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How do treatment seeking overweight youth and their parent describe weight promoting factors in their family?

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Abstract

The aim of this pilot study is to describe youth and parents perceptions of potential weight promoting factors among families seeking treatment for youth overweight. We identified two important gaps in the vast multi-disciplinary literature: (a) a lack of studies addressing both the youth and the parent perceptions about family factors that are potentially weight-promoting and (b) a lack of interventions that community health nurses could deliver specifically targeting families seeking treatment for overweight youth. Focus group data were content analyzed. Broad themes included: (a) Mixed Messages, (b) Food and Exercise as Battleground, (c) Problem Solving, and (d) Social Aspects of Youth Overweight. We conclude that youth and parents could benefit from community health nursing interventions to implement healthcare professionals' recommendations incorporating all family members and creating and maintaining an accepting and demanding family climate.

Youth overweight presents a serious and difficult challenge to the health of the population. According to the 2007–2008 National Health and Nutrition Survey (NHANES), among children and adolescents aged 2 through 19 years, 12% (95% CI, 9.8%–13.9%) were at or above the 97th percentile; 17% (95% CI, 14.1%–19.6%) were at or above the 95th percentile; and 32% (95% CI, 29.2%–34.1%) were at or above the 85th percentile of the BMI-for-age growth charts (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010).

The consequences of youth overweight are compelling physically (Daniels et al., 2005), emotionally and mentally (Cornette, 2008), and socially (Koplan, Liverman, & Kraak, 2005). Nutrition, physical activity, and weight carry high priority in the US with a national objective to reduce the proportion of children and adolescents who are overweight or obese (<http://www.healthypeople.gov>). Because little progress has been made in the reduction of

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overweight and obesity among children and adolescents, there is a need for more research to be conducted.

Genetic factors contribute to youth overweight, but such a dramatic secular increase in prevalence emphasizes the importance of the environment. The family environment, from the perspective of both the parent and youth, is one approach that has not been thoroughly studied, especially among youth who are seeking weight management treatment. Potential overweight-promoting or obesogenic family practices need exploration so community health nurses can address them. This article reports the results of focus groups of parents and their overweight youth who were seeking weight management treatment to discover, in their own words, what family factors they perceive constitute an obesogenic environment. The question this study was designed to answer is, How do parents and youth who are seeking treatment for youth overweight describe factors that may potentially contribute to a weight-promoting family overweight?

BACKGROUND AND LITERATURE REVIEW

Investigators have begun to document parent and youth perceptions of factors that contribute to a weight-promoting family environment. Systematic and integrative reviews, secondary analyses of large datasets, surveys, interviews, and focus groups are reported. The literature is clear that parents and families matter in the prevention and treatment of youth overweight and should be included as targets of interventions to prevent or treat it. The family climate established by parents is likely a critical factor that should be explored further.

There is a vast multi-disciplinary literature on child and adolescent overweight and obesity. As a result of a systematic review of that literature, we documented notable parent and environment factors contributing to youth overweight, such as feeding practices, parent control concerns, and access to facilities for weight management, exercise, and counseling; issues of measuring family and environment factors; and psychosocial issues such as peer and family influences, culture, and self-esteem (Kotula, Fass, & Riesch, 2010). We also identified two important gaps. First, no studies were found that addressed both the youth and the parent perceptions about family factors that were potentially weight-promoting. Second, though a number of school and family interventions were identified, none specifically targeted families seeking treatment for overweight teens in community clinics (Kotula, et al., 2010). As a result, we undertook this study because our practitioner colleagues concurred that a theory and evidence-based behavioral intervention that nurses could deliver was a gap in services available to families with overweight teens.

Parents' Perceptions of Potential Weight Promoting Family Factors

Parents' perceptions include an awareness or lack thereof of their youth's weight status, concern for their youth's weight, barriers to healthy eating and physical activity, and the actions taken to change their youth's weight. Watkins and colleagues (2007) in a clinic sample of youth aged 1 to 20 years found a majority of parents recognized their youth as overweight; however, they did not recognize the severity of their youth's condition even though all had surpassed the threshold of obesity (BMI > 95th percentile for age and gender). Unawareness also included parents under-predicting what and how much youth eat throughout the day at school snack bars, school vending machines, convenience stores, and fast food restaurants (Moag-Stahlberg, Miles, & Marcello, 2003). Jackson and colleagues (2005) conducted qualitative interviews of 11 mothers and documented that the mothers' awareness and concern about their youth's weight was heightened when their youth no longer were able to wear appropriate clothing, family and friends made negative comments, their youth was observed as larger than their peers, and health professionals suggested that

weight was a problem. Parent concern about the youth's weight may be heightened if the youth's quality of life is involved (Lampard, Byrne, Zubrick, & Davis, 2008).

