



Design Your Own Health Coaching Program - 2012

Transcript

I'm going to walk you through the components of a good coaching program that you can do one-on-one. Obviously, it's going to be related to your gifts, your talents, who you're appealing to, but there are specific components that you're going to want to put in.

I'm not going to tell you how many visits it should be, how long it should take, what you should be saying to people, but there're basic components that you want to include.

First of all, as with anything else, you need a good history. Not sure what you do right now for client intake, but it's likely that you find out what kind of conditions they have, what supplements they are on, what they eat and what diseases, what surgeries, things like that they have. It's important to do that.

The second thing is the insulin resistance assessment on the dashboard page. If you go down to right here – insulin resistance assessment form, it's just a little bit below halfway down on the list. I put this together based on the online form that we have.

Again, you are welcome to use this one as-is, as long as you keep all my information in there. If you want to create your own, take it out and create your own. Do whatever you want, but if you're in a hurry and you want to use this, you're welcome to do that.

You want a health history. Whatever it is you currently do – you could look around online, you could talk to colleagues, you could go to whatever school you've been to, they'll probably give you some ideas – you want to get a good history. You want to do an insulin resistance assessment; that will give them a number, and there's a scoring sheet on there as well. That will give them an idea on how far gone they are, and they can do it at the beginning of the program with you. You can do it midway through to see how well they're progressing, and do it again. So it gives them objective data.



You definitely need to know about their habits. What do they eat, what times do they eat, how do they exercise, do they exercise, what's their stress level like, so you ask those kinds of questions, either in your interview with them or on paper or you have them track it.

You want to see what they're eating – a diet diary. You can do that with the 24-hour recall, where you ask them, 'What did you eat over the last 24 hours?'

You can send them a diet diary to fill out. You can ask them what's a typical breakfast, lunch and dinner – although those I find are a little bit misleading, because they usually put down the best breakfast, lunch and dinner.

Then when you do food frequencies, which I do, and it says, 'How often do you eat this, this and this...?' You would think from their typical 'This is what I eat for breakfast, lunch and dinner' that they never have bagels. Then you come to find out three days a week they have bagels.

Food frequencies are really great – we have a very exhaustive list. It's an online form. If that's of interest, I'll put up the link, and basically give you an idea of how you can formulate that. It can be an online assessment like mine is; it can be paper and pen, etc.

One thing I'd like you to realize is that I've been doing this for over 20 years, and I just now have a lot of these things online. I've been working on my forms for years, in various formats to see what works for me. Some people are just happy in filling in stock forms that you can get from medical supply places. I was never happy with that, because I always had specific questions I wanted to ask.

Use whatever you have – put something together; know that it's not going to be what you're going to stick with. The more you learn, the more you experiment, the more people you speak to, the more you're going to realize that you need to have a different set of questions asked.

I finally have them now online, on a webpage, so that if I want to make changes, I can make changes. I haven't printed out a couple of dozen of those. There are none sitting on my shelf, and I don't have to mail them to people and have them mail them back, or have them come into the office and sit down and fill them out. I actually have them do it online and the compliance is so much better.

Again, it took me many years. One of my big dreams is to be able to have all the stuff that I've learned and all the things that I've put together on the website, and then have a turnkey system for nutrition practitioners – pay a certain fee and I have a web person take a copy of what I've done, clone it, tweak it up and customize it and put it other there. It's probably going to be a couple of years before that happens, but that is definitely in my long-range plan.

Taking measurements is a good thing. Measure your waist so we know what your waist-hip ratio is. Measure your chest, measure your arms, and measure your legs.



That was really helpful because people in the last program would come to me and say, 'I lost nine inches around my waist. I lost 30 inches across my whole body.'

And they're much better measurements than the scale, and it's really fun when people go, 'Wow, I've lost three inches. This is awesome.'

Figuring out their fitness level – in B4 Be Gone we have a set of tests. How many push-ups can you do? How many sit-ups can you do? You can make it whatever you like. A lot of personal trainers I work with are going to be having a whole different set of evaluations than we might because we're not trained in that area.

What are their sleep habits? This is really critical. Do they have trouble falling asleep? Do they have trouble staying asleep? That's where it helps to see what their sleep cycles might be, and help them to tweak their sleep cycles. How much stress are they under?

Then anything else you can think of that you think is important. If you're an energy worker, you may have some specific energy-type questions. If you work on emotional blocks with people, you may have some other questions that I don't have.

You pull this together – whatever it may be, it'll be your personal assessment. That has to happen at the beginning of any program, really. It's one thing to just write a book and everybody follows it, but that's not customized. People are coming to you because reading a book didn't help. They want your help, and they want it customized.

That's the first component of approaching a program. The second component is the actual coaching. This is more than just counseling, where somebody comes to you, you give them a menu plan, you give them a supplement plan, and they come back in a month and you muscle test them again and tweak it and you send them back out.

