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## GT5 Practitioner Training Webinar #1: Kick Start

Christa: Hello, hello. Welcome everybody to our first Gut Thrive Practitioner Webinar. Jack, what an exciting day, huh?

Jack: Absolutely. It's always so wonderful to pass along things that can help so many people. So I'm definitely excited about today, Christa.

Christa: Yeah. Okay. We couldn't be more thrilled to be kicking off the practitioner training program. And I was going to ask all of you [00:00:30] to say, okay, where are you tuning in from? And also, let us know what you're most excited about. Yeah. Oh, thanks. Okay. So Tammy from Montana. Corey, oh, thanks, you like my haircut. Taylor from Houston. Marion, so nice to connect with you. We've got Consuelo from Kansas. Carrie, hi. Bridget, out in the desert. This is going to be cool you guys. [00:01:00] It's going to be profound. I think it's so amazing how we've got people, I think, from seven or eight countries and all around the US and we are going to be spreading terrain theory together and it's just going to be a really powerful journey, for us too. And we're so happy.

Hi Lacey, Gabby, Nancy, Rochelle. Yes. We're so thrilled to have you. We've got Talah from Dubai. [00:01:30] All right, Christa, there's another Christa spelled the same way. Naomi and Dr. C. Okay. Well, we have a really exciting group of people. Today is a meet and greet webinar. I want to give you a tour of the portal. I want you to understand what your to-dos are to get into this work and make sure that you feel comfortable getting started, knowing where we're headed. We're going to discuss [00:02:00] the assessment a little bit, Jack will. We're going to talk a little bit about case studies so that you can get started with your case studies. You've got the agenda that we sent out. And just like a little bit of housekeeping before we start, you all should have a log into your portal. They went out at 9:00 AM Pacific this morning.

And so if you didn't get that and you have Gmail check your promotions folder and then drag our emails into your primary inbox or put [00:02:30] [info@thewholejourney.com](mailto:info@thewholejourney.com), make sure you set that up to be an acceptable sender so you don't miss any emails for the program, especially any webinar registration emails, whatever you need to do to check your spam because everybody gets so many emails these days. And it's very exciting, this group that's coming together. We've got several medical doctors, several nurses, several physicians' assistants. We've got lots of coaches, acupuncturists,



[00:03:00] three or four naturopaths and then many nutritionists. And so it's going to be really fantastic for you all to liaise and share your skillset and your insights. And you will be able to do that once we open up a community forum within our portal. We're going to wait a couple of weeks on that till February 2nd, you're going to get to know each other on the chat as we'll have this open when we're going through. We're going to have the chat open [00:03:30] in the beginning and we're going to have the chat open at the end to answer your questions.

And so let me see. We are going to dive in and we're going to start to go over, I want to show you your portal in the first module. But first, since you guys are here, let me know, give me a comment. Did you go into your portal? I want to know what we're working with here. Have you been in the portal and have you explored it as you go through the getting started? Did you go through the program overview?

[00:04:00] All right. Miriam's here all the way from Kuwait. Yes. Medical doctor, right Miriam, from Kuwait. Okay. All right. Naomi also likes your haircut Jack, by the way. Okay. Teresa, login to the portal works. Access to the GT5 practitioner box is grayed out. Send an email Teresa, [00:04:30] to [info@thewholejourney.com](mailto:info@thewholejourney.com) because you must be using maybe the wrong login, so they will have to get your login back up, and they'll do that even probably while we're on the webinar. Hey, there's Jen Van Horn from Virginia Beach. Shelley from Raleigh, North Carolina. Okay. Marianne can't access the portal, but Nancy you're in it now, exploring. Monique is in it. If you're having any trouble with the portal guys, send an email to [info@thewholejourney.com](mailto:info@thewholejourney.com). That's going to be where you send your tickets in and we're going to get you [00:05:00] up and running today to make sure you can get into the portal because you're going to have homework this week.

Okay, we've got Taylor in it, exploring the modules. Awesome. Okay, good. Positive feedback. I like to throw a shout out to Brent on our team who worked very hard on that portal. Corey's saying she can't find the supplement shop. We're working on the supplement shop right now. We're working on some technical aspects of being able to offer you the wholesale. And so that is [00:05:30] going to be up, hopefully tomorrow. I'm going to send you an email and you will be able to get into your supplement store. All right, cool. Easy to navigate. We love to hear that. Okay, fantastic. All right. You guys, this is very exciting. So what we're going to do now is we are going to, I'm going to screen share with you and I'm going to take you through the portal. Okay, because we got about half, so I just want you to understand where you're headed with this.



Okay. [00:06:00] So here we go, in the screen sharing here. Okay, so everybody can see, Welcome to the Gut Thrive Portal? This is what it looks like. And so your homework between every session, so your homework between now and the time we meet again on Monday, is going to be to go through your modules here. Go through the program overview module and go through the getting started module. We're going to dive into getting started next [00:06:30] week and a little bit today, we're going to talk about the assessment to have you at least take the assessment before next week. And these are all the lessons. This is the way that you can get to it. So there's two ways. From here, the upstairs nav. And we will add this supplement store probably tomorrow. Or if you go through, you'll find all your lessons down here as well.

So I like the feedback we're getting, that it's easy to navigate. If it's grayed out, [00:07:00] that's because the module hasn't been released yet. Jack and I want to give you this information in a way that is the best way for you to learn and to not overwhelm you. So if you want to look here, you would click on the Gut Thrive Practitioner Training calendar, and then that's going to load a Google calendar. And so I'll show you what that calendar looks like when you click there. I have to screen share on a different tab to show that to you. And that's going [00:07:30] to show you, if you're curious, of like, okay, when are the webinars? So you can go here in January, launch day live, we released module two. All of the webinars are going to be here and all of the module release dates.

And so that will explain basically where we're headed if you ever get confused and it's a link, just right in your portal. So let's go back and take a look through this beautiful portal. Okay. So once you go through here, then [00:08:00] we're going to go through, watch that video, everything is very important. And I guess I want you to understand the way that I developed this program and the way that I shot this program, especially if you're a Gut Thriver is, we shot all the videos and we've book ended the videos for the practitioners in the beginning and the middle and the end. And the inter educational videos are from the Gut Thrive program, because I want you to be able to talk about this work in layman's terms. [00:08:30] And you have all the audio files and all the transcripts so that you can start to refine and consume the information you want to consume.

And use my words and use Jack's words as you're working with your clients and patients until you really get your sea legs and you feel confident in this work. And we felt that that was the best way to educate you, was this whole practical



application to theory and see it working in real time. So here we go. You're going to read this page before you begin the [00:09:00] program. Anything in this program, that's clickable is going to be highlighted in teal. Okay, and all the lessons will contain videos and webinars to watch. And that's where you're going to carve out, this week, probably five to six hours to watch everything. But some weeks it'll be seven or eight hours depending because the webinars are long or listen to them at least while you're jogging or while you're exercising or cleaning the kitchen or whatever it is you're doing.

I know that you guys are busy, but getting [00:09:30] this information in your head before we meet is going to make the webinars so much more valuable to you to access me and Jack and Nicole, because we want these training webinars to be case studies, "This is what's happening in my body, this is what's happening in my client's bodies." And we want it to be a live dynamic situation so that you gain the most from this.

So anything that's highlighted in teal, along the way, you'll be able to click on it and get right there. Okay? And so you're [00:10:00] going to go through the getting started module yourself. You're going to take our assessments and see just for you, how does this assessment work? What plan would you fall into? And we highly, highly recommend that you do this program yourself. Use us as clinical support, get yourself as healthy as possible. You've seen me talk about this in the videos. And some of you emailed in, "Can I do it for myself too?" Yes, we want you to. So that would be the equivalent of four case studies. [00:10:30] And then you get all the help of Jack, Nicole and I throughout here. So I want to answer your questions as they're coming up. Do you have any questions about being your own Gut Thrive client starting out? In the chat, the chat is still open. You can put your questions into the chat.

Okay, good. [00:11:00] Feels like home. I love it, Marian. Yeah, this is going to be your home for the next several months. And like I say in the videos, or maybe even the next several years. And so you want to get really familiar with the portal. It's going to be dynamic, it's going to be changing. We're going to upload case studies as you guys do them, as you're on video. Sharon, I can't wait to heal my gut. Okay, Mary, that would not count as one of the three. You can use yourself as [00:11:30] a case study and it can count as one of the three if you prefer. I'm going to stop screen sharing so we can come up on screen. Jack, let's talk about that. So I think that's fine for them, right? To use themselves as one of three case studies.



Jack: I love it because what better case study than someone that's lived it minute by minute. That'll be some in-depth soul searching as well and paying attention to all [00:12:00] the mental and emotional changes that can benefit as well. I love the idea that a person might do it for themselves.

Christa: Yeah. And that's kind of crucial because you hear me talk, those of you who have watched the videos, that your job is going to be to assess your client or patients, both physical and emotional capacity for change. And once you really get the handle on that, you'll know, okay, this one, I can do this client probably in four months, but this one's going to take six, and you've got to meet them where they are. Are they drinking Pepsi and eating Doritos, [00:12:30] or are they already drinking a green juice and bone broth, and you meet them where they are to start to shift their diet and lifestyle in the right direction. And then definitely, you go through it yourself, then you are infinitely more relatable to the nuance of all the changes that's happening in your body because you're changing your genetic code. And we want you to experience that change for yourself.