Parents perceive barriers to taking an active role setting a family climate for and prioritizing the youth's diet and physical activity. For example, in a study by Withall et al (2009), parents identified issues of cost of a healthful diet and physical activity. Exercise barriers included access to an exercise facility and neighborhood safety. The authors, however, suspected that reports of cost as a diet barrier may instead be a mask for a lack of motivation to prioritize fruit and vegetables over other purchases and to avoid healthy food choices. Other barriers described were familial shape and slow metabolism.

Some parents, particularly mothers, felt judged, blamed, and frustrated by their youth's overweight status as documented by 11 mothers and their overweight or obese youth between 14 months and 15 years of age (Jackson, Wilkes, & McDonald, 2009). Parents perceived their ability to manage their youth's weight-related behavior patterns as strong in some areas but nearly unmanageable in others. For example, parents reported successfully limiting sugary drinks due to health effects such as dental caries, caffeine intake, and direct link to weight. Managing screen time, however, was difficult due to it being such an integral part of a youth's social and academic life and the less than obvious link between it and overweight (Jackson, et al., 2009). Further, changing eating and activity practices may be undermined and sabotaged by other family members (Pocock, Trivedi, Wills, Bunn, & Magnusson, 2010).

Youth Perceptions of Potential Weight Promoting Family Factors

Youth perceptions are less well documented than parents' perceptions, yet many weight loss strategies typically target youth. Youth perceived their parents as role models, described behavioral practices, and identified beliefs about the role of family conflict, relationships, and rules upon a health-promoting environment.

Boys and girls identify their parents as their most important role models (Moag-Stahlberg, et al., 2003). Online and telephone surveys with 144 youth aged 10 to 18 revealed that parents' attitudes toward nutrition and exercise were observed and in many cases integrated into the youth's food purchasing, eating, and activity habits; satisfaction with their body; and time spent in physical activity.

About behavioral practices, youth with greater body dissatisfaction rated their diet as being less nutritious, had engaged in dieting, had a family member negatively comment about their weight, and spent less time being physically active (Moag-Stahlberg, et al., 2003). When asked about practices to reduce sugary drinks and screen time in focus groups and interviews, youth in grades 8 through 10 reported they could not be relied upon to limit either and would ignore or overcome rules to screen time (Hattersley et al., 2009). They were not aware of the guidelines for two-hours/day screen time, questioned the rationale, and vigorously rejected the guidelines. In their opinion, their parents should set and apply defensible rules, limit access and availability of sugary drinks and screen time, and serve as role models of the behavior they wished to achieve in the family.

Taken together, parents and youth perceived a number of weight-promoting family factors. Parents may need persuasion about being concerned with youth weight because they may underestimate it and its severity. Perceived exercise and eating factors included cost, accessibility, and availability. Youth perceived their parents as role models of diet and physical activity behaviors and family rules and relationships. Documenting the perspectives that both parents and youth have about factors that potentially contribute to a weight-

promoting family environment could identify modifiable factors to address in the care and management of a family with overweight youth.

The aim of this pilot study is to describe the parents' and youth's perceptions of factors that contribute to an obesogenic family environment among families seeking treatment for youth overweight. The objectives of this study are to content analyze transcripts from focus groups to (a) develop themes and sub-themes that may serve as ideas for potential parent-youth community health nursing interventions and (b) report common and unique perspectives by the parents and youth.

METHOD

DESIGN

An exploratory qualitative descriptive design (Sandelowski, 2000) was used to answer the following question: How do parents and youth who are seeking treatment for youth overweight describe factors that may potentially contribute to a weight-promoting family environment?