A lot practitioners practice that way. They get good results, they're doing good work. I'm not faulting it; that's not the way I work. I believe that it really helps; people need coaches. That's why you guys are doing what you do. You can't just tell people, 'Oh, go have a gluten-free diet and you'll be fine.'

Well, yeah, there's a percentage of people, you tell them to go do a gluten-free diet, a couple of weeks later they say, 'Done. I'm feeling great. What's next?'

But for the most part, the majority of people are going, 'What the heck does that mean? Which foods have gluten in it? Which foods don't? What do I eat instead? What do I eat instead of bread? I can't even imagine not eating bread. What about pasta?'

That's where you come in to be able to coach them – not just on the lifestyle pieces, but on the mental and emotional blocks that get in the way.



Our job is to remove the obstacles, and some of the obstacles are what they're eating, whether they're moving properly or not, what they're thinking, their stress level. Other obstacles are in just the attitude, the belief system.

There are a lot of obstacles, and our job is to take those obstacles and get rid of them so these people can be free to live a vibrant life.

You want to be able to explain to them how insulin resistance works, and you can do it in a teaching sort of way, but when you're one-on-one with people, you can show and ask questions and really get them to get it. 'What do you think would happen if this is how it's supposed to work, but suddenly you're bombarded with sugar? How do you think that might affect things?'

When they come to it themselves, they're going to have a much better appreciation of it and much more follow through.

You explain what caused it. How did they get where they're at? And then you explain how they're going to get out of there. Important things are connecting with them right from the start, and really connecting with who they are and what they stand for and what's important to them. Then they have confidence and faith in you that you can help them to solve their health challenges. Let them see that vision for themselves – like I asked you to look at the 'one year from now, what is your practice' vision, 'what is your business' vision. You ask them, what is their vision for themselves?

When they shed that extra weight, what then? How are they going to feel? What is it going to be like? So that when the going gets tough, and it will, and they're craving M&M's and they're trying to figure out why it is that they're not supposed to eat those M&M's, you can give them techniques to help them focus in on what really is important.

If you have built into your program - like SOS calls I like to call them, where they can call you in between visits for quick coaching – and they call you and they say, 'I'm at a party and I'm on my cell phone here, and those M&M's are looming at me, and I'm just trying to figure out – I tried to explain to my aunt why I wasn't eating them, and I couldn't really explain it very well. Remind me.'

You might say, 'Mary, remember - remember that woman riding a bike in a race a year from now. Remember that woman on a vacation and playing with her kids instead of lying down and watching her kids play. Remember....'

And you can bring them back to their vision and they'll go, 'Huh! Right! Got it!'

It's really important to know that vision right up front, because that will help you to help them when the going gets tough. Then within the B4 Be Gone program, you can look and get some ideas of ways that you can give them to really move through those problems, and you may have some of your own already.



Giving them hope, and giving them something to look forward to, is as important as giving them the diet. Then it's really when you're working one-on-one, you have the ability to guide them through the changes at a pace that they can follow. You can tune into their overwhelm, and if they're really overwhelmed, you're going to give them one or two things to follow at a time.

As far as coaching is concerned, you want to be able to follow up regularly. You want them to track their diet, health and symptoms and habits. How are they feeling? You can use the tracking spreadsheet as a guideline for creating your own.

What I find – at least in a program like this – is weekly follow ups at the beginning are really important. There have been times when I've just had somebody come in and I give them a diet and they say, 'Oh, yeah this is great,' and we didn't set a follow up. That was when I was doing one-on-one calls one call at a time rather than hooking people up for programs, and it wasn't doing them any good at all. It was frustrating for me, because they weren't getting the results. It was frustrating for them because they weren't getting the results.

So regular follow up is critical even if it is just a five-minute or 10-minute call on the phone. They hear your voice. I have one person who's in a really high-end, VIP program and she has my cell phone and my text, and she sometimes texts me every day, and we just have a little quick text interaction each day and it keeps her moving forward. It's really, really important.

You have to decide what pieces you want to offer. How flexible do you want to be? And you also have to keep in mind your own lifestyle. You have kids, you have to be careful to protect your own time when you're doing this, but regular follow up is important. Because when they have accountability, when they know that you're going to be checking in with them in three or four or five days or a week, they're less likely to go off and get off-path. It's really, really important.

I've worked with some people with whom meeting with them once a week wasn't enough – that I wish I could talk to them every day. And someday I'm going to have some residential-type programs where I can do that, because some people just need that over and over and over. I've had some people who I just wanted to invite to come and spend a weekend in my guest room so I could make the food for them and not tempt them, and just protect them from the temptation until they got to the point where they were good at it.

But if you have ability – you're retired or you don't have children and you have an extra bedroom, that may be the kind program you want to create, where you do some residential weekend things, or week-long things.