And so many of you have commas. I read your applications. So many of you have taken yourself out of the darkness of ill health, like who knows where [00:13:00] so many of us would be if we didn't find holistic health? I know that I would sit before you with two or three auto-immune diseases for sure. If I didn't find holistic health, my life would be completely different. And so many of you had a similar experience and we want to do that for others. So this is a way to take yourself through, make yourself more relatable. Let's answer some of the questions here. Oh, well Monique's been gearing up to do GT5 this spring. Great, perfect timing. You [00:13:30] can start now. Jennifer, can you charge a discount to be a case study? Yes.

All the case studies can take the discount. You can take the discount as yourself as a case study. And we're going to send you an email tomorrow. We're just waiting on our tech team to do a couple more things for that store. And by the way, as you go through and you watch the videos, you're going to hear me talk about once you guys do quarterly orders, and when you start getting really into the thick of practicing this in the spring, [00:14:00] we will have, you'll hear me talk about a \$1,000 minimum order, which is only going to be like three or four kits. And so that does not apply now, that does not apply until you're a certified and full practitioner and that's going to be in the spring. So now you can go as slow or as fast as you want with the case studies.



And so at least at the very least out of this, take yourself through the program or at least one person. We have people here who have a minimum of six months, [00:14:30] private practice experience all the way up to people who have practiced for 10 or 15 years, 20 years. Right? And so those seasoned practitioners should be easily able to take three case studies through at the same time. So check in with yourself. It's that fine line of, yes, it's scary starting something new of where you push yourself to your edge, one or to where you're feeling challenged and a little uncomfortable versus totally overwhelmed. So that's going to be up to you between now and next week to figure out, okay, how many case studies are you going [00:15:00] to take through live with us? Because you're going to take them through over the next three months.

Naomi, I plan to post on social about getting case studies to start my waitlist that way. Is that too soon? I don't think that is too soon and I have written copy for you about how to get your case studies. And so this is something you can send out on email or you can post to social and have them DM you, and we're going to go through that. [00:15:30] You know what? We might as well just go through it now. This is like, okay, how do we get case studies? So let me turn the screen sharing on. And you guys got to bear with me because WebinarJam makes you shift windows in a strange way. But you should, you should be able to see this. So if you go in the portal, you're talking about getting your case studies, right? When you go into the portal, under resources, there's a case studies tab, [00:16:00] which we're going to talk about today.

And then you can click, the first thing you'll see is case study recruitment email copy. And so what you're to do, this is a word document so that you can edit it and make it appropriate for you. You're going to send out an email to your previous clients, to friends, depending on what level of practice, former patients. You're going to, maybe you post it to social media. And so here's kind of the gist, right? "I want to stop by and let you know about an exciting [00:16:30] new health endeavor I'm taking to help others heal their gut and immune system in an entirely new cutting-edge way, to offer you the opportunity to work with me on this at no charge while I'm learning." So then you talk about the Gut Thrive certification program. Here's the five step process you're learning to heal the gut and the immune system while helping reverse autoimmune and long-standing digestive issues, which also addresses and eliminates the unsuspecting symptoms that come along with less optimal gut health, like.



Because you want your case studies, [00:17:00] they might say, "Oh, I don't have any digestive problems," or "I don't have autoimmune disease." They probably do. A lot of people do, but they don't even realize it. Right? And they don't understand like, oh, hair loss and brittle nails or this food isn't working for me or brain fog. So you're going to take this copy and manipulate it in your own voice. And that's what I'll be teaching, especially when we get to the business aspect, the business webinars of how to take what we give you and use that swipe for your own voice until eventually you don't need the crutch anymore [00:17:30] and you're living and breathing this work because you are the expert. So you can send this out, okay? So these are the symptoms and then gut health is foundational. I know everyone can benefit.

I'm learning how to customize. And so I see here, I say clients are patients. If you're a doctor, nurse, or PA, these are the parts that you'll shift. And then if you'd like to be one of my three case studies, we'll work together over the next three months, or you can just say, if you want to be my one case study, let them know. [00:18:00] They're basically getting an incredible opportunity here because when you're trained, you're going to be charging between 2,700 and \$3,000 for what you're going to be giving them at no charge. And you want to let them know there's no risk because us, your mentors, have worked with over 7,000 people with a 95% success rate, and you're leaning into us the whole time. So they get all of our support and that would really help them jump on board. So you can cut this down [00:18:30] as slow or as big or as slow as you want to.

You don't have to send the whole thing out, but I wanted to give you everything you need. Some people are going to want to know the five steps that they go through and you can say this program was created by me. Right? And then they're not only going to have me to guide them, but Dr. Jack and Nicole Dube and seasoned gut and immune clinicians. And so there's no risk. You want them to see the powerful opportunity in this. Okay? [00:19:00] Then you say you only have three spaces because we want you guys to have your case studies by the 22nd. In a perfect world, by Friday, you're going to have sent this email out or social media, however you're going to put it out there. And what I want you to do is I want you to get at least one person who has chronic digestive and or immune issues. It would be better if you could do two, but we've got all different kinds of practitioners here.

And some people are working [00:19:30] primarily with hormones. And so you can get women, you can get someone who's got a hormone imbalance, and



take them through this program. But you're going to have to change the copy to talk about how gut health is foundational and you can't fully heal the hormones without healing the gut. And so whatever zone of genius you're working in, we've got a doctor who's a neurologist. Obviously, he's going to be working within the context of Parkinson's and Alzheimer's and all kinds of neurological diseases and disorders, and just draw that parallel down. But I'd like [00:20:00] you to see, because I want you to have at least one really complicated case to practice out with us where it doesn't go the way you thought it was going to go because that's going to be the case study that you present. And so we kind of want some over gut issues to be able to get that complicated case.

So here's the rest of the email. Explain to them, the only cost is going to be a discounted supplement package. You can or not. You may not want to talk about the supplements right away or send out a blanket email. You might want to say, if you want to have a 15 minute [00:20:30] call with me, we can talk more, and that's when you explain the supplements. And you have to watch, in the portal, the supplement video, because I want you to at least have a basic understanding of the power of the supplement strategy so you'll be able to communicate it to them. Explain that you have the supplements to fully participate in the program because they execute the strategy. Explain they're a one-time fee that they help the body produce more of its own stomach acid, enzymes, good bacteria [00:21:00] and vitamins.

And that's going to ultimately help them get off supplements in the future. Right? Because then they're their own system's going to start making, using more B vitamins, extracting more nutrients out of the food they're eating, manufacturing K2, all the good stuff that you'll learn. Okay? And then you can give them some real results. And then I included some testimonials here, if you think that will be powerful. So take this and make it your own. You'll have a call to action. Call me, email me, let's [00:21:30] sign up, however you want to do that, and then you sign off. So I hope that's helpful for you and I'm going to show you where that is in the portal. Okay, let's turn the screen sharing on again. Here we go. Okay. So where that is, that I just showed you, and while we're talking about case studies, I'm going to have Jack go in and we're going to talk about just a couple of more complicated case studies. So that you'll click on case studies and here's the case [00:22:00] study email copy.

And so the wonderful and brilliant Jack tips. Now he takes our toughest Gut Thrive cases that need one-on-one because we don't work one-on-one. And when people are really, they're not getting me the effect that they need and



they're going through the program and they're using all the way up through our level three clinical customer care, we need more information. We need to look at labs, we need so much. So Jack spent many, many hours putting [00:22:30] together 12 case studies for you from real Gut Thrivers that he took that have been our most complicated cases. And you're going to learn how mentally and emotionally to approach these case studies.

So I'm going to have him go over briefly. Jack, let's start with this, let's start with the plan P. How about this one here? I'm going to have him go over briefly. We're not going to get too much into the science, but I just want you to see what a full case [00:23:00] study looks like so that you can understand where you're headed with these people and speak to it more, from an educated premise. So I will turn it over to you, good doctor.

Jack: Alrighty. Hello everyone. We start off with the case study here and we're looking at the one plan P and at rope worms. And rope worms is one of my favorite topics because they're not really worms, although there's always debate it seems. [00:23:30] But we see rope worms often when someone is doing a strong colon cleansing program, whether it's coffee, enemas, or herbs and things that do the cleansing, and find that this person probably, in a back diagnosis or reverse engineering, they've probably had leaky gut for quite some time. They've had tissue, chronic inflammation, and as the lining [00:24:00] comes off, you might think of a snake shedding its skin or something, but the body chooses this and it's not something inflicted. But the body will let go and bring up the next generation of cells. And then suddenly there's a 12 inch long thing that can look like a parasite that passes out in the stool. And then the people are going to get quite excited about that. I love to get those photos particularly [00:24:30] before breakfast each day, right?

Christa: More than our fair share as well. What's this?

Jack: But you can reassure that it's the good work, and it's often as heralding time to start thinking about transition from scrubbing and cleaning to rebuilding, repair and soothing, and really encouraging the integrity of the new, because now the person's [00:25:00] intestinal lining has collapsed. All those damaging biofilms, all that candida, possibly parasites, eggs and things, they're all wrapped up and out they come. And it's really a spring house cleaning. So we're going to start off on these clinical studies with a little personal data about the person, just so we know some of the things for future reference. Men and women often have noticeable [00:25:30] differences in the microbiome, so gender is good. And things that might be impacting their lives that come up in



your let's get acquainted, let's be friendly, open and honest with this interview. You have a place there.

