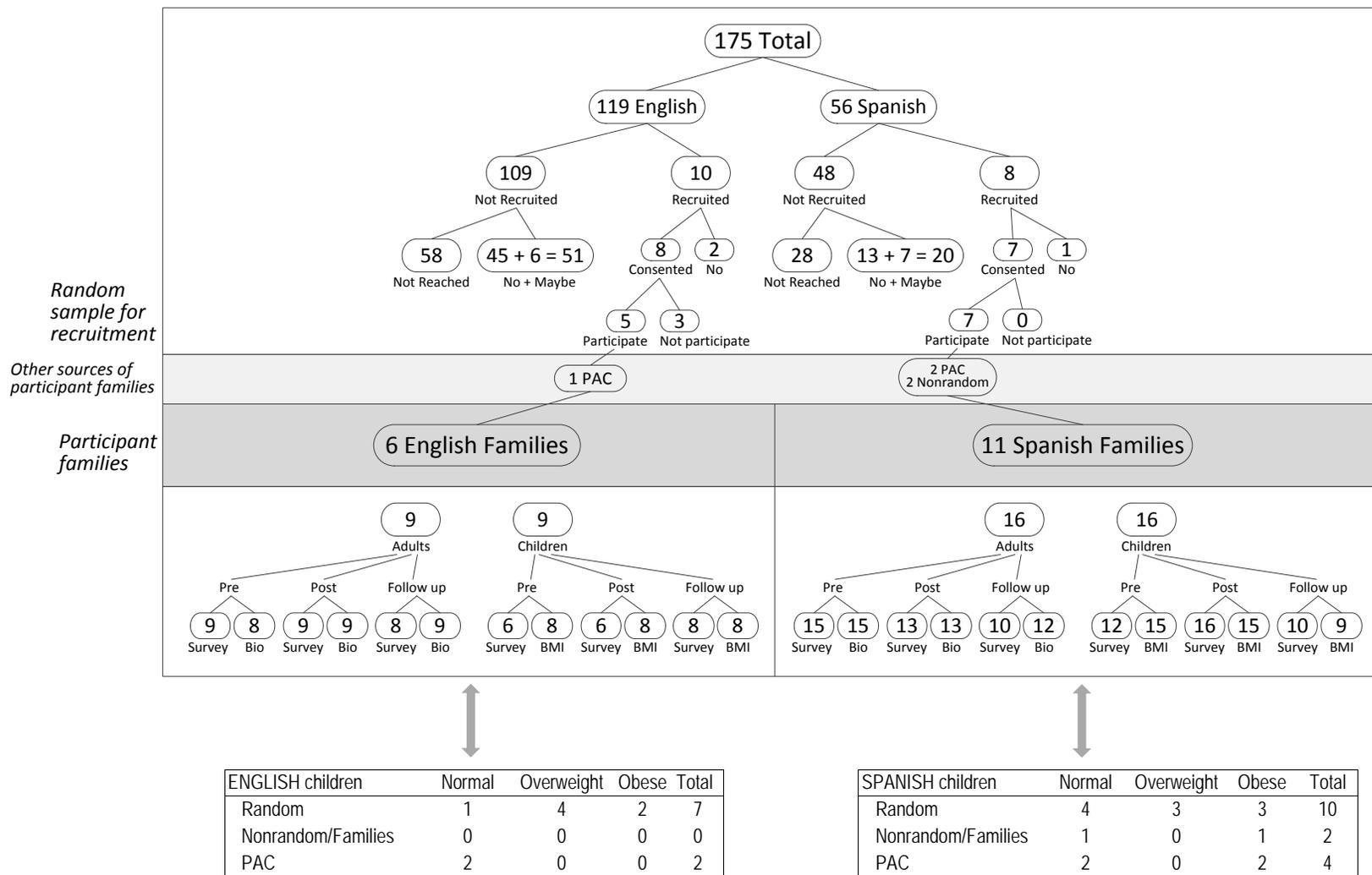


Figure 1. Consort Diagram for Round 1 Recruitment and Participation in the FHP

Recruitment methods for Round 2.

