

Longer Interventions for Weight Loss = Best Long-Term Outcomes

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At Wellspring Camps, we pride ourselves on helping participants make major changes in the way they think, behave, and function as it relates to their weight (and health and well-being more generally). We immerse campers in a healthy lifestyle, surround them with positive role models, get them talking about themselves and how their weight affects them every day, and help them learn critical concepts in nutrition and key self-regulatory skills. The results speak for themselves. Many participants make the transition to a much healthier life, full of opportunities in virtually all spheres of functioning. These outcomes also appear much better than those typically reported for outpatient programs.¹⁻⁴

However, we know that about half of the participants won't achieve permanent substantial weight losses, based on our initial 1.5 year follow-up. That's still far better than the 95% who don't change based on dietary education alone.

The purpose of this paper is to summarize factors that lead to the best outcomes, based on several decades of research. The scientific literature points to many possibilities, but two related factors jump out as the most influential ones: **length of treatment and amount of initial weight loss during treatment.**

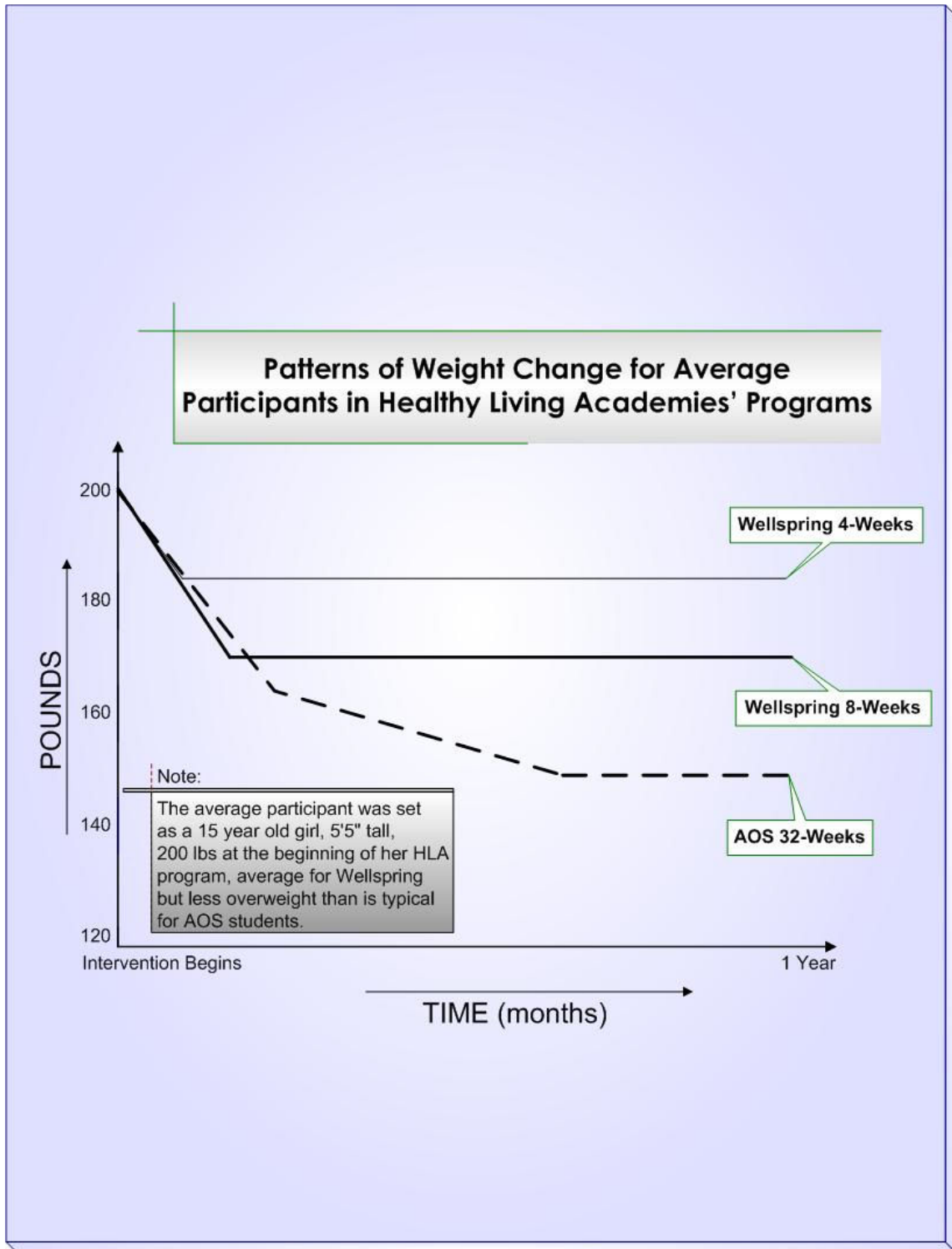
The figure below shows the pattern of weight change for the average camper in Wellspring who stayed for 4-weeks versus 8-weeks and the average student at Academy of the Sierras. These patterns show that the longer interventions tend to produce better long-term outcomes. Two experiments demonstrated this^{5,6} and almost all of the dozens of reviews of the outcomes of treatments for obesity (for children, teens and adults) conclude that overweight people do far better with longer interventions.¹⁻⁴

Those who lose more weight within a particular course of treatment often fare better when evaluated months and even years after treatment. At least five studies documented this pattern.⁷⁻¹¹

Longer treatments allow participants to lose more weight, in part, by mastering key skills (like self-monitoring; self-awareness; goal setting; stress management). Longer interventions also help them truly establish the kind of lifestyle change, sometimes called a healthy obsession,^{12,13} that can withstand challenges from a culture that isn't supportive of eating very little fat and consistent activity (an obesogenic culture) and from their own vulnerable biologies and emotional challenges.

Substantial weight loss within a program can also create momentum, providing motivation to sustain changes. When weight controllers no longer look

overweight, others treat them better and they often treat themselves better. They can also do more physically and have more emotional energy (vitality, less depressed), as well. Maintenance, of course, biologically, is far easier than weight loss. The body doesn't fight maintenance as much as it does weight loss.¹²



Combining these observations leads us to suggest that participants who haven't achieved enough weight loss to put them into roughly a normal weight range (e.g., < 20% overweight) or haven't fully mastered weight controlling skills (e.g., consistent self-monitoring) will have better long-term outcomes if they extend their treatment in a structured way. To recap the rationale for this recommendation:

- Longer treatments produce better weight losses in the long run.
- Those who lose the most weight during a course of treatment maintain weight losses better over time.
- Longer and more effective interventions achieve better outcomes via increasing mastery of weight control knowledge, self-regulatory skills, and motivation.

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