Or even go to somebody's home – you can do kitchen makeovers where you go to their home and you teach them about these foods.



Not everybody needs to be in the one-on-one, dealing with people on that basis. It may be more creative – it may be that you want to create a program where you go to someone's house for five days, and you completely make them over and you show them how to make all this stuff. You show them how to do it. You do the burst training with them. You walk them through the breathing, the appreciation and the HeartMath and mediation. I know Beatrice is a meditation teacher, so we're walking them through those things. Those things can be really valuable.

So as you are sitting down to design your program – I'm giving you a template – the sky's the limit. It doesn't have to be a one-on-one, across-the-desk type of thing. It doesn't have to be just a small group, like Tammy said, in her office. It doesn't have to be just this big group like I do online. It could be something totally different, like you go to them, or they go to you, small retreats. There're a lot of possibilities.

If you have a program that you call your whatever-you-call-it related to the insulin resistance, blood sugar thing, you have this program, and you know what's in it. You'll be able to describe it to people and get people signing up. Describe it, and we'll teach you how to describe it in a way that people will love it.

Training – you need to teach them how to monitor their glucose. You need to show them how to sometimes. You need to teach them how to track. You need to teach them how to time their meals for optimal health. These are some of the topics of training modules that we had in B4 Be Gone, and at first you're going to be training people one-on-one. You're going to be telling the third person that day, the fourth person that week, the fifth person that month – whatever – you're going to be telling them about EFA's and trans fats and why they're not good for them, and the sugars, and how the sugar disrupts their glucose cycles.

You'll be doing this one-on-one. It's really good practice to do it one-on-one, because after a while you can do it in your sleep.

You're going to be teaching them what to eat, and what to avoid – and hopefully providing some recipes for menu plans. Now, those menu plans and recipes that you got in this program took me lots and lots and lots and lots of hours to put together – especially the menu plan – we're working on how to do it, but right now they're not available to anybody outside the B4 Be Gone program. But we want to look at how we can offer that you, where you can sign up as an affiliate and send your people that you're working through to purchase this or you purchase it for them through my website, so they actually get those documents so you don't have to create them.

That would save you a lot of time. It would also create a little extra revenue stream – because as an affiliate you'd get a percentage of every one that you sold. You may want to just sign them up and wrap that into your fee for the program. However you want to do it.



We're brainstorming ways to do that, to make it efficient for us – not really hard to administer. So there's going to be easy breezy for your clients to get access to that.

Over time, you might create your own books like that – but know that takes a lot, a lot of time.

You're going to be teaching them about exercise. You're going to be teaching them about gluten-free, and this is a biggie as far as training. Biggie! I have a little book on my website on gluten free, and where the charts are. You're welcome to send people there. You're welcome to create your own resources.

But on some of these you will want to create little mini books and reports. We'll go into a lot more of how to do an online version of your practice in another module down the road, later in the year.

But teaching them how to go gluten-free – what do they make instead? Most people are devastated when they hear it, and they don't know what to eat. You can teach them. You can help them with that.

Then there's the exercise, the stress, the sleep – all of the things that we cover in the B4 Be Gone program. And in some way you'll be educating them – whether it's being across the desk from them, whether it's creating handouts, or maybe you even create little mini audios or videos. It gets easier and easier to create your own videos these days. A little flip cam or your web cam attached to your computer, and you're reading a slide show and Camtasia, which is the recording stuff that I use to record my slide presentations when I do those.

So there's a lot of that available. Take yourself where you're at right now. You don't have to have those things in place in order to do this. All you need to do is have your heart in the right place, understand the process, know how to guide them through the dietary changes and explain it to them, and you'll be good to go. And if you get in over your head, like I said, you have resources to call upon.

Let's talk about some of the components of a successful coaching program. What are the pieces? You may include all of these pieces; you may include some of these pieces. You may create some of these pieces; you may farm out some of these other pieces – third party, or use my resources or other people's resources. You may have certain books you want them to read. You'll include that in your program.

When you're designing the program, it should always include an initial assessment and some number of follow up sessions, whether they be by phone or in person. There's some sort of training sessions or written materials – so there're times when you're going to be sitting down with them and teaching them.

Tracking forms – really good stuff. For some people, it's just, 'Okay, get a notebook and start tracking this,' and you tell them what to write down. For others, you can create your own forms. You don't have to, you can start simply.



Of course, like I said before, you may use recipes. Are you going to include that? Do you have a recipe guide of your own that you've already created? Or do you have recipes that you could put into a little mini recipe guide to at least get them started? It's really not that hard to do. A really important piece, too, is progress evaluations. You want to make sure that you're keeping people on track, so redoing the insulin resistance assessment; asking them how they feel, doing a number from zero to 10; measuring their waistlines to see if their belly fat has gone down.