PARTICIPANTS

The study was carried out in a medium-sized urban area in the upper Midwest US. Youth who were being treated in a community clinic for overweight and their parents were sought to participate. The inclusion criteria for the youth were: (a) English speaking, (b) between the ages of 9 and 18, (c) diagnosed as overweight by a healthcare provider, and (d) participation in the larger survey study (Riesch et al., 2012). Youth who required gastric tube feeds, had a chronic medical condition that affected weight or ability to eat independently, or who were being treated with chronic steroids, chemotherapy, or immune suppressants were ineligible for the study. Sixty dyads (defined as a parent and youth) indicated interest in the larger survey study. Of these, 15 could not be reached after 3 attempts and 45 were screened for eligibility. Seven were not eligible either for age or weight, 9 refused, and 28 agreed to participate and were consented. Of these 28 dyads, 12 dyads agreed to participate in the focus group; seven dyads showed and consented to focus group participation.

PROCEDURES

Recruitment—Parents and their overweight youth seeking care for overweight at a community-based clinic were told about the study by a nurse employed at the clinic (but paid by the study). The study included an in-home interview survey completion and the option of participating in a onetime focus group. Parents were contacted by phone by the first author to confirm eligibility and explain study procedures.

Data Collection—After the in-home surveys and demographic forms were completed, dyads were asked if they would be interested in participating in a focus group. When 12 dyads expressed interest, the focus group was scheduled. Focus group leaders were trained by the second author in the tradition of Krueger and Casey (2009). The theory underlying the focus groups was parenting style (Baumrind, 1971), that is, a family climate of acceptance and demandingness established by the parents.

Focus group data were obtained during a 2-hour session held at the university. The dyads participated in adjoining rooms with a window between them. The first author facilitated the youth group assisted by a social work master's student and notes were taken by an undergraduate nursing honors student. The second author facilitated the parent group with an outreach staff member recording notes. Identical questions were asked of both the parents

and youth. The discussions were audiotaped. The focus group procedures are summarized (as are the facilitator questions) in Table 1. Each parent and each youth were paid \$20 USD.

Data analysis—A qualitative content analysis that entailing the presentation of the facts in everyday language was conducted. We sought to reveal an accurate accounting of events that most people observing the same event would agree is accurate. The stories or messages communicated among parents and youth in the focus group were the unit of analysis that were described, quantified, and explained (Sandelowski, 2000). Code definitions were defined *post hoc* using a method developed by Vangelisti (1992) that is outlined in Table 2. We sought to achieve themes and sub-themes that would be mutually exclusive and that research team members could reliably code messages into.

The focus group discussions were transcribed and printed. Research team members included a PhD-prepared maternal-child health nurse researcher, a maternal-child nursing doctoral student, one nursing and one public health master's students both with experience in children's health, and one undergraduate nursing honors student. All members of the team had clinical experience with overweight children.

ETHICAL CONSIDERATIONS

The university's Institutional Review Board approved the study. Signed parental consent and youth assent were obtained on site.

RESULTS

A description of the sample is displayed in Table 3. To answer the question, How do parents and youth who are seeking treatment for youth overweight describe factors that may potentially contribute to a weight-promoting family environment?, four broad themes were identified and labeled as: (a) Mixed Messages, (b) Food and Exercise as Battleground, (c) Problem Solving, and (d) Social Aspects of Overweight. The themes and sub-themes from the focus groups analyses are displayed in Table 4 and the frequency of responses depicted by bar charts are displayed in Figure 1. For each theme, findings are discussed that are common to both parent and youth followed by findings that were unique to each.

MIXED MESSAGES

The first broad theme addressed the idea that messages from the healthcare provider, contemporary knowledge, or other sources about diet, exercise, and how to reduce overweight are clear. Yet, the behavior in the family is contradictory to the message.

Both parents and youth provided examples of jumbled messages about food and eating in their family. Clinic staff recommended eating at least one meal together each day at the family table. Participants stated this is seldom accomplished due to hectic schedules, the table being buried under papers and projects, and lack of a uniform rule about it.

Parents stated it was difficult to follow through on rules that would be consistent with clinic recommendations for many reasons including time, energy, effort, youth pushing back, and just being worn down. One mother described how the family re-located for the third time in less than two years for her husband's job. She felt sorry uprooting her overweight son and found it "very hard to make him do anything, go to bed, turn off TV, get out to exercise." The parents expressed frustration with shifting the entire family to adopt diet and exercise practices. One parent may try to stay on lesson while the other parent, cognizant or not, may sabotage the practice and prepare inappropriate food.