The decision in round 1 to allow participants to be recruited from sources other than those randomly selected from the BMI 2011-2012 cases (i.e., via the Parent Advisory Council(PAC), or referral by an already recruited family) was formalized and expanded in round 2. Additional sources included for recruitment included 1) households who had refused to participate in round 1(March 2012) but indicated a willingness to be recruited during round 2; 2) PAC parents; 3) CAST parents referred by those recruited in round 2; and 4) parents recruited at an annual district wide community event in the spring of 2012 prior to round 2. Families recruited in this fashion were subject to the same exclusion/inclusion criteria as those who were drawn from the BMI 2011-2012 data.

For English speaking families 3 of the possible 194 families were recruited and participated in the program. An additional 4 families (1 PAC, 1 school event, 1 PAC referral, 2 parent referrals) were recruited and participated (Total N = 7). For Spanish speaking families, 5 of 78 were recruited and participated, augmented by 6 additional families (3 March 2012 FHP, 3 parent referrals) for a total of 11 families.

Figure 2 below shows the recruitment pattern for all participants in the second feasibility round, as well as those adults and children from participating families who contributed survey or biomedical data prior to, at the end of, and 3 months after the intervention. The figure differs from that of round 1 in reflecting a decision by the principal investigator, based on recommendations from child teaching staff, to restrict the children's intervention to students in grades 2-5 as a more appropriate age range developmentally for the curriculum provided and to include older siblings (grades 6+) in some aspects of the intervention.

Across both Round 1 and Round 2 of the study, FHP served 35 families (13 English, 23 Spanish speaking) involving 48 adults (19 English, 29 Spanish) and 49 Grade 2-5 children (22 English, 27 Spanish). An additional 3 K-1 children, all from Spanish speaking families, and 5 middle and high school students (4 from English speaking homes and 1 from a Spanish speaking household) attended Round 2 sessions that focused on a discussion of the book *Chew on This*, modified curriculum from parent sessions and child sessions on nutrition and physical activity, behavior tracking, and participation in weekly physical activity with parent groups. Across all 8 sessions in the round of the program, parent households attended an average of 6.8 sessions in the English speaking group and 7.8 sessions in the Spanish speaking group.