And then, a lot of times, people-

Christa: Jack. I'm sorry. I just need to interrupt quickly and let you guys know that after we're finished with this, I put together a health intake form for you that we'll go over. And so you're going to pull [00:26:00] a lot of this info from their health intake form, and that's going to be your initial first session with them that you'll start, within a week or two.

Jack: Wonderful, wonderful. Then I have this area here, the presenting case data. And sometimes people will not only talk about all their digestive symptoms, but there's other things that could have a bearing on it. There's mental states that could be gut-wrenching, we might say, emotional [00:26:30] States. There can be other symptoms. Like for instance, we often find in working with the GI tract, we're looking at people that have concomitant eczema, rosacea, Hashimoto's and things like this.

So these things are going on and it's good to know up front because we're actually looking for whole body improvement as they go through the program. So sometimes these other seemingly unrelated symptoms are so [00:27:00] important and anything that might have a bearing on their general health, their immune health and their ability to respond. So these are the things we want to list there because we may come back and encounter something that maybe they're having a reaction to a medication or something that needs to be addressed. And so then number three is just what plan and where they are in the plan, because [00:27:30] there're so many different milestones, from preparation to pathogen purging, through the recolonization, receding. And then the move on into the post-program maintenance, which is so important because it's after the program, the body does so much of the undirected re-establishment of proper immune function. And so you have a little-

Christa: Sorry, I just got the picture, the pictures.

Jack: [00:28:00] Yeah. And so there's a place here.

Christa: ...The pictures.

Jack: Yeah. And so there's a place here for just historic observations. You might want to note, sometimes people say "This is the 10th program that I've tried, to help



the GI tract." And so there may be things historically coming up. Here, you may find someone has had Crohn's and had two feet of their intestines removed [00:28:30] surgically or something. So we want a good historic basis for the individualization of the person. And so these are just good places.

And then I try to hone in here, if they have the lab reports, it's always good. More information is often better than not having enough information. And it also gives you a historic perspective. [00:29:00] And then current chief complaints are usually because a person has an issue that is occurring during the program, such as "Burping is getting worse," or "My bowel movements seem to be harder to occur." And so we want to see what's going on from their bodies during the responsiveness to the program. So as Christa dimensions in the program, sometimes when we [00:29:30] start to do good things for the body, the body, it goes into a stress response because it's a change. And also, I think understanding that we're dealing with intelligent species, meaning that the bacteria in the GI tract, they have some [inaudible].

Christa: Jack? You're fading in and out a little bit, Jack.

Jack: [00:30:00] Typically, hopefully a Garden of Eden for these, the new bacteria and a better biodiversity. So then you get to take these notes and you will learn what you need to do. And this is the exciting part as you look at your plan and you realize then, well, some person may need to move on, [inaudible 00:30:33] a pathogen purge because they're doing so well and they don't feel like they're finished.

And so you'll come in with additional support and here's where you get to make key decisions for a person like, do they need more soothing? Do they need to put more attention on maybe some reflux that's happening? And then you can come with things you [00:31:00] love, with the foods you love to share. And so you might go in and augment the program. I find most often, in a plan, that often people need either more support for motility, or they need a little extra support for soothing and healing. And they might need it upfront, even in a pathogen purge, because these herbs can be a little bit unsettling to a few people. [00:31:30] And so this is great where you get to shine and make your personal adjustments to the program.

And then you get to write about the outcome. So that means, how have they responded after you've implemented your program? And this is where you get to show how brilliant you were in helping this person [00:32:00] custom design a little bit, or sometimes people just need a listening ear, and that is a therapy



in its own right. So then you get to write the happy conclusion of your work as they march on through the program and then exit into the post Gut Thrive maintenance work. So that's just an overview of typical case studies. So what I hope you find [00:32:30] in the 12 case studies is that you will find key issues that you're going to encounter. So as Christa was saying, let's say 90, 95% of the people just march through the program.

But those that start struggling are where, I believe, we really need to put our attention because they've struggled with other people before and with other programs. And so this is the point [00:33:00] where now they get the success because of your insight and training. And so, as you go through this process of thinking through the case studies, and you look at the 12, I'm hoping that you find there's something for everyone. There's people in there of, let's say, some deep emotional disturbance. There's people in there, both male and female. And in each program, there's [00:33:30] people that either encountered very obvious things that many people will encounter, or you'll start thinking about how do you handle the odd case where you almost just want to roll your eyes and go, "Oh my goodness, this person is struggling with a whole lot of other things and how do I help organize this information for them?"

So [00:34:00] you're going to love the case study work because now you're honed in, in a one-on-one, with what must I do to help this person hit the finish line of the Gut Thrive and move on with the smiles and the comfort in their tummies. So that's where we roll up our sleeves and win this case.

Christa: Win this case. You did a beautiful job with these case studies, Jack. Awesome. Thank you. I don't [00:34:30] know if you wanted to go through, I guess we probably don't need to go through, I had screen shared for a second, the SIBO and the SIFO one. Do you want to just kind of take a look at that? Because I think a lot of you have worked with SIBO before and we have really taken a totally new approach. Those were and will continue to be the toughest Gut Thrive cases that come in. Like Jack was saying, these are the ones you wake up in the middle of the night [00:35:00] thinking about trying to crack, like as a health detective.

And so let's just take a look at that one. We don't need to go through the whole thing, but just kind of general, because as they start taking the assessment and coming back. Next week, we want to know, okay, what plans are these case studies in? So we know who and what we're working with. And so I just want to prep you guys for the SIBO population and the complicated one. And this one is a [00:35:30] SIBO, SIFO, because nothing is an island, right? And so small



intestinal bacterial overgrowth, small intestinal fungal overgrowth, it could be some metabolic roots, hypothyroid roots. And so maybe just a brief touch on this so that they can get a little more confidence where they're headed.

Jack: Well, certainly. And there's a logic in working with the GI tract, and we can think of it from the top down, meaning [00:36:00] that it's what's on the plate that goes in, it's the oral microbiome that's next. It's the esophagus, it's the digestion of the stomach, it's the duodenal area, the small intestine. Science divides the small intestine up into three parts, the top, the middle and the bottom so-called. And then the GI tract, and along the way, we run into both the pancreatic enzymes [00:36:30] and the gallbladder that brings the bile into the small intestine that's also a terraforming agent, the bile is. And so we have this GI tract and we want to think things along. Now, what this case meant to me was that the person was in the right program with the SIBO. But we also say the person also had a strong yeast and candida.

And [00:37:00] you say, "Well, maybe they belonged in plan F." And I think in a perfect world, we might've had a deck of cards and just shuffled plan S and plan F together, or at least had known. But the thing is, the questionnaire is going to pick the top priority. And over the last few years, it's demonstrated an extremely high level of accuracy. And this is just getting people in a plan. If it's P, [00:37:30] we find out they do have parasites. If it's S, the lab testing reveals yes indeed, this type of thing. So the questionnaire stands as a shining example of a very accurate understanding. But maybe this person had one half point more for SIBO than the plan F for fungus. And as they moved along, [00:38:00] blessedly, the herbs and things will handle automatically both categories. But sometimes, when we understand that we're knocking out, more assertively, overgrowth of bacteria in the wrong place, in the upper GI, in the small intestine, that as they are removed, they may have been a check and balance on the fungal proliferation.

And so, [00:38:30] as we remove one species and the person then moves on, later where there's not the strong anti-pathogenics anymore, the opportunistic yeast may have taken advantage. And so now when the person says, "Oh, I'm so worried because as I've gone later in the program, my symptoms are coming back." When my thinking cap went on that I started thinking, well, what's the likelihood that [00:39:00] SIBO's come back? And that should be a fairly rare occurrence while they're on the Gut Thrive. And that's because the Gut Thrive is already addressing that. But then, well, what if it's the fungal forms? And so in this case, we took a look at that and we did verify the SIBO is the right program, but there was hidden under it, the possibility that [00:39:30] a fungus issue



could be coming to the surface. So this is where we just have to think and ask the questions.

We're also dealing here with a person with long term GI tract disturbances. So we might say such a person may have enough built in like inflammatory systems already locked in, their epigenetic responses are locked [00:40:00] in. And so as we got improvement and then moved on, there hasn't been yet the leverage to undo the epigenetic responses because the fungal forms are keeping it intact. So the message is going to the cells in the brain, stay, hang in there with inflammation, may be opening up the gut too, like with zonulin, to open up the tight junctions. So the immune [00:40:30] system can go fight, but now you have leaky gut. And so when we run into this mid-stride, we just need a key insight. And then let's say the daring to go in and do this. So when we go to this report here, the adjustment, we continued to SIBO.

But all I had to do was just bring in a couple of formulas from a plan F and say, [00:41:00] we're going to be stronger, we're going to be more thorough with this. And in this person, it just really hit the button because we saw that the antifungals really, we had the fungal forms, vulnerable, struggling. They don't have their full food supply to respond and bingo, we go in and get them taken care of. So that's how this thought [00:41:30] process went.