In a particularly poignant example of parents not following through with rules, one parent told how clinic staff recommended youth select an activity they really like. Her son chose swimming but she bent the swim team practice rules, stating:

“...it's really intense. They have to be there five days a week for practice, and then there's a meet on Saturdays. And unfortunately, the practice times start at 6:00 in the morning. And you know what? I wouldn't want to get up that early if I didn't have to. And I said, you know, we don't have to go to every meet. And as long as you practice three days a week, you can choose which days you want, but three days a week, then that'll work for me.”

Youth, on the other hand, knew their parents wouldn't follow through with rules. They provided descriptions of parents providing alternate foods if they didn't like what was offered at a meal, obtaining fast food if they refused to eat healthful foods, and allowing video games and television in spite of rules to exercise or do homework first.

In summary, based on parent and youth comments, the parents may or may not realize they are providing mixed messages about food and exercise. According to the youth, it was clear their parents aspired to better diet and exercise practices but didn't follow through regularly. This lack of follow through was confusing to the youth and resulted in non-compliance with community clinic recommendations.

FOOD AND EXERCISE AS BATTLEGROUND

The second broad theme refers to the frustration and struggles that surround issues of food and exercise. Parents and youth both provided examples of food as a major source of conflict and tension. Clinic staff consistently recommended daily breakfast. One parent described providing numerous options for breakfast, but her child refused them all, and then coerced her into stopping for fast food on the way to school. This parent admitted she gave in and then felt frustrated with her lack of follow through. Parents and youth reported they lacked full-course, planned meals. Some identified a lack of access to healthy options or an adequate preparation environment.

Both parents and youth found motivation for exercise difficult. Several participants expressed personal disdain for exercise, it was difficult to exercise in the winter months, there were health insurance limitations to participate in the activities prescribed by the clinic, and the youth preferred video games and TV to going outside for activities.

A common concern reported only by parents was the youth not caring about goals and the ensuing frustration with motivating the youth on something they did not care about. Parents were tired of trying to work toward goals that weren't important to the youth. The following quote substantiates a parent's frustration with her youth's lack of care toward goals:

“I'm having no luck with my son at the clinic. He does not pay attention to goals. He doesn't care about goals. He doesn't care about his weight. He doesn't care about anything. And I'm sick to death of talking to him about it, he likes to sit. He's mastered that really well. His dinner tonight was a bowl of goldfish (type of snack).”

Youth, but not parents, indicated that their parents' “busy-ness” affected their own activity levels. When their parents were finished with their work or daily activities, they were tired and couldn't do activities with them.

These data indicate that parents were frustrated and limited in enthusiasm for the degree of change it would take to attain healthful diet and activity habits. They perceived the youth were not taking the responsibility and lacked motivation for developing and having their

own strategies toward meeting activity and nutrition goals. As a result, food and exercise became a battleground.

PROBLEM SOLVING

Reflection, using a process, having a philosophy, and thinking through the roles of parent and youth was labeled problem solving and is the third broad theme. Parents and youth cited the importance of changing the environment to make it less weight-promoting. Parents reported changing the types of snacks available. Youth described how changing the types of snacks available, for example bananas, grapes, strawberries and “these 110 calorie pack things once in a while” showed caring about what was good for them and was as an effective and helpful approach. This quote demonstrates how a daughter eventually adopted good breakfast eating behavior after the choices were improved,

“My problem is like with (name of daughter) and fruit, our biggest thing we started doing is smoothies, but instead of ice cream we use yogurt. And she can cut up strawberries by herself, peel her grapes and throw a banana in, whatever, she can do it herself, hit that blender. Applesauce and yogurt instead of ice cream is what we use. And she loves it...And she can invent the different flavors.”

Both parents and youth reported that incentives and consequences could reduce weight-promoting family factors. One parent stated he had his son participate in baseball club for finishing homework. Another said she knew her son wanted to fit in certain types of clothing. A mother and daughter negotiated a cell phone describing how the daughter came up with the concept and wrote out a contract to retain the phone if she maintained honor roll membership. They thought they could offer similar incentives and consequences for healthful eating and activity.

