### Parent Modeling

Parent modeling is used more often with pre-adolescents, while other interventions are used with adolescents. Out of 24 efficacy and comparative effectiveness trials for children or adolescents with overweight or obesity, family-based multicomponent behavioral interventions achieved a greater zBMI reduction. Adolescents with overweight or obesity, family-based multicomponent behavioral interventions with 26 or more contact hours showed an average reduction of -0.27 zBMI (95% confidence interval -0.38 to -0.16) relative to comparators.

**Applicability Concerns**

- Timing: Only 12-month follow-up is included, so information on maintenance is limited.
- Settings: Efficacy of interventions, engagement, and retention (e.g., % homework complete) were addressed but not as thoroughly.
- Comparators: There was no examination of surgery or other interventions.

**Focus group data and input from community members**

- Studies noted no concerns about medical harms as a result of intervention (no change in height in the tx group relative to the control group; improvement in other areas of medical functioning).
- Family concerns should be incorporated.

**Grid for Multicomponent Behavioral Interventions for Weight Management in Children and Adolescents Who Are Overweight or With Obesity**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Relative Effect (95% CI)</th>
<th>Quality</th>
<th>Notes from panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>zBMI reduction ≥0.25 in IG</td>
<td>N/A</td>
<td>N/A</td>
<td>Notes from panel: Not enough evidence to make recommendations. Say session attendance instead of adherence (see narrative summary). Please refer to Table 25 of Kaiser systematic review draft report, p.116 for details and lack of ability to relate to effect sizes and recommendations for small effects.</td>
</tr>
<tr>
<td>zBMI reduction ≥0.50 in IG</td>
<td>N/A</td>
<td>N/A</td>
<td>Please refer to Table 23 of Kaiser systematic review draft report, p.116 for NSD between group; SMD -0.34 (-0.28 to 0.17), p=0.07.</td>
</tr>
<tr>
<td>Relative effect (95% CI) = WMD -0.01</td>
<td>N/A</td>
<td>N/A</td>
<td>Notes from panel: Not enough evidence to make recommendations. Say session attendance instead of adherence (see narrative summary). Please refer to Table 25 of Kaiser systematic review draft report, p.116 for details and lack of ability to relate to effect sizes and recommendations for small effects.</td>
</tr>
</tbody>
</table>

### Studies Included

- Across all trials, slightly more than half (58%) of participants were black or Latino.
- Across all trials, small percentages of participants were aged 10 (28%) and 12-13 years (24%).
- Across all trials, small percentages of participants were aged 16-17 years (13%) and 18+ years (2%).
- Across all trials, small percentages of participants were female (40%) and male (60%).
- Across all trials, small percentages of participants were white (59%), African American (9%), Asian (3%), and Latinx (11%).

### Outcome Measures

- Efficacy trials: Outcome measures included weight, BMI, and related health outcomes.
- Comparative effectiveness trials: Outcome measures included weight, BMI, and related health outcomes.

### Recommendations

- For parents, focus on engaging in physical activity sessions and conducting them in non-healthcare settings.
- For clinical significance, variability was done in a variety of settings.
- For overarching recommendations, more evidence is needed with younger children.