But we just wanted to have an example here where, and I'll cite another case study you'll have where a SIBO was also being backed up by an H. pylori overgrowth that was really at a low level, that it wasn't clear anything with H. pylori. But then as the case progressed, we kept wondering, well, the symptoms should be moving down the [00:42:00] pipe more, but here we're back at the stomach and the esophagus. What could be going on? And then we then saw where one thing, like layers of an onion, we peeled off the most important layer, and then something else may manifest. And so I would say, and what I see, these types of cases where one thing is underlying or overlaying another, that these are fairly rare. You may [00:42:30] only run into this 5% of the time. So five people, if you do a hundred people. But for those five people, you're the one that can get the job done because of these thought processes and training. Christa, do you have any other insight that you're thinking of, or want to bring up out of this particular case study?

Christa: No. I just wanted them to get kind of the broad strokes of where they're headed. I [00:43:00] just feel like that's a good learning process, where you are all the way to the end, and then start. You did a beautiful job as always. It's going to be really exciting to see the cases that come through. And so I'm just going to



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show you, we've got an intake form for you guys. And so hopefully you can see that. Everybody see the intake form? Okay. And [00:43:30] so this is going to be, and I'll show you where it is once we go through it. So this is basically the beginning, right? So now you see where you're headed to create these case studies. And so you have a customizable intake form, start building your book, download the handouts, start organizing them on your computer.

So when you have case studies, you can just email them right to them. But this is yours to own. This health intake form does not go in the Gut Thrive branding. This is your health intake form. We've got seasoned practitioners, it's totally fine, you already have one, use it. [00:44:00] But I just want you to be thinking about a couple of things. So you would download this if you don't have your own. Add your logo. If you don't have a logo, you can just put your name at the top and your credentials. Okay? And so you can then take this, once you have it the way you want it for your brand, and you convert it into an editable PDF. And that way you can send it to your clients and patients via email, or they can print it out and they can hand write it and send it back to you if that's what they would like to do.

[00:44:30] Whether or not you have a practice or an online business, or any of it, you are going to start. And so you are going to ask them if they're subscribed to your e-newsletter and if not, every case study and client and patient that you have from here to infinity will sign up for your e-newsletter. If you have social media handles, you may want to put them on the footer of everything, put your @ Instagram or your Facebook. So in case they want to follow you and just encourage them to do that. Name, email [00:45:00] address, all that good stuff. But this is going to start to build. You want to understand the ethnic background, where the family is originally from. It's going to help us understand the strains of bacteria we're going to need to work with them with, with step three and how to customize.

You want to understand their history with weight and have them really explain it, their emotional experience of it and everything. Relationship status, do they have children with special needs? We're really trying to understand what their stress levels [00:45:30] are, what their experience of life is, their occupation, how often they work, do they feel pulled in a million directions or do they have balance? And as you start to really get the nuance of understanding what their life is like, you're going to know how much they can handle, because your job is to have them leave your office feeling inspired and motivated.



And you're going to give them, you're going to give them, you're going to write it down or whether it's through Zoom, you're going to say, "Okay, we agree on these seven action items this week. Do you feel empowered to go do [00:46:00] those? No, that's overwhelming. Okay, we're going to do these five." Your job is to prioritize. It's a co-creative process. Let them lean into you as the expert of "This is what I'd like you to do. Is that feasible?" Right?

And so figure out, do they like their job? Do they fall asleep well? Figure out, do they stay asleep or do they wake up at night. And ask a little bit more about their sleep, did they take anything to sleep, right? They wake up between one and three with their heart pounding. Are they hungry? Or is it 5:00 AM? Because [00:46:30] we can't not also, I can't, if you know me and my work, can't not also address the adrenals and the thyroid and whole body health. As we go through this whole program and understanding what's going on with them is going to help you pace everything out again and give them more support and comfort along the way.

So you're asking about their energies. Their perception of stress. You're trying to understand their resilience, right? Let's say somebody might have 1,000 pounds on their plate and experience it like 10 pounds. And somebody might have 10 pounds [00:47:00] and experience it like 1,000 pounds. You're trying to understand the sensitivity of their nervous system and their process, because they're going to change so much as they go through Gut Thrive. You're going to be asking about their periods, or what phase of life they are. For women, when you get into the portal, this is going to be updated. It won't have the pink here on it. But you're going to look at these symptoms. They're so important. And if you already have an existing intake form, then you need to make sure that you're adding all [00:47:30] these symptoms so that we can really understand.

And the beautiful thing, the thing about the human condition, we all have it, it's like for negativity and things that aren't working, we're literally like Velcro. Clients and patients, they come into your office and "These are all the problems I have." And then three months later, they might say, "Hey, these are the problems I have." And then you're going to show them the intake form, you'll be like, "Well, they're like 5% of what you put on your intake form." And so you want to also be training their brain because in step three, you're going to be shifting their mental, emotional process. [00:48:00] Why is the brain like Velcro for negative experiences and like Teflon for positive ones? So you're going to be working with mindset with them, to flip that script too, as you take them



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through this program, as you become an exceptional practitioner that addresses the whole person and mind, body, spirit, all of it.

And so this is going to help us too. As you're doing your case studies, there might be, "Oh, okay. They have mucus in their stool." Yeah, they're in plan P and that's very overt, right? [00:48:30] Or, dry itchy skin and cracked skin. Then we're going to have to concurrently address additional liver and thyroid support at the same time that you're taking them through the Gut Thrive process. And so this is really important. If you have an existing health intake form, then you're going to want to go ahead and add these. For example, like it is indicative of parasites, the premature lip wrinkles, if you don't smoke or use a straw all the time. And you're like, "I'm only 35 or 40, and I have these," there's a sign that can go [00:49:00] away. And you're going to see, it's so cool. Not that I'm talking about surface things, but Jack, do you remember how many Gut Thrivers reversed their gray hair in the second group of 1,000?

Jack: I did.

Christa: Yeah. And she's like, "What's going on? My husband's hair is turning brown again." It was great. And it's like when you get the liver functioning better and producing more of its own glutathione, you can start to see all of these positive changes. And so premature aging can be reversed. We're all [00:49:30] aging, it's part of the aging process. But yes, the sidebar, it's just fascinating, all the signs that the body is giving us all the time. And we want to teach you to tap into the nuance of those signs. Okay. Ask about their digestion, their hunger levels, bloating, pain, the number of bowel movements. Say, "Don't be embarrassed." I say, "Don't be embarrassed. I talk about poop all day long," and have them get into it and describe it. Okay?

Diagnosed with autoimmune conditions, ask for a brief history, ask [00:50:00] about their parents as well and family members. That would be important because then we can figure out, is it genetic or is it lifestyle-driven? Okay. Birth control, antibiotic history, super important. Five times in their life, 10 times in their life, how many times in the last year, is going to help you figure out really how to customize with this approach.

And then find out of course, what's going on with their thyroid, because we convert 20% of our inactive thyroid hormone to active thyroid hormone in our gut. [00:50:30] And yeast infections, cholesterol. I like to know blood type. Most of your clients and patients, unless they've given birth or donate blood, they may not know it. If you want to know it, you can either leave it blank or for \$10,



you can just search blood type kit and you'll get a kit and they can prick their finger. I used to prick their finger in the office and find out their blood type within a couple of minutes. So that's something, if you want to do, you can do. Find out where the stiffness, the swelling is. A [00:51:00] complete dental history. I know we have a dental hygienist, which is fantastic in this program. Root canals. Jack, did you write the book, the Root Canal Cover-up?

Jack: No, but I helped edit.

Christa: You edit it. Okay. Yeah. So the oral microbiome is fascinating and we have to go into it. So you need to understand what's going on in there, in terms of bacteria. Gum recession can have protozoal [00:51:30] roots and then that's constantly going through the body. So you really want to get the total picture of them because you're going to be with them for about 90 minutes in the initial intake session. And hospitalizations, surgery, how many times were they on anesthesia? That's really important. Past diseases, viruses, infections. And so have them think back. They're going to be like, "Oh," they're just going to think mostly in their adult life. But you want to know, "Hey, did you get mono in high school?" Because then they're living with the EBV [00:52:00] virus, right? Did you get chicken pox? Right? This is why it's manifesting as shingles in their fifties and sixties.

And so understand their history, the chronic ear infections. Did they have tubes in their ears as a kid? How many times did they have strep throat? Ask them if they've removed their tonsils. These are all really important questions to understand what their mini universe of bacteria and pathogens can be and how to troubleshoot it in a highly customized way. Right? Giardia, cold sores. [00:52:30] They might not know. You might say, "Okay, well, did you ever go on a trip or go to Africa or Mexico, come back with horrendous diarrhea? Ask those kinds of questions. Got to add coronavirus to these days because so many people have had it. And we may, Jack's amazing with lungs, healing the lungs. And so we may have to add, if they had the coronavirus, we may add a homeopathic to that.

So there's a lot of different [00:53:00] things that we want to understand. Have them list it. Family members, we talked about. And then supplements. If you're going to meet with them in person, I love for them to bring in. I say, "Bring in all your supplements." And they'd bring in all these junky Costco supplements a lot of times. And I'd say, "Hey, I can't let you leave here with these," and I literally just dump them out and recycle the bottles in my office. And then I send them out with new bottles and it's like an immediate shift. And I recommend you do



the same. Ask them of their prescription [00:53:30] medications. Marijuana is legal in so many states. You want to understand marijuana use because they are, I think, it has a lot of healing benefits. I think CBD has a lot of healing benefits. But we're seeing a trend of looking at it like a supplement.