Parents and youth both reported that the clinic staff empowered the youth by having them take responsibility and control of their health behavior. One example given by a youth was choosing a snack that was healthy, “Usually, the rules for kind of snack is just not to eat junk, eat like healthy. Because like today, I was kind of hungry, so I just came home and ate like a sandwich”.

Parents learned that they might spur their youth into desirable behaviors by exercising with them and serving as a role model for eating and exercise. One father demonstrated how exercise could be less boring, more compelling. He developed a walking course that expanded into three miles over the course of a summer, “just a 20-second increase was really important. It made him feel really good...I had a little notebook and...we'd see deer... And sometimes we'd see turkey and make a note of that.”

These data indicate some changes were being made because the clinic staff empowered youth and the family modeled good health behavior. They reported using the child's self-perception or sense of physical health as a motivator to feel good or look good. Parents said they needed to be patient, “pick their battles,” and realize their own inadequacies. Both reported incentives and consequences for diet and exercise activities might be an effective approach.

SOCIAL ASPECTS OF YOUTH OVERWEIGHT

This fourth theme focused on social networks, isolation, capacity, and capital identified and used by parents and youth. Youth had many points to make about the social aspects of being overweight. For example, members of the extended family played a crucial role in the weight-promoting environment. One boy talked about how much food his grandfather could eat. Youth held strong views about who of those encouraging them to pursue healthy

behaviors were considered legitimate, namely coaches and friends. Youth welcomed the advice if they viewed the person as someone who really cares about them rather than someone who views them as “an embarrassment to be corrected.”

Youth expressed frustration about the emotional stress that occurred at school and how other students bully them by using weight as the target. One girl reported that schoolmates “gang up on you and tell you to lose weight.” Others agreed that they seldom had opportunities to talk about their weight or perceptions and found the focus group discussion helpful and supportive. A source of support youth identified was their pets. Playing, chasing, and running around with their pet served as an opportunity for exercise.

Parents, on the other hand, did not identify much support for working with their youth's weight, but when it occurred the clinic staff usually provided it. One mother expressed gratitude that the clinic staff urged her son to pursue exercise on his own rather than relying on her to do it with him.

The parents reported very few references of support. Instead, they cited the expense of joining a club, enrolling youth in school or community based sports clubs, and providing objects and financial rewards for reinforcing behavior as potential barriers.

DISCUSSION

STUDY LIMITATIONS

We acknowledge three major limitations. Consistent with the literature, our sample demonstrated that weight-management programs tended to attract families with educated parents (Saelens et al., 2002). Second, the sample reported a high to very high knowledge of nutrition, but no in-depth assessment was made of nutrition knowledge. Third, the sample is small; one focus group of parents and another of youth was conducted and the groups' members were self-selected. A more sophisticated theoretical sampling strategy and additional focus groups may have yielded richer data for analysis and an opportunity to develop a new explanatory theory. Nonetheless, our sample is comparable in size to that of other qualitative studies (Jackson, Mannix, Faga, & McDonald, 2005) and new ideas for community health nursing practice and further research were revealed.

SUMMARY

How do parents and youth who are seeking treatment for youth overweight describe factors that may potentially contribute to a weight-promoting family overweight? It was clear from the discussion that parents and youth alike were caring and accepting toward one another and that the care provider recommendations for weight management were well understood. However, few rules were set, if they were set they were not enforced, and the entire family was not on-board with goals (if there were goals). Overall disdain for exercise made motivating the youth difficult and despite good intentions parents gave into youth's baiting about food. Changing the eating environment and setting incentives and consequences were successful examples of problem solving strategies. Youth reported considerable social aspects to being overweight though adults did not. Parents and youth had differing perceptions about the youth having no goals and the parents being too busy.

INTERPRETATION

Congruence with the literature—Parents and youth in this study identified many weight promoting family factors. Similar to the Withall et al (2002) study, they perceived the season of winter as being a difficult time of the year to exercise and consistent with Pocock et al (2010), family members sabotaged the efforts of healthy eating by preparing

unhealthy dinners and allowing the youth to eat fast food even after a healthy breakfast option had been refused. Youth reported their parents' habits affected their own similar to findings by Hattersly et al (2009) and Moag-Stahlberg et al (2003). A mother who exercised routinely with her son reported how this became tiresome consistent with a mother's report in the Jackson et al (2009) study, who expressed frustration that her exercise episodes were an extension of her parenting rather than something she could do for herself, by herself. The time had come when youth have to be accountable and exercise without a parent doing it with him. Parents perceived lack of support to carry out the necessary activities and monitoring required by clinic recommendations reaffirmed findings by Pagnini and colleagues (2009).