Another piece that I really like and I enjoy is e-communications, and I wrote it down as 'email questions,' – a couple of my clients have my cell number. Actually, most of them have my cell number. Some of them choose to use it more often than others, but they have my cell number and they text me. What I prefer is on my website – and I can go in there and show you what I do. My web guy created my personal chat area where people can send me messages, and only they and I can see them. And all of their messages are stored in one place instead of lost in the bowels of my email. So that's one thing.

Then any extras – what else? Are you a personal trainer? Do you want to include some personal training sessions? Do you want to include a food prep class? Do you want to go to their house and teach them how to make some food? Do you want to do a three-hour pantry makeover where you go to their house and you help them organize?

There's so many things that you can include. What's your passion? What do you love to do? Do you want to go teach them how to juice, like Darlene did? There're lots of options. One thing I actually did with one of my VIP clients – she's on a six-month program, and we've been working together, and I was out in the area. I told her I was going to be in the area. She goes, 'Oh! You can stay at my house and we can....'

And I did – I took her up on that. She's a friend as well, so I went there, and it was great. I showed her how to make juices more interesting than what she was doing. I made her breakfast, and she was thrilled with it. I gave her a couple of new recipes. I looked through her supplements and helped her to organize that.

That was just a casual friend visit that wasn't part of a program, but those are the kinds of things that you can do, and you can build that into your program.

What are some of your decisions? You'll see we have a worksheet that you can fill in. These are the decisions that you need to make in doing this – and know that this is your first pass at it. And, even if it's your first pass at it, if you have the opportunity on Monday to offer it to somebody, go for it. It doesn't have to be perfect.

I have had programs which just changed as the weeks went on, as I actually got them designed more in the way I wanted. And it's a little bit hard to keep track of who has what features in their program, but you just do it. Take imperfect action – don't wait for it to be perfect.



So how many sessions? Over what length of time? What length of each session? Are you going to do it in person, or are you going to do it on the phone? Are you going to do individual, or with small groups? Are you going to do it a combination of individual and small groups? Are you going to do a combination of in person and on the phone? Are you going to have small groups that meet in person, and then others that meet on the phone for individual?

So many options! What suits you? What feels good when you think about it? If it feels awful to think about somebody coming to your home for a class, then don't include that. If the thought of going to someone else's class and helping them set up their kitchen is really exciting, then include that. What extra materials – bonus materials? And sometimes you can approach people – I may have some things I'd be willing to give you as bonuses that you could get to people. You could send them here, and they could download something as a bonus.

Are there colleagues that may have things that you don't have, if you don't have things developed? What recipes have you developed? What articles have you written that might be helpful? What resource lists? Anything you can think of that would be helpful.

SOS access – what is that? I tend to include, in my highest-end coaching programs, privately, SOS access, meaning 'if you need me, you got me.' At first I was scared to do that. I was scared to say, 'Well, it includes this many sessions, and if you need to call me for a quick question, you can do it anytime if you have them.' Then you say, 'Well, you can do that once a month.'

It's amazing how it works. When I first did it, I did include two-a-month quick questions calls, and what would happen is, towards the end of the third, fourth, fifth month of coaching with somebody, they realized they hadn't taken their two calls for the last three months, and they wanted to bundle them all together and get an hour, because they missed those calls so they wanted to get them all in a row.

I thought, 'This is crazy,' and I had to keep track of it, and it was really challenging. So I just put in SOS access.

You need me, you can text me, you can Skype me, you can do whatever you need to do to get a hold of me, and we'll set up a quick question call. And you know what? Hardly anybody does it, and I don't have to worry about accumulating them.

It's wonderful, and there are a few people who have taken advantage of it maybe, in some weeks, two or three times, but then they won't do it again for weeks at a time. It really gives them that safety net of knowing, 'Wow, this is awesome,' and it really doesn't cost you a whole lot of extra time.

Any other decisions – if you think of anything that I haven't, let me know. I'm sure you're going to have questions about this before we begin.



The last piece is 'What's your process?' Like I said earlier, I had that five-step process. Those five steps probably weren't the best steps in terms of engaging a person in the process. It's like, 'Okay, reset my insulin receptors. What does that mean?'

It's really a good idea, as you create the building blocks of your program – what are you going to take people through? – You create the steps that ideally give them a clear understanding of what it is, and it reflects a benefit that they want.

I don't know how many people come to me and say, 'Gee, I want my growth hormone balanced.' Some of them do, because I have a lot of clients like you guys and practitioners that do say that. But, for the most part, the average person is not going to come to you and say, 'I want more growth hormone.' They're going to say, 'I want less belly fat and a leaner body. Well, that interprets to more growth hormone, and you're going to need to work on that.'

Here's how I reframed some of those steps, and I actually took the program that I put together, and I just put it into seven steps that are much more exciting for a person to hear.