And it's certainly not a supplement. And I don't know if you've seen the new studies Jack, especially in kids, like teenagers and young twenties that are using it every day. They're drawing parallels to flipping on the genes for schizophrenia. [00:54:00] I don't know if you've seen that research, but it really hit me hard reading that and seeing that because it's just recently legal, we're getting this imbalance one way or another. So you want to understand the total picture of them.

Over the counter meds, right? What are they taking? Are they taking Zyrtec for allergies? Okay, well, they probably have a histamine issue going on that we're going to need to heal as we go through. And we'd rather use a natural antihistamine versus a over the counter [00:54:30] or prescription one. They age the brain, especially in women 35 and older, you don't want them on antihistamines for any extended period of time. It's going to cause major issues with early dementia, or early onset Alzheimer's in the future if they have the propensity for that.

And then understand, what is their holistic world like? Are they working with a medical doctor? Are they going to a therapist? Acupuncture? Massage? What role does exercise play in their life? That's going to be really [00:55:00] important for you to help them find the right type and amount of exercise for their healing process, so they're not over or under exercising. Do they follow a regular awareness practice? Do they use a microwave? How much coffee are they drinking? You're going to start to get them off coffee, and that's going to be really important. And I prefer a step down approach because it's so ceremonial for us and we don't want to just take it away.

They'll feel bereft and not want to stop before they get started. So you're asking all these [00:55:30] questions, right? Soda, sparkling water, carbonated beverages can thin the lining of the gut. We don't want them drinking too many of those. Alcohol, any addictions, relationship with food. What percentage of their food is home cooked, so that you can effectively guide them. If they're not doing any home cooking now and you're like "Here, do this Gut Thrive plan and spend four hours in the kitchen on Sunday," that's going to be overwhelming for them. So your job, as their practitioner, is going to be to help them find some things that are already prepared and some things that they can prepare



themselves. [00:56:00] And a lot of you are health coaches. I had home intensive program-

Christa: A lot of you are health coaches. Like I had home intensive programs in private practice where me and my team, we'd go to the house for the whole day. We clear out all the junk, then I'd take them to the grocery store. I'd give them a grocery store tour, we'd refill their cart. We'd get all new foods, stock the kitchen, right? So you're setting them up for success. We'd spend three hours cooking and make meals for the whole week and say, "Oh, if you want this to taste Asian, Italian, Indian, Mexican," you'd show them all the spice and the herb blends that they can do to shift it up and make [00:56:30] 10 minute meals. And so if that's within your wheelhouse or something you want to try, you can really make this be whatever you want it to be. If you want to hold their hand to that extent. So, it's up to you. We're here to help whoever comes in your path.

And then you're going to have them list their top four chief health concerns. Physical, mental, emotional or spiritual. Because I guarantee by the end under this, probably all four of them will be gone and you're going to know you need to show them that. Because again, the whole way the mind works and they'll be like, " [00:57:00] Wow, this was the biggest issue in my life, and now it's gone." And they may be different, the top four goals. Mental, emotional or spiritual, have them look at those. We also have a goal sheet that they're going to fill out. We also have a physical wheel of life that they're going to fill out. You'll download and you'll fill that out with them. Or you'll go over that with them in your first session, when you're getting started with them.

Any concerns? Okay, the health of each parent in particular. And then have [00:57:30] them list... Like I would say, "Okay, take me through a day in your eating life, from the time you open your eyes, the time you go to sleep at night." And so you really want to understand what their current eating habits are, so that you can then help them. "Okay, here's the Gut Thrive program, and here's how it fits in with where you are now." And you're going to start to upgrade, that's what I mean. You may not even get into step one of that ride for like a month, if you're going to have to be upgrading and you're going to be getting them to eat less sugar, getting them off gluten, getting them [00:58:00] off of dairy or at least getting them off of the polluted dairy. You're going to be really starting to clean up their diet, adding in greens, working with pH.

We're going to talk all about this next week in 'Getting Started'. And so you want to understand what foods they ate as a child and their experience with food.



What's their relationship with food? Because many people didn't have a good relationship with it, and we have to get it to a cleaner space because you are teaching them food is medicine. How do you use food as the most [00:58:30] powerful form of medicine? So you have to help them generate an entirely new relationship with food.

Okay. Any additional information... and then this is editable too. So again, this is the document that you're going to go in, you're going to edit, you're going to clean up. You can turn it into an editable PDF and send it out. And so, because we have doctors, we have health coaches, we have all different types of practitioners. These are legal disclaimers, so everything within the program, our attorneys have gone through everything within [00:59:00] the program and given the bones of this for you, so that you can then shift it into what scope of practice you're working in. Obviously if you're a GP, you're not going to say, "This is not a substitute for medical advice, consult your GP." But if you're a health coach or an acupuncturist, then you're going to say that.

And so you're going to ask them... Here, they just sign this waiver at the end, before they start working with you. And then you're good to go. [00:59:30] Put your information on it. And so when you start to do your case studies, this is the bones that you can keep going back to, and Jack and I are going to want to hear. So if you are only going to do yourself, which I really want you to take at least one other person through the program with yourself to get the most out of it. If you can do that, please do that.

Because if it's yourself, then treat yourself like a client and start the case study. Start to know case study number one, and like you see them [01:00:00] in there, starting to fill it out. But I really want you to do it with at least one other person so you can see how completely different of an experience it is, and the contrast between your experience and someone else's based upon their life history. And you need to learn, yes, we will learn to almost repair ourselves of how do we set ourselves up for success. But also how to do that for another.

Okay. All right. Questions! Comments! Concerns! Is the [01:00:30] chat on, Lori Jo?

Okay. Oh, I do see some questions that have been coming in.

Okay, here we go. Nancy, "how do you feel about us comparing this go around and GT5 to the last time, if we did it before? The emotional mental was hugely impactful for me in healing, I'd love to notice that aspect and apply it to both



my practice and as a testimony [01:01:00] for this program." Sure. Yeah. I think that would be great for you if you want to, Nancy, if you want to go through it again. And if you just don't know what notes you have from last time, because you went through it like 2015, right? But I remember, I can help you. Because I remember you were very vocal on those webinars. So, yeah, I would definitely do that and see, because then you're so relatable.

Okay. So, Rochelle, "can I make Instagram and Facebook posts of going through the program to create excitement [01:01:30] about the program and get new clients?" Yeah, you can say I'm becoming a Gut Thrive In 5 certified practitioner and here's what I'm learning, and you could put little snippets out there.

But what we're going to do... I want you guys to go through... Just speaking of what the legal parameters are to use this work, within the portal I want you all to read... Let me get in there. I want you all to read [01:02:00] the terms and conditions of how you can use this work and how you can't use this work... Oops, sorry. That's logged out of the terms and conditions. But when you go in and you click on the terms and conditions here, you will be... Wait, am I in? Am I screen-sharing? When you go in... Give me a second. There we go. Okay. So they're here. [01:02:30] And so that came up a lot. Like, I did calls with people like, "How can you use this work? How can you not use this work?" And so we lay it all out and it's very clear there. And I can help you with that. And we'll help you with that in the business aspect of what kind of posts should we put out there.

What I would say, what I just want to caution to newer practitioners, just to be careful and don't willy nilly throw things up on the internet, on social media, because you only get one chance [01:03:00] to make a first impression. And until you completely understand the total process, I would really wait until we get to the business workshop portion, which is going to be around mid-March, until you start doing that stuff so that I can guide you in a way that's going to be most effective. And you're not just like throwing random stuff out there to get clients and patients. So I kind of prefer you to wait. You could put some stuff from the case study. You can post that stuff on [01:03:30] social media to get your case studies. But let's wait until at least March until we start having a detailed plan to build your practice and bring in clientele, when we're actually focused on that. Because you have to have a deeper understanding of the work.

Okay, so Miriam, "lovely team, any chance we can take a poll regarding timing of Monday's meetings for a similar time today? 11:00 versus 2:00 PM, PST?"



2:30." I am sorry about that, Miriam, but between Jack and Nicole [01:04:00] and my schedule and Jack's practice, that was the time that that works. But I will do a poll and I will tell you the business webinars are likely going to be Wednesdays, once we start that, at 11:00 AM PST. So that can work for everyone else.

But for those of you... I know a lot of you are staying up late. I was talking to Haley, I think is here from the UK. It's like eight o'clock at night there. And you can always email the team, [info@thewholejourney.com](mailto:info@thewholejourney.com), the [01:04:30] day before. Say, "Here's what's going on. Here are my questions. Here's my confusion. What would you do? Here are the lab markers," if they've given you labs. You can ask them to bring labs from the last year to their initial health intake. We can help you interpret them, within the lens of the Gut Thrive. And then send them in and you'll get your answer in the webinar.

Okay. Talah! Any-

Jack: [crosstalk].

Christa: Sorry, go ahead, please.