CAST Family Health Program Recruitment—Round 2

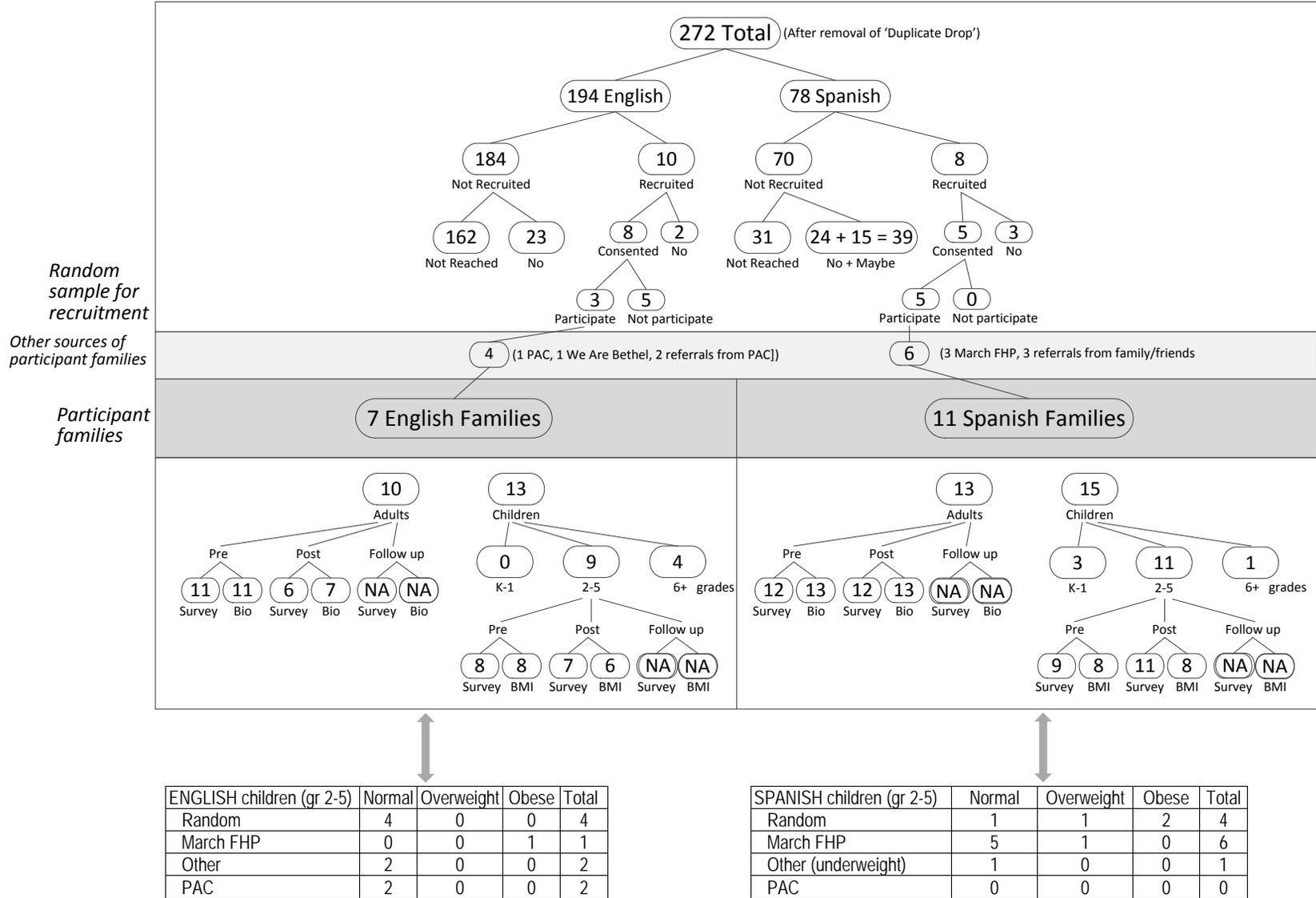


Figure 2. Consort Diagram for Round 2 Recruitment and Participation in the FHP

Measures that are cost-effective for a community-based family health program

Direct intervention measures associated with each of the two feasibility groups included pre-post, and 3-month follow up measures on parent weight, HDL/LDL, total cholesterol, glucose, triglycerides, and blood pressure as well as self-reported attitudes and behaviors in family feeding practices and physical activity. Child outcomes included BMI and self-reported attitudes; knowledge and behaviors in eating fruits and vegetables; and levels of physical activity/sedentary behavior. These data were collected at the same time points as those for parents.

These measures were supplemented by two additional sources of data already collected as part of the CAST Child Health Information Data System (CHIDS). The first of these consisted of the annual BMI measures collected for District K-5 students each fall. The second stemmed from the annual longitudinal Family Survey collected from a random sample of participating CAST families that was modified to include response items (e.g., PEAS; Larios et al., 2009) identical to those included in the FHP parent survey. We used BMI scores collected in the Fall of 2012 for students matched to intervention children on grade/language/obesity level for comparison with the BMI scores for those children in the feasibility groups. We tested parent changes by comparing responses to FHP parent survey items with the same items collected in conjunction with the Family Survey administered at the same time as the post measures for the second feasibility group . These analyses provided:

- a. Information about the influence of the two feasibility group interventions (changes from pre to post and follow-up on direct measures)
- b. The influence of the intervention on child BMI (change in annual BMI 2011–2012 for intervention children compared to matched controls).
- c. The influence of the intervention on parent skills (pre, post, & follow-up parent survey items compared with contemporaneous measures obtained from the Family Survey)
- d. Estimates of the mean and *SD* for biometric measures at all measurement points. These estimates will support the calculation of sample sizes to test for intervention effects in an R01.

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