Step one: discover what's getting in your way, so you can get what you want. (2) Get a vision that inspires you to make the right choices – to choose things that leave you energized. (3) Eat energizing foods and enjoy what you eat. (4) Design a short burst fitness routine that melts away fat. That's a good one. (5) Deepen your sleep so you wake up refreshed and burn fat while you sleep. That's a good one. (6) Time your meals, exercise and sleep to optimize fat burning. (7) Conquer stress and think clearly in just seven minutes a day.

These are some of the steps that I can take people through, and you'll see how these would overlap with some of the pieces of the B4 Be Gone program. You can use this and tweak this as an example, or you could make up your own.

I've been coached that it's best to keep the number of steps shorter rather than longer, odd numbers somehow psychologically sit better with people than even. Seven is a nice number, five is a nice number. Nine seems to be getting a little bit too big – although a lot of people like to have their 12-step program, which people remember because of familiarity with the Alcoholics Anonymous....

This is your template. This is what you get to fill out.

At the top is the title of the program. You may not know what you're going to call it yet. You don't have to fill it out first – it's just once you do fill it out, it's nice to have it at the top, so that's where I put it. You may skip that and come back to it later.

What problem are you solving? The way I set up B4 Be Gone is we're solving the problem of belly fat, brain fog and burnout. We're doing it via blood sugar imbalance, but some people understand blood sugar imbalance as a problem. Those are the problems that I'm solving.



Who is your target audience, if you have one? Maybe you're targeting towards nursing moms. Maybe you're targeting towards triathletes who are in training. Maybe you're targeting towards women in menopause, men who are truck drivers. If you have a niche, and that's a subject for a whole other business discussion, but if you've already identified your target audience – who you most likely want to work with....

I heard Robin was telling her partner that she wants to work with restaurant owners and teach them how to create meals. You can tailor this to working with restaurant owners.

That's not going to be a-sitting-across-the-table, but you could put together little programs ...consultation packages that you can offer to those people, especially with all the gluten-free stuff these days. A lot of restaurants are really on the bandwagon in wanting to provide healthier food.

You want to make sure you list 'what are all the benefits of this program.' What are the results your person is going to get? Make sure that's clearly laid out.

Once you've done those kinds of basic background pieces, go through the format of your delivery. Is it a one-on-one program? Is it a small group program? A phone program? An in-person program? Going to someone's house – all the possibilities that we've already talked about.

And if you're not sure, if there's several of them that turn you on, write all of them down right now. This is a brainstorming aspect of the program.

What's the timeframe of delivery? Is it a six-week program? Is it a three-month program? Is it a six-month program?

Is this insulin resistance piece part of an ongoing program that you already have, or is it a stand-a-lone piece?

Then how many sessions – what are their lengths? How are you delivering it? Are you delivering it in person? Is some of it going to be online? Are you going to create some audios and videos? Are you going to do some written material?

Finally are there any additional elements you're going to include – and that might be recordings, recipe guides, menu plans, charts, documents, access to other people's bonuses, a book, a book you've written or a book you like. It could be a glucose meter! Maybe you're going to throw in glucose meters. I'd like to do that. I haven't figured out yet how to get access to them large scale in buying them or sending them out, but I think it would be awesome to include glucose meters and a couple hundred strips, and package them into the price of your program.

There're a lot of things that you can do.



You can take variations on those seven steps I showed you. You can do what a friend of mine calls 'rob and duplicate' - R and D. She says, 'I'm going to do some R and D. I'm going to rob and duplicate.'

You see what other people are doing, and you personalize it to how it works for you, if it's working. And of course, if it's copyrighted material, you need to actually have permission to do that.

But you basically look around, see what other people are doing, and see what resonates with you. And you will indeed create something that's unique to you, because it's going to reflect you and your personality and who you are.

Finally, at the very end, I have pricing. Only after you know all the pieces that you're putting into it do you know what a fair price would be. If you end up doing a program that takes 25 hours of your time, you're not going to charge \$195 for it, unless you want to be making \$7 or \$8 an hour. So you really have to figure out how much time you're putting into it, and determine 'What do you want to be making per hour?'

Maybe two things – what you ideally want to be making per hour once you get this going, and what you're going to settle for right now. And it can be two different things. It doesn't mean you have to keep it at whatever price you start at.

I used to charge people \$75 to come see me, and I said it was for half an hour. And, inevitably, I couldn't finish anything in half an hour, and it was an hour, two hours, and they'd walk out with tons of value in two hours. And what would I charge them? \$75, because that's what I said it was. I said it was \$75 for a half an hour.

It was terrible. I was way undervaluing myself, and as a result I got exhausted from working too hard and not making any money. It's changed, because I value my time, and I also see how much time goes into it. B4 Be Gone is a group program, so I could charge a lot less than a one-on-one program, but given all the hours I put into that and all the time it takes me to create the materials, and how I have to pay people to do it, it's way underpriced for what it is.