Jack: Oh, I was just [01:05:00] having a thought. It happens once a week, at least, here. But I was looking at Nancy and Rochelle and just thinking how so often if you go for health, if you go to an oncologist, you often go to a doctor that's never had cancer. If you go to a kidney doctor, they've never had a kidney stone. And so, nothing wrong with that, but you might say it's all textbook, it's all case management or cases, [01:05:30] they're certainly wise and capable there. But just think about the power here. I was thinking about Nancy doing it again, and that she would be her own best testimonial. And think about the strength of going to a practitioner that says, "I've done the program. I've walked the road before you. I know what to expect. I had good results." That speaks volumes and establishes a credibility far [01:06:00] and beyond what just implementing a program that you've never tried before.

So for Nancy, I was just thinking if she goes through it again, she could remember, what happened to her in week one? What happens now? But what does she remember from the last time? That right there is her story. That's her story that drives her expertise in this. And I just think that's really one of the more powerful things that Nancy could have, [01:06:30] or anyone, as far as putting forth to people the personal experience, the personal story, and what it means to you in your personal freedom afterwards. Or maybe you can eat more



foods now and not sit up at night with a tummy ache. And these are the things that not only put the credence, but the sizzle, right into the program for you. So I think [01:07:00] that's very, very powerful, Nancy, that you would do the comparing and let people know you loved it so much the first time, you're doing it again. And you loved it so much, you're going to implement this with others. That just tells me I've got confidence in you and your ability to guide me through the program. So that's very, very powerful.

Christa: Amen. Talah, "Are there any criteria for the case studies?" Which we touched base on. [01:07:30] We want them to have... So when you go back and you look at the case study recruitment email, or swipe that I wrote for you, you want them to have those symptoms and conditions. That will be perfect. They're kind of the perfect person. But depending on it does come back to the gut, but we want at least one overt, "I got major gut problems," case study.

Danny, I was planning to full charge, even though it's a case study. What do you think about that, Jack? When we typically wouldn't recommend it [01:08:00] since the case study depends on the level of practice that you have, you think it's okay for a seasoned practitioner?

Jack: I do, Christa. I think people who are investing in this program, it's a quicker way to have an ROI on their investment and their expertise. Remember Nicole, you and I are backing things up with our experience, [01:08:30] and so we're not going to let these case study people fall by the wayside or... If at all possible, because that's very rare. But I think sure. I think if the person is confident in their ability that's commensurate with charging the fee.

Christa: Okay. I agree with you. Okay, yeah. If you're a seasoned practitioner, we suggest that you charge \$195 or up to \$295, whatever your rates are for the initial [01:09:00] health intake, and then between \$150 to \$200 per session. But if you're already charging more than that, then you're seasoned, you go for it.

All right, Sharon, "How much time do we need to tell our case studies to set aside for the program?" I would say about seven hours a week. And that's going to include... I would say between seven and 10 hours a week. Because that's going to include time for food prep. [01:09:30] See, our Gut Thrivers, they won't have to consume all the information and material because they're having sessions with you. One of those hours will be with you and then there's going to be food prep, and there's going to be self care and cleansing techniques, which you will customize for them. Whether they're going to do salt flushes or coffee enemas or the neuroactivation techniques. Castor oil packs can take 45



minutes in step one. So you're good if you say about seven to 10 hours a week and need to invest in your own healing process. [01:10:00] And think, they'll get like 20 or 30 hours a week back of productivity and clarity and energy and vitality at the end.

Okay, Miriam, "Are we expected to do a discovery call before the health history intake session of 90 minutes?" Okay. Because discovery calls are time-consuming. If you're a new practitioner, then you can do a discovery call. But if you're seasoned, no. You can just say, "Hey, who wants to come in and be a case study?" And then you just kick it off with the initial health [01:10:30] intake form. And by the way, just to make things more efficient, I would set up, if you're a practitioner, a Calendly. So much easier to just have them book and take that function out, or have your business practice assistant set up Calendly, so you're not wasting time with sessions. And if you don't have a practice assistant, then you definitely... Once they sign up for your program, or the case study is in, then you're just going to want to book all sessions. Book every session out with them so that it's done and they show up and you're not [01:11:00] having to do that each time. That's my recommendation.

Okay. Okay, Jennifer, "Can you charge case study clients?" Yes. You guys get to charge case study clients whatever you feel is appropriate. And so much of charging comes from your own sense of power and worth and confidence. And so you're going to dictate that for now.

Okay, so Consuelo, "Do we conduct lab tests?" So no, we're not running any labs in here, but there [01:11:30] is going to be a lab sheet, and we'll talk about it as we go through, that if you did want to run labs, you know, a lot of doctors are already running labs, but if you are a health coach, you don't have access to run labs. I put together a handout for you on all the lab work that you can run, you can have your clients or patients order them directly, go to the lab. The results get sent to you or they bring the results in, if you feel you need that. But our assessments should cut out the need for lab work, and it has successfully with many of our Gut Thrivers. So that's going to be on [01:12:00] a sliding scale of what works best for you, and that's so cool for us, right? To help you customize and hey, maybe this one, we might want to run a stool test. Or this one we don't need to. But, yeah.

Angie, it's not in Spanish yet. Hopefully we will translate, get Thrive into many languages. But Spanish I guarantee would be the first. Is Gut Thrive suitable for children, and what ages? I worked with a lot of young kids, eczema, digestive issues. And [01:12:30] anybody under age 12, we refer to Jack, if they want to do



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our Gut Thrive program so he can attenuate the formulas. So I'm going to toss that one to you, Jack.

Jack: All right. Well if a child is having a lot of gut issues that already lets us know when we take their case history, they probably have disturbances in the gut microbiome. Maybe they weren't breastfed and so forth. So yes, yes, yes. We want them to do this. Now, we're going to tailor [01:13:00] the program though, for a child. We're not going to give coffee enemas to a five-year-old, for the most part, and things like that. So-

Christa: Not the full supplement package, you know?

Jack: What, Christa?

Christa: Certainly not the full supplement package, you know?

Jack: That's right. And things like the child should have pretty good hydrochloric acid, so we may not be looking at a big... Maybe just a little nod to the HCL challenge and [01:13:30] that type of thing. So yeah, we should look at that and maybe provide just some general insights about working with children. But it can be a wonderful thing. And some children may not be suitable for a four day bone broth fast, but it's just a matter of letting them have some soup that has bone broth in it, or something, and watch out for aggravators. So there's ways you're going [01:14:00] to modify the program, but the child can accompany the parent right through the program, but just majorly modified.

Another thing about children is they do seem to accommodate a little more higher levels of carbohydrate. And so if the child is not having obesity, there's going to be a certain amount of leniency allowed. But they're going to get the full results. And that's what we'll see. And certain [01:14:30] pathogen purgings can be done with liquid tinctures and that sort of thing. So yeah, the thing can be tooled, but it's really smart to discuss it with the parent and then have the parent understand that there it'll be greatly modified. The child would probably have a pretty easy time with it, but can make huge inroads.

Christa: And change the trajectory of the rest of their life, at the same time. Which you've seen many times.

[01:15:00] Marianne in France, the legal docs... We're not going to translate them to French, and I don't think you need to take them to a lawyer. I would just put



them through Google Translator, and if you have any questions, just email our team and we'll respond.

Carrie, "I'm sure a lot of you feel like this I'm excited and scared at the same time. Do you recommend before and after pictures?" I'm so glad you brought that up, Carrie. Yikes! Yes, I totally do. Remember, if you watched the webinar, I showed [01:15:30] you Tony who came to us with alopecia. The doctor said, "it's not really reversible and you'll probably have all these bald spots for years." And he took pictures right when he started, four weeks and eight weeks in, completely gone. Full head of hair. Right? That's powerful. And so I would definitely do that.

Okay. Oh, this is really interesting. Jen Van Horn in Virginia Beach, "can I do my special needs son as a case study?" I think that would be pretty good. And I think you said he's like [01:16:00] 11 or 12, and then this would be fantastic to see what kind of effect he gets. Especially as we get to step three and we do the neurological gut, brain, brain, gut connection to see. I mean, right Jack? Wouldn't that be fascinating?

Jack: Very much so. Very much so.

Christa: All right. Monique, "We present three, but maybe we do more? Also will we do teenagers, kids?" The answer is yes and yes.

Bridgette, "Will we be following that format [01:16:30] for case studies? And if so, whether it be a downloadable template similar to the intake?" Yes, there will be a downloadable template. You will be following the case studies template, and by the end of the day tomorrow you'll have the skeleton of the case studies. That'll be probably just underneath the email copy. Good question, Bridgette, thank you.

Okay, Miriam, "The health history form is the most thorough one I have seen so far." Wow, awesome. [01:17:00] There's no shortage of thoroughness between Jack and I and we both share that value and we liked the idea of leaving no stone unturned. It's like health detectives. I don't know if you guys have ever watched House? Did you ever watch that show, Jack? Dr. House?

Jack: I did.

Christa: Yeah, I love it. It's like, we want to train you to be like the Dr. House of the gut. It's like you've just got to be detectives, it'll be great.



Okay. Danny, "Is there an approximate number of sessions? Are we charging one rate for anywhere from three to 12 [01:17:30] months?" Typically, you would say that there's 12 sessions involved, and you'll be charging between \$150 to \$200 and you can just get them to do... If you're seasoned, you want to get them to do the package. If they pay in full, you can give them a \$100 discount. Or you can have them do monthly payments over three months. However you want to work it out. I'm going to really dive into that in the business. But I think 12 sessions maximum to go through this. Or you could start with [01:18:00] six sessions and then they could buy a second package with you, since it's new and it's a case study.