Contrary to the literature—Unlike parent and youth perceptions documented in the literature, all the parents in this study recognized their youth as overweight. There was no mention of restrictive feeding practices but rather changes in the food and exercise environment. In fact, several of the participants admitted to being very inventive and continually encouraging as they described methods of changing the environment and solving problems with other challenges of child rearing such as school achievement.

Although the participants found ways to problem solve, they continued to be frustrated especially when goals were not achieved or recommendations were not followed through. The themes identified from the discussion with these participants demonstrated the importance of a consistent and unified approach inclusive of family and clinic.

Expanding knowledge in the field—A finding obvious among the parents and youth that is not well documented as such in the literature was the overall frustration they were feeling with lack of results from the treatment recommendations. Also not found in the literature was the youth's confusion over lack of rules and follow-through despite clear clinic recommendations. Parents and youth were frustrated but for different reasons – parents thought the youth did not have goals and youth thought the parents did not follow through on rules. In reality, perhaps, neither was taking responsibility for follow through.

Messages from parents and youth were not all negative. Participants understood that youth weight was not solely the youth's problem; parents realized the importance of working together and providing incentives and consequences. Could the exemplar of the successful cell phone contract be applied to diet and exercise?

A father and mother of different families in the study served as role models by creating interesting exercise opportunities with the youth. Other parents created interesting and appealing snack and breakfast options. The youth provided several examples of the support they received from their parents, friends, coaches, and clinic staff.

CONCLUSION

This study is, to our knowledge, the first to provide information about weight-promoting family factors from the perspectives of both the parent and youth seeking treatment for youth overweight. The data provide support for potential nursing intervention focused upon training dyads to: discuss methods of implementing the recommendations healthcare professionals make to reduce youth overweight; together determine and set rules and follow through; hold family meetings, set goals, agree upon strategies, try the strategies out, and evaluate them; together set consequences, provide positive feedback, social re-enforcers, and withhold privileges; and provide a toolkit of responses to manage stress and emotions, clearly communicate expectations, provide empathy, and manage conflicts.

When recommendations are provided to manage youth weight, all family members should work toward the individual's goals as the family's goals. These findings and insights from both the parents and youth can help guide further research and the possible development of community health nursing interventions that address and reduce the weight promoting family factors.

Parents identified few social aspects to their child's overweight. Parents might benefit from meeting together in a group through clinic and community sponsorship or interventions focused upon parenting the overweight youth. We recommend an emphasis upon helping parents set a climate of rules and expectations regarding exercise, nutrition, and screen time. We further recommend helping parents develop the skills for following through on rules or developing a sense of what parenting experts would refer to as demandingness (Steinberg & Duncan, 2002).

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Figure 1.

Bar graphs of subtheme frequencies (read bottom to top) <TQ>If possible, tweak contrast between bars in order to set them apart from one another more. Thanks!</TQ>

Table 1

Focus group procedures

Step	Rationale	Question
1 Introduction	Warm up the group	What convinced you to participate in this group?
2 Separate into groups of parents and youth	Promote developmentally appropriate discussion	Introductions, description of expectations for the evening
3 Describe the family environment	Ease into discussion of family habits and patterns	Describe a typical day at your house
4 Transition to discussion of weight promoting environment issues	Reveal typical conflict management or communication styles	What happens if your child/you breaks a rule (curfew, gets a bad grade, gets caught lying?) How are problems identified and solved in the family? Provide some words that describe how the household is run. What would you say are the good parts of being in your family? Are there some things about your family you would like to change?
5 Key questions about eating and exercise	Document the weight promoting family factors	Who in the household is responsible for buying and preparing meals? How would you describe the health of your family? Tell us about any rules that might control activities or eating in the family.
6 Summarization and feedback on its accuracy	Attempt to validate that our perception of the discussion was accurate	Is there anything else you would like us to know?