Make sure you feel comfortable with the amount of money you're going to get, and know that you can increase it later. Some folks like to be ambitious and bold and start with a really high number at first. Then, if they don't get nibbles, they lower it. It's up to you – it's up to you. What does the market bear? What's the market in your area, if it's local? What are other people doing? Do some market research; you can get a general ballpark.

The last page is for any notes you want to take, and the final page you can fill in once we're done with action steps that you're going to complete – that you need to do to complete your program design and commit to what you're going to do. We're going to do that in an accountability group.



You are going to be working on this now, and I'm going to put you into groups. Yes, if you prefer to work alone, you can, but I think you're going to get more done if you work in groups. I'll tell you why: I think that you're going to brainstorm, and somebody's going to say, 'Oh, that's a great idea. Why don't you do this?'

You'll explain to the other person what you're kind of envisioning, so you'll brainstorm a little bit ...let's take 10 minutes each and work on it, and you'll get a really good running start.

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Ah, so how was that? Does anybody want to share how that was for you? I heard a lot of things I do want to comment on, and I know there're a lot of questions, and I want to make sure we get there. Maybe we can take one or two shares.

I know that Biary had a question about, 'How do you know, when you're going to set up a program with somebody, how long it's going to take and how many sessions?'

That's a great question, and that's why, for the longest time I would just do individual sessions and tell people to come back in a week, come back in two weeks – whatever. We can address that.

When you start with somebody, depending on where they are, it's going to take longer or shorter – depending on how motivated and inspired they are, and what their situation is, how much work they do, how much money they have. There're so many things that play in to how well they're going to be able to follow through.

I would say that on the 'how long, how many sessions,' you have to just pick a time. You just have to pick a length of time that you're going to work with someone. I have a six-week program, a three-month program, and a six-month program, and I'll tell them the things that we're going to do together.

For some people, at the end of six weeks, they fly like free birds. They're great. They were really highly motivated, they just needed some direction, they ran with it – they did whatever they were told to do or were expected to do, and they ran with it.

For other people, the end of six months, we're renewing and still doing the same intensity because they've just got a lot of baggage and a lot of change and some of them genetic alterations, and there's a lot of stuff going on.

So I would say just pick something that feels comfortable. A starting point – three months is a really nice length of time to really go through all of this information on the level that they need and that they can handle. You can get them to do changes – major changes.

Beatrice will attest to how much weight you can actually lose in three months, given some dedication – and not even doing it 100 percent.



When you find the things that are the kickers for them, the keys for them, they will respond. How many sessions? Well, I heard Biary – which I really liked the idea that she was going to meet with somebody the first time maybe an hour and a half, really get to know what's going on with them, have some follow ups on the phone, and have some follow ups in person that were shorter – maybe 45 minutes.

What I find when you're starting people off, is that it really helps meet with them once a week. Some people can use twice a week. You can start off with a basic program that's three months long, that involves an initial consultation and some longer follow ups maybe once a month, where they get a longer follow up and then shorter sessions each week.

But the truth is here, unless you've got a website or some documents that you can give them (handouts), a lot of this stuff you're going to be working on with them.

When I first started out, I was working with people an hour to two hours, and meeting them once a week, because all of the stuff that I now have as educational packets that I could have them do on their own, they were doing.

And of course I wasn't charging enough for my time. I was hardly making any money. I was mostly bartering with people, but it gave me good experience.

I don't recommend that for you. I recommend that you really start out by valuing your time, but pick, say, a three-month program that you're going to start with meeting with them for an hour and a half at the beginning. You're going to have half-hour follow ups each week where you're going to give them another piece of information – maybe you can keep ahead of yourself and develop the materials as you go. Develop a little handout of foods to eat and foods to avoid, a little recipe pack, or, like I said, use other people's stuff. We'll have the ability to be able to use our recipe guide and our menu plan if you want, too.

You can then add, 'Well, you can call me or text me when you have quick questions, or email me when you have question in between,' and then you think about extras and they want to fill in there whatever extra kind of things you throw in there, but I would say that that would be a good starting point, and then maybe at the end of each month, you have a longer call where they can get into more questions.

I think, for most people that you're going to be working with, meeting them once a week for three months is not going to be too much. Not at all. I've tried the meeting them once a month, and for some people it works beautifully. They're really highly motivated, especially because I've got a lot of materials for them to read in between. For some people, meeting every other week works really well.

You're going to have to find what rhythm works with your style. I heard Tammy said she's got two small children and she has a practice and she works late some nights. There's a lot there, and the last thing you want to do is compromise your family. You want to be there for them.



When you put together packages, you price them so that you decide what you're worth per hour, what you want to get per hour – not what you could get working for Wal-Mart per hour, not what you used to get when you were waiting tables per hour, but what you deserve. What's the going rate? How much do nutritionists charge for an hourly rate? How much do...well, chiropractors - they charge a lot per hour, because you're in and out in 10 minutes and you're paying them 50 bucks.