Breastfeeding moms. We don't typically like to do too much with breastfeeding moms, Talah. But Jack, I'm going to let you comment on that. Because we do take breastfeeding moms and in the Gut Thrive materials, I don't want them to be your case study though. I just want to be very clear about that. In the Gut Thrive materials are considerations for [01:18:30] breastfeeding moms, but I just want to hear your updated take on this, Jack. I mean, I know we went through it a lot in the live programs.

Jack: Sure. There's, I think, just a general rule of thumb and we like for the child to be six months old. It's just an arbitrary amount of time. But it means that they've created their own gut microbiome. Their immune systems are working more for themselves and it just gets that little degree of separation. [01:19:00] And then the concern would be if the mom was taking a lot of strong anti-pathogenics, but the anti pathogenic herbs are often things that we want the cells throughout the body to have some epigenetic response and exposure to. Just think, their body is looking for things like oregano, for oregano oil, and a lot of the new foods. So at six months, science seems to [01:19:30] put forth that the infant has enough autonomy to be able to take those nutrients and apply them all to good things.

And so, most often we would see then that the program, just through nursing, is a great benefit for the child. And so the only other caution would be in the case of B vitamins taken too early, they can do something, cause some colic [01:20:00] in an infant that might be one month old, or something like that. So just give the baby a little bit of time to have some immunological autonomy and their own processes. And the program is great for mom, and then just let things pass through the milk to the infant. It's all to the infant's advantage.

Christa: And chlorella to cleanse the breast milk daily.



Okay. Theresa, "What happens if someone agreed to be a [01:20:30] case study and then quits part way through the program, for whatever reason? Do we need to find another and start over?" I think that's going to be a case by case. Let's just hope they don't quit, because you're going to get their commitment in the beginning. But it's like, if they quit in the middle of the step two, then yeah, you're going to have to get a new person. But if they quit at the end of step three, that would be a different story. So, it's got to be case specific based upon where they quit and if you would be able to put together a viable case study based upon [01:21:00] the experience you had with them.

Miriam, good question. "Do we ask the client to fill out the health intake history prior to the start of our first call of the 90 minute intake?" Yes. That should be filled out and they should either email it to you beforehand or bring it to your first session. Because you'll waste a lot less time and you shouldn't be writing it down and they shouldn't be filling it out in session. You want to wrap your head around the case before you ever meet with them the first time.

Dr. Susan Erica. Great question. She says, "where [01:21:30] do I download the assessment for our clients?" So let me just turn on the screen share here, and get back to the portal. So when you go 'modules' and you go 'getting started', there's here, 'take the assessment'. Brent is amazing, our tech ninja, and what he did... Hopefully this is going to keep me on the same tab. I'm sorry guys, I'm not logged in here, but... So when you get there, you each have your own individual [01:22:00] link. Everybody has a unique link as a Gut Thrive practitioner. So you're not going to be downloading that, it's not a form, because it's an algorithmic based assessment that we have. It's like a huge technical thing. And it's constantly shifting, based upon their answers to generate the algorithm. So that's not printed so that we can load the algorithm and execute it. So you all have your own unique link that you will email to clients and patients and have them fill it out.

Which brings me to two different things. So [01:22:30] you go through, take it yourself, see what plan you would be in. So you can explain, "Okay, you need 30 minutes to take this assessment. It's got four variables of frequency and severity, and I'm going to go through your life and your current life. And then it's going to come up, 'you are in plan P'." And it will give them an option like, "please go to your practitioner for the supplements." And if they don't want to go through the practitioner, if you're not going to carry the supplements, you're not going to order them from the discounted store, and you're not going to... You're not ready. Let's say you're not ready to get into [01:23:00] that. You can



always send them... There's a link in there to our public facing story. If you're like, "I just want to learn the information, I'm new." And have them order the supplements from the whole journey, that's fine. They're going to just pay full price for the supplements.

The only time you're permitted to discount the supplements is for the case studies. You can pass your discount along to them. Otherwise you would order them for them, they would reimburse you. If you want to charge full price, that's fine. You make about \$125 per supplement kit. So you'll [01:23:30] be able to choose. And I'm also happy to answer questions along the way, based upon how to give you the most effective business model, what you're comfortable with. Work within your constraints or help you grow in that area.

Okay. Whoops. Sorry. I made my tab too big here. Nancy, "how do you suggest we handle..." Okay, we talked about this. Someone is gung-ho and peters off or is reluctant to participate fully in it for any reason. Well, you need to show up [01:24:00] fully in your power, in the first session with them, and say fully in your power in the first session with them and say, "This is a program. I need your commitment to finish this all the way through. I am offering you \$3000 of counseling. I am offering you something with a 95% success rate and clinicians to take you all the way." If you can't find that commitment, please don't sign up and give the opportunity to someone else who really needs the healing. And you need the education, so you want to get comfortable starting to have [01:24:30] these conversations where you're fully sitting in your power and that's a huge part of being an excellent clinician is making sure the person coming to you is going to take accountability and responsibility for their health process and doing that upfront. So this is going to be an emotional exercise for a lot of you as you sit and own your role as the expert.

All right [Catherine 00:01:24:56], we're honored to have you here and she's a therapist [01:25:00] and is going to address anxiety and depression in this program. Awesome. Nancy's beaming, is it... We froze? Hopefully we're back. I didn't know we froze. Well, are we back? Yes, refresh Lori Jo, thank you. Refresh and we come back. When in doubt, refresh okay. Danny, "The recommended cost of the program is 2700-ish for the full program. Do you recommend specifying [01:25:30] a timeframe and..." Oh, we already answered that question. Jennifer, "I am concerned and you know we spoke about this before that as a newer health coach I don't know enough, imposter syndrome, eek." Well Jennifer, you're not alone. So many people wrote, "I have imposter syndrome" when they're brand new and that's completely fine. So work with somebody,



work with your mom, work with your friends, work with somebody where it's a bit easier and take yourself through this process.

The only way to build [01:26:00] your confidence is through experience. And then it's going to crowd out fear, it's going to crowd out imposter syndrome as you start to see this work. As the synapses in your brain are firing and you're building your clinical knowledge and that builds confidence that you can, like Jack [Resippier 00:02:15], I can ask him any question about anything that's related in the world and he can go into more depth than anyone I've ever met. And it's just from practice, that's it. That's why we call it a practice. And so bring those concerns, but just [01:26:30] start off small. Where can I start? I'm going to download the health intake, I'm going to fill it out for myself and then I'm going to go from there. And so I think that knowledge and as you take yourself through the fear will start to go away.

Fine, Chris does too. "Do I know enough to really do this?" Well, all right now you don't, but you will. Let's write down all your fears right now, write down all your goals right now and then let's evaluate them come May. [01:27:00] You guys are going to be feeling completely different, especially if you haven't been freaking out driving you're going to take yourself through it. Okay, oh yes. Seen here, Naomi. "Jennifer, I'm happy to help them feel competent and you live close to me. I've been a health coach for 10 years." This is where, oh I just got still chills, a rising tide floats all boats. So by February 2nd, I didn't want to do a Facebook group for this group. I wanted to have it, we're building a custom, a Facebook [01:27:30] internally within the portal that will be live February 2nd and I wanted to keep it private and just to the practitioners and you're going to be supporting yourself.

Okay, [Corey Looker 00:01:27:43]. Yes, sweating. You're going to be supporting each other and as we support you and we'll all get there. Yes, see Danny doing yourself as a case study will help you tremendously. See look at you guys supporting each other already and go ahead and share each other's contact information. Yay, [01:28:00] okay. Yeah Mama Kissy, I love your handle. Okay, so the expectation that the client will only meet with me one hour weekly. Yeah, that's about all that they should need for you to take them through the session and your bandwidth and their bandwidth is going to be filled up by that because you don't want to have them leave with a million action items with their heads spinning. Your job is to make them leave that session with, "Okay, I can do this," and if you need to add more sessions on the backend, then you add more sessions, but [01:28:30] upgrading slowly is what works the best.



Marie, yes. Straight to vegans can go through the boat program with no broth or no animal supplements and we have a vegan vegetarian consideration once you get to step one and you'll also see with the supplements, they leave out the liver, this would be a question for Nicole and she'll be on Monday's webinar, I think it's just the liver and there might be one other supplement that they would leave out and one supplement they would swap out. [01:29:00] All right, see Carrie, I've got a skin care client with hair loss. Can't wait. Okay.

Dr. House, without the limp and pain meds, yes. Let's see how many questions we have guys. We are at 12:30 here. Danny, do you include the supplement kit in the cost of the package? That's a great approach and you're welcome to do that. You can just add, but the problem is [01:29:30] you'd either add, you're not sure what plan they're on. We don't do that because their plan, with the most expensive plan I believe is Plan P and the least expensive plan is Plan F. And so you could do an average of the plan package costs and then just add it in too. Okay, liver cysts Jack, Lisa. This can help with liver cysts, yeah.

