Slide 1

# WORKING WITH CLIENTS

Slide 2

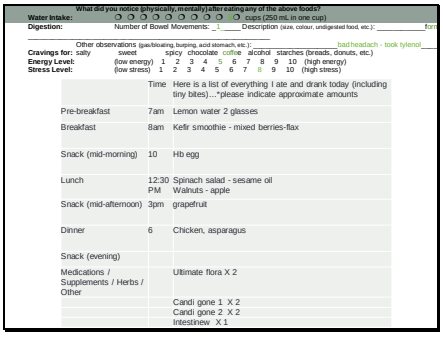
## Working With Clients

- What we do is not easy
- Clients comes with their own set of beliefs and we have to negotiate with them in a positive manner in order to help them make changes
- Most come with “diet” mentality
- They think there is a set plan for solving their dilemma

Slide 3

- They are also full of fear
- Fear is a result of lack of knowledge and/or lack of a sense of control
- Misinformation has them fearing food
- And this make it difficult for your suggestions to be heard correctly or be understood

Slide 4



**What did you notice (physically, mentally) after eating any of the above foods?**

**Water Intake:** ❍ ❍ ❍ ❍ ❍ ❍ ❍ ❍ ❍ cups (250 mL in one cup)

**Digestion:** Number of Bowel Movements: _1_____ Description (size, colour, undigested food, etc.): _____floating

_____ Other observations (gas/bloating, burping, acid stomach, etc.): _____bad headach - took tylenol____

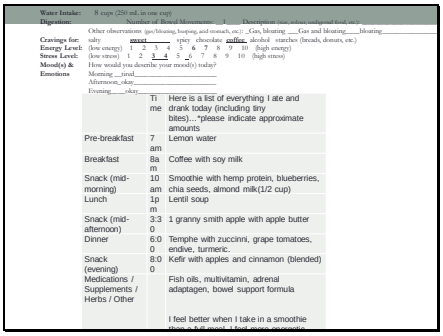
**Cravings for:** salty sweet spicy chocolate coffee alcohol starches (breads, donuts, etc.)

**Energy Level:** (low energy) 1 2 3 4 5 6 7 8 9 10 (high energy)

**Stress Level:** (low stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

| | Time | Here is a list of everything I ate and drank today (including tiny bites)…*please indicate approximate amounts |
|---|---|---|
| Pre-breakfast | 7am | Lemon water 2 glasses |
| Breakfast | 8am | Kefir smoothie - mixed berries-flax |
| Snack (mid-morning) | 10 | Hb egg |
| Lunch | 12:30 PM | Spinach salad - sesame oil<br>Walnuts - apple |
| Snack (mid-afternoon) | 3pm | grapefruit |
| Dinner | 6 | Chicken, asparagus |
| Snack (evening) | | |
| Medications / Supplements / Herbs / Other | | Ultimate flora X 2 |
| | | Candi gone 1 X 2 |
| | | Candi gone 2 X 2 |
| | | Intestinew X 1 |

Slide 5



**Water Intake:** 8 cups (250 mL in one cup)

**Digestion:** [illegible]

Other observations (gas/bloating, burping, acid stomach, etc.): Gas, bloating Gas and bloating bloating

**Cravings for:** salty sweet spicy chocolate coffee alcohol starches (breads, donuts, etc.)

**Energy Level:** (low energy) 1 2 3 4 5 6 7 8 9 10 (high energy)

**Stress Level:** (low stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

**Mood(s) &**

**Emotions** How would you describe your mood(s) today?

Morning___tired_____

Afternoon_okay_____

Evening____okay____

| | Time | Here is a list of everything I ate and drank today (including tiny bites)…*please indicate approximate amounts |
|---|---|---|
| Pre-breakfast | 7 am | Lemon water |
| Breakfast | 8am | Coffee with soy milk |
| Snack (mid-morning) | 10 am | Smoothie with hemp protein, blueberries, chia seeds, almond milk(1/2 cup) |
| Lunch | 1pm | Lentil soup |
| Snack (mid-afternoon) | 3:30 | 1 granny smith apple with apple butter |
| Dinner | 6:00 | Temphe with zuccinni, grape tomatoes, endive, turmeric. |
| Snack (evening) | 8:00 | Kefir with apples and cinnamon (blended) |
| Medications / Supplements / Herbs / Other | | Fish oils, multivitamin, adrenal adaptagen, bowel support formula<br><br>I feel better when I take in a smoothie |

Slide 6

Food Journal

Slide 7

## What do They Fear

- Carbs, and grains in particular
- Fat and saturated fat in particular
- Calories
- Microbes
- Chemicals
- Specific foods
- Whatever they have read and heard

Slide 8

## What can you do?

- Listen and ask
- In the Creating A Healing Environment we discussed ways to speak with the clients
- Better compliance occurs by having the clients make the choice as to what they will eat or do
- Even if you have to go food by food
- Even when clients do not like "choice" – they feel more comfortable choosing with in a range you have sanctioned