So how much is it that you are worth? What is the value of the information that you're providing them, the service that you're providing them, the transformation that you're providing them? And you price it.

When I first started doing online coaching programs, my very first one was \$495. It was a one-month jumpstart program. I met with them for a long visit at the beginning. I met with them for a half hour for every week for three weeks, and that was it.

I gave them things to do each time, and they did them, and we had tremendous results. At the end of the month, they either renewed or they went on their way.

That's a way to start, but a month is really too short for this kind of thing. If you're dealing with people who have metabolic changes like this, and they're just not looking for how to they change their diet, add more energy or whatever. You're really looking at changing the deep stuff. When I was working with them on that level, we weren't getting into glucose testing and all.

Think about the things you really want to teach them, and if you don't have a module for it you're going to have to teach them in your office to test their blood glucose. It's going to take you a half an hour with them. That's how I would start. You might do one or two people that way and decide that that doesn't work and the next few people you're going to do totally different. It's all an evolving process, totally an evolving process.

The B4 Be Gone program is an evolving process. I have so much to share, and it was a little bit more disorganized last time. Now it's much more organized, but I heard even Tammy say – and she's functional medicine doctor – that there was a lot there, and she felt a little overwhelmed. That says to me, well, I've still got some work to do to make this less overwhelming. I can still offer the same amount of information, but do it in a way that's less overwhelming.

I've been into raw foods for a long time. I recognize the value. I'm also not into the dogma that everybody has to be raw, 100 percent raw or two percent raw. It's really about whole foods, real foods, and having them make those substitutions one after another after another.

I think the labels actually do a disservice because some people think, 'Raw food, that's just some crazy health food movement.' And vegan – the same thing. So I don't use the v-word or the r-word much anymore.



I use 'fresh foods,' 'whole, fresh foods,' 'plant-based foods,' and really try not to come from that dogmatic standpoint of 'don't eat dead animals because they're going to kill you' kind of mentality, but more working with people where they're at, and shifting the percentages of their diet so it is more plant-based – it doesn't have to be 100 percent.

It does have to be 100 percent whole, I believe. I don't think there's room in anybody's diet for the white flour, white rice, white crackers, processed foods, hydrogenated oils.

You just work with it. That may not be where you're coming from, and that's certainly not where people are coming from. So you step-by-step move them closer in that direction. But it's shocking, the kinds of changes you can see. The worse the person's diet is when they come in, the faster their results when you start to incorporate these foods.

I don't get those kinds of people anymore. I generally get people who are health practitioners or who are really astute health followers and have been doing everything that they know how to for a very long time, and I have to really dig, and we have to do lab testing and see what those subtle imbalances are.

You're not going to get those people for a while, and if you do, you're not ready for them if you're just starting out. You need the people who are the mainstream people who need your help desperately. They need to know the dangers of eating sugar and white flour and hydrogenated oil, and they need to know how to get organic food, and to get the pesticides and the herbicides and all that stuff out of them. You can do that, and you can do that beautifully. I really encourage you to step forward with that.

What I'd like to do is just really quickly run through the 'motivating people,' and this is something I will encourage you to go back and fill in on your own. I've basically made categories. What I would like to do is share that document with you, and then we'll be opened up for questions – anything at all that you want to go through as far as this is concerned, and know that we have two more calls after this one.

Thursday's more of our Rounds kind of call, where we can go through questions and answers. Anybody that wants to submit their glucose numbers, we can go through that. If you are working with people and you have somebody's case that you want to present, you can do that. That's basically what the Rounds are, where we can learn from each other and from each other's cases, and also I'll review the last two modules of the program, and what the next steps are and how you can take people through the next steps. Then the other call is a pure Q&A – a follow-up from this one, and from the end of the course. We have two more calls after this.

You guys are probably really good at this stuff. If you've been coaches at all, if you've been meditation teachers, if you've been a chiropractor for multiple years and you're working with patients – and I know Pam's a raw foods chef, you probably are really good at these things. Maybe you just don't know it yet.



In order to motivate and inspire your people, you have to connect. The power of connection – of finding that place where you can touch their heart, and you can really see, feel their pain, and let them know that you’re connecting with their pain and that you’re really there for them to help them through it.

Help them begin with the end in mind, as Stephen Covey says. Like we said before, what do you want it be like a year from now? How do you see your life? What activities are you doing? When they’re getting stuck, you can remind them and bring them back.

Providing encouragement – no matter how well they’ve done, if you’ve given them five things to do and they have only done half of one of them, if they’ve said, ‘Yeah, I’m going to do the gluten-free thing this week,’ and you’ve given them all the encouragement and the very next day after they left your office, they were going off and eating hamburgers somewhere, you still have to offer encouragement. You have to get frequent contact with them, so they don’t get too far away. Whether that means having phone calls or quick messages or having a forum or whatever, but the quick touch – the frequent touches really help.