Jack:

Yeah, I would say that there's an issue here that in promising a person the gut work [01:30:00] will automatically impact the liver may not be completely accurate. We want the Gut Thrive work to be the prerequisite. And this is an important consideration because we're not promising that everything else a person might have and liver cysts can have other causes outside of the gut. There can be pathogenic causes to liver cysts, there can be alas prescription medications [01:30:30] that can be damaging to the liver and so forth. So we want to explain to the person that this is the prerequisite to getting their body the ability to heal so many other things, but you could also say and gosh, the nutrition in this program is right on top of the liver. Look at the desiccated liver, look at the glutathione, look at the antioxidants, look at the dietary support.

There's massive benefit in this program for [01:31:00] the liver, but I've often seen over the years that what's the promise of the program? It's to optimize the GI tract. And so what the body does with that optimization of which the liver is in a sense a part of the GI tract in the same way the pancreas is and so forth, that there can be really good things to happen. I would just be careful in making a promise and then [01:31:30] having disappointment that it under delivered. And after doing the Gut Thrive, what the person really needs to do is do a liver type program specifically. And so I'm just trying to keep the points of differentiation set up so that you can be impeccably honest with what you tell people.



And it doesn't really weaken your position at all. The person says "I have liver cysts, will this help me?" And you go, "Well, absolutely. This is the prerequisite," [01:32:00] but I would not make any promise about an outcome, particularly for a disease off to the side. You're building whole body health, whole body wellness, let the body do the work for the liver and then after the Gut Thrive or in the latter stages, you could come in with things much more specific to the liver.

Christa: Great. Miriam, "How do we tell the case study how long they will be working [01:32:30] with us to make sure they can commit for a time period?" So what we want for your case studies right now is because we're going to take you through the whole program, the five steps over the next three months. Get them to commit to three months. There's a good chance they may commit to another three months at the end, but for right now we want you to take someone through the Gut Thrive process in three months and customize, but that could be anywhere that you have with them from a total, you have from six to 12 sessions. [01:33:00] And so we're getting our sea legs, so we're not going to stick them to a certain format right now because it depends on where they've come.

Like "This week we're going to work on caffeine, dairy and gluten and next week we'll work that." So one case study may want to work with you for three months every other week. One case study who's another one who's got a lot more work to do, they may need to come in every week throughout. And so you're just getting them to commit to a three month process and say, "We should be finished by the first week of May." [01:33:30] Okay, yeah Danny it's all included. Yeah, you might need to add a thing or two along the way. And so like Jack said for example, we don't include the neurological supplements in the supplement kits because not everybody needs them, but once you get to step three if you're like, "Oh okay, we need to work on the vagus nerve and we need to really work harder to replenish the neurotransmitters and re-engage the brain in autonomic function to handle constipation [01:34:00] and also anxiety and depression, then hey, that's going to require two more supplements. They're called [neurosin and calm 00:10:05]."

And so yeah, there may be a couple of extra supplements along the way or somebody who's prolonged ulcers or maybe they have a history of bulimia or they've got thin mucosal lining, they may need an extra bottle of GI support and soothe, more of the slippery elm and the marshmallow root and all that to really continue doing the repair work. And so this is how you're going to really



learn to customize along [01:34:30] the way. It's just like each client or patient is their own artwork and it's all going to be different. "After the health intake and understanding the client in the first session, do we send them the GT 580 questionnaire form?" You want to send them the help intake form and allude to the assessment at the same time because you want to go into that intake understanding their history and then pairing it with what plan they came out to be because that assessment's so accurate.

" [01:35:00] Are we expected to do some interconnectedness explanation to the client of why they're experiencing these symptoms? How do we close the first intake session?" You can close the first intake session depending, okay so I gave you all of this when you go through and you watch the videos, there's all the terminology in there. And that's why I put the end use customer videos in the middle so you can learn how [01:35:30] to talk about this work. But you're going to say, "Okay, so I see you're having insomnia and I see you have chronic bloating and this," and you're going to tell them that, "Well, you should feel within one month 30 to 50% better through this process." And so you can lean on our confidence there and they think, "Ah," and tell them. "You'll start sleeping better, your energy will get better, you'll start dropping a few pounds, less inflammation, less itchiness," and most people start to feel 30 to 50% better midway [01:36:00] through the pathogen purge.

And sometimes they get a little worse as they change the strategy of Just at Three. Doesn't mean they're not still progressing, health is not a linear process and we really want to train you to understand that and see that and front load the client so they don't freak out. "Is this working?" You saw Jack on the Plan S case study, the SIBO SIFO. So many of her worries came out in step three. "What if this doesn't work?" She was worried that she [01:36:30] wasn't experiencing pain. "When I did this program, I experienced pain. So does this mean this isn't working?" All their fears are going to come up and you're just there to assuage their fears and "This process works," and that's why we're having these live sessions is you're going to come to us and say, "Okay, Hey here's what happened, what do I do?"

Jack:

I thought maybe I'd bop in real quick, Christopher. Miriam, we were having some questions about hair color and [01:37:00] case taking and so forth and this is where you can really have some fun with the program because one of the key features for Gut Thrive is just it's doubling and tripling the amount of nutrition that a person gets, so it's kind of ready made. When we look at things like hair color, we know that mineralization is so important and even what's called the softer water or clustered waters and things like [01:37:30] that have a



long history there. In the old days, people took a little molasses which had minerals, we wouldn't want the sugars. But I think this is where you can use the other practitioners in this program and say, "Guys, I'm getting someone started on Plan S or something, but they also have an agenda for hoping their hair can grow out with their more natural color," and then you could get some other [01:38:00] activities going.

In other words, something like a liquid comprehensive fulvic, mineral complex or something, you can just add it right into some water and you have an extra ace up your sleeve so to speak, to be going for those results. And I read somewhere in here and I don't see it now, sorry, but someone was saying, "Do you want to keep records on Google docs?" And I would just simply say Google is data mining. You're all [01:38:30] there, all the information and if you are having conversation on things like treating a liver cyst or something, there could be issues coming out of that. So I would not trust Google personally with any kind of natural health document that you don't want a lot of people reading and data mining, but you may not agree with that.

But here we have a wonderful opportunity [01:39:00] right in the middle of the Gut Thrive program to you have an opportunity to address something more specific for a person like the anxiety or gray hair or something like that and just use your resources on this and get some advice on setting up their program. That's why Nicole and I and Chris are on tap for you and everyone will have some ideas to share there. So we really want your programs to be successful and your [01:39:30] people to be very happy with the results. And I'd love to get testimonials of hair that's no longer gray because of the program that you do, that'd be wonderful.

Christa: So the answer may be Jennifer to turn your silver hair back to brown. It usually doesn't work if it's a full head of silver hair, it's more premature gray hair, but we shall see. Your liver will tell us.

Jack: Of course I made the comment in there that you could always ask Rudy Giuliani [01:40:00] about how to make your hair brown.

Christa: Catherine, "Any advice for people on keto who are interested in doing the program?" Totally fine for them to do the program. You'll just be slowly adding in some of the foods in and a few more carbs to see if their cells are sensitized or desensitized to insulin and if you can actually get glucose, shuttle it into the cell to be burned metabolically as fuel and we'll work with you on that. Some of [01:40:30] you have been with me for a long time, some of you haven't. We've got



a program called the Adrenal Recode. It's a ketogenic recovery diet where we're healing the adrenals and optimizing thyroid because keto could do long term damage to both of those glands and so this is perfect. We're going to talk a lot about the thyroid towards the end of the program. You'll be in a perfect place to help them optimize in that way.

Monica, "If we end up adding more sessions to the back end for the client's best interest, that creates conflict with completing [01:41:00] all three case studies by the end of the year, is there room for us to complete the case study beyond 2021?" You know, since this is our inaugural group I'm going to say I don't know, but I'll work with you. I cannot imagine, I really want you to finish by the end of 2021, but if you're working in earnest and it goes the way it goes, for sure we'll grant an extension to you as long as it's not dragged out because you guys, if you watched whoever and we really, the world needs [01:41:30] this work so badly. And we just want to get you out there doing this work and feeling competent and comfortable. Monica completed Get Thrived June of 2020. "Is it too soon to go through it again?" I don't think Monica needs to go through it again at this point. Jack, do you? I would rather see her at this point taking three different case studies through.

Jack: I can see what you're saying Monica. If you had great results [01:42:00] in June, that's less than a year ago. I don't know that you're going to learn that much going through it at this time. Hopefully it would just be easy peasy and light and breezy to go through it again. So I think what Christa is saying, right Crista? That you'd like something a little more meaty and something a little more of a challenge, somebody new-

Christa: Yeah.

Jack: ... to really get the experience down.

Christa: Yes. [01:42:30] Okay, yes of course this helps those over 50 Carrie's saying. I'm going to tell you the story. One in our first Gut Thrive group, we had an 89 year old grandmother and she did Gut Thrive because her kids were going to put her in a nursing home because she didn't have a lot of mobility and they were worried about her living alone and the end of the program she was like, "I am gardening, I'm walking, I'm not going to go into a nursing home." So you can take [01:43:00] really clients of all ages. Okay, great question Alana. "When is the absolute start date for action items for our case study participants?" We want you to choose your case studies. Go as soon as you get off this webinar. To get your case studies, we want you to order your supplements for your case



studies by Monday at the latest, which is what? The 25th, I believe. Because shipping, yes we direct ship.

We can direct ship. We'll [01:43:30] ship wherever you want