Krueger & Casey, 2009

Table 2

Vangelisti (1992) Process

Step	Action
1	All transcripts for youth and parents were read for information purposes, similar to reading a newspaper, individually by all members of the research group.
2	Transcripts were re-read a second time as an individual activity by each member of the research group. Major ideas were jotted down with substantiating statements.
3	The transcripts were again re-read and theme structure developed as an individual activity by each member of the research group.
4	During a meeting of all members of the research group, theme schemas were presented, debated, and agreed upon. Conceptual definitions for each theme and subtheme were formulated. Specific messages to be used were established (49 adult and 90 youth messages)
5	Specific messages were coded to fit themes as an individual activity by each member of the research group.
6	At research team meetings, each message was placed within a theme. To be placed, the message required 100% agreement among the team. Of the 139 messages, 12 (8%) did not achieve the 100% agreement.

Table 3

Social characteristics of the focus group dyads.

Dyads	1		2		3		4		5		6		7	
	Parent	Youth	Parent	Youth	Parent	Youth	Parent	Youth	Parent	Youth	Parent	Youth	Parent	Youth
Age	44	11	36	12	32	11	47	12	42	10	48	12	64	15
Gender ^a	F	M	F	M	F	F	F	M	F	M	F	F	M	M
Height (in)	66	61	61.5	58	70	63	64	49	62	58	68	62	73	66
Weight (lb.)	200	170	169	152	125	193	155	130	180	164	267	162	220	170
BMI	32.28	32.12	31.41	31.76	17.93	34.18	26.60	38.06	32.92	34.27	40.59	29.63	29.02	27.44
Race ^c	EA	EA	NH	EA, NH, A	EA	EA	EA	EA	EA	EA	EA	EA, NA	AA	EA, AA, NA
Education (grade)	16	6	14	7	12	6	13	6	16	5	19	7	19	9
Employ	PT		FT		Not employed		PT		FT		FT		FT	
Nutrition Knowledge	High (H)		H		H		H		Very High		H		H	

^aF is female, M is male^bNH is Non-Hispanic^cEA is European American, NH is Native Hawaiian, NA is Native American, AA is African American, A is Asian American

Table 4

Summary of themes, sub-themes, and exemplars.

Theme	Subtheme	Definition
Mixed Messages: <i>information from the provider, contemporary knowledge or other sources is clear but family behavior is contradictory</i>	Jumbled food messages	Families advised to eat together, not celebrate or reward behavior with food, structure meals, and don't single out the overweight child. Youth report these messages are ignored
	Rules not enforced	Though rules about activity and eating are established, due to time, energy, youth pushing back, or parent worn down, they are not enforced
	Broken exercise commitments	Though physical activity plans are established, the plans frequently fall through or not adhered to as established
	Hard lessons to teach	Though meal planning or activities are scheduled, stress or change in schedule results in getting off lesson
Food and exercise as battleground: <i>frustration and struggles that surround issues of food and exercise</i>	Youth have no goals	Parents were frustrated with trying to motivate their youth on something the youth don't care about
	Motivation for exercise is hard	Parents themselves disdain exercise and thus find it difficult to motivate their youth
	Food as a warzone	Despite good intentions and parental attempts, the youth simply will not comply and in fact may bait the parent into caving in around the intent or attempt
	Busy parents	Children identify that their parents' busy-ness affects their own level of activity or nutrition
Problem solving: <i>reflection, use of a process, having a philosophy or thinking through the roles of parent and youth.</i>	Incentives/consequences	Strategy generated by either the parent or youth to attain a goal
	Change environment	One method to change individual behavior within the family environment
	Empower the youth	Primarily used by clinic staff, adapting a philosophy that the youth take responsibility and control of their health behavior
	Family models good health behaviors	Parents serve as examples of appropriate eating and activity habits
Social Aspects of Youth Overweight: <i>social networks, isolation, capacity, and capital identified and used by the family, parents, and children</i>	Extended family	Include people who were supportive or discouraging
	Positive friends and coaches	People in the network who are accepting, encouraging, and encourage healthy behaviors
	Negative school or social experiences	Result in frustration and stress
	Pets as Social Support	Serve as a source of social support, opportunity for activity
	Clinic staff Support	Provide one of the few constant sources of support