And focus on the successes first, so when you sit down with people and they’re like, ‘Oh, I did this and that.’

‘Tell me what went right this week. Tell me three things, or one thing you did this week that pushed your health in the right direction. Let’s celebrate that.’

When they get to celebrate that, they feel like, ‘Oh, I’m not so bad after all,’ because we’re all so very hard on ourselves. And it’s not the key to success; it’s not the key to being motivated when you feel defeated and deflated. Just focus on their successes before anything.

Understand their needs. Understand. If they’re coming in and they’re just completely overwhelmed with all they have to do in their life, the first thing you do is not to do a kitchen makeover. The first thing you do is understand how can you take away some of that overwhelm. What can you give them that will help take away some of that overwhelm? Sometimes they just need to be listened to and heard for the first time ever.

You hear that all the time. You go to the doctor, you tell them about this and that, and all the doctor wants to do is stick them on Prozac and tell them they’re crazy. They’re not crazy. They have stuff going on, and most people – very few of them that I’ve come across – really have any kind of mental issue, that they’re making it all up and they’re just looking for attention. They have some things going on. Understand their needs.

Provide helpful tools. Helpful tools! Telling someone who’s completely overwhelmed and broke that you need to go buy a Vitamix and a dehydrator and watch this three-hour course on how to use it, is going to feel like a not-very-helpful tool. But getting them a recipe that takes about five minutes to make and doesn’t involve any crazy ingredients that they have to order from Tibet – that’s a helpful tool.



By all means, tell them stories. Share stories. If you don't already have a lot of cases because you're new, find friends who do. Just find cases – read articles on the internet, case studies, and talk about people who've been where they are, and have come through it.

It just helps so much to tell people, and especially when you can tell people a story about somebody who was worse off than they were, and how they stuck it out and they made it through.

Then you can brainstorm – that was for getting together in your groups, brainstorm with your group. We can do another set of sharings on one of our calls – our upcoming Rounds call and/or the QA call, where I could let you guys brainstorm these things. Or we could just have an open discussion about it on the line, where we all brainstorm the things to help motivate and inspire.

Maybe you have some stories of things you've done to motivate and inspire people and help them to stick it out. Beatrice is such a shining beacon, because she comes on the calls and she tells her story, and people hear her story and they say, 'Wow, if this woman who's 67 and had been diagnosed with multiple pituitary illnesses and has replaced multiple joints, and she's done it, I can too because I'm half her age and I have all my body parts intact.'

It's so inspiring to hear that, and to know of other people that have been through it. So those are the things you can go and jot some notes down after the call. I would encourage you to do that. On the very last page of that template, I would encourage you to go to 'What are some action steps you need to do to complete your program design?'

And this is a template – this doesn't mean that you're going to have something in every single spot. Robin was looking at working with restaurant owners – chefs – to teach them how to create a healthier menu. That's going to be different than you working one-on-one with somebody who's going through menopause. It's going to be very different, but I think a lot of the basic program components are going to be the same, regardless.

Who's your audience? You can fill that in easily. What're the benefits and the results? What are they going to have when they walk away from this program?

Form of delivery – Robin was talking about doing it online, so doing little courses online or modules online that they could take at their own pace.

Timeframe of delivery – that's going to be a tough one. I say, throw in the three months. Start with that. Start with three months, start with average session lengths of a half hour, 45 minutes, an hour – whatever you feel comfortable with. You can always adjust it, and you can always adjust it part of the way through. You can just do longer calls, and for this time, maybe you don't get paid as much per hour, but you've decided that that's what you need, and next time you decide that you'll make the calls longer, and you'll change the price accordingly.



This is not concrete. This is not like a piece of stone that we're etching and whatever you come up with here is forevermore – no. This will change over and over and over again, and I hope it changes over and over and over again as you mature, you grow and get more and more experience.

Anything additional – that will apply to everybody. The process will apply, too. What is the process that Robin will take to talk to these chefs and take them through a change in paradigm about food? Such that they will take that into the kitchen and provide really great food options for those of us who like to go to restaurants, but really don't like the quality of food there.

Think about what you have to do to fill the rest of that in, and come up with a program, and by the end of this insulin resistance program, I would like for all of you to share what you've come up with. You can post it on the forum, you can do it by talking about it on the call – whatever you feel comfortable doing. I'm not going to pressure you. It's going to make a difference, because the more you speak about it with people, the more you make it real. When you say it out loud, you may say, 'Oo, that's not good, I need to change that' or, 'Wow, that sounds really good – I'd sign up for that program.'

'I'd sign up for that program' is a good clue that you came up with something really good.

What I would like you to do is take a break, enjoy the night. Sometime before the next call, work on your program. Work on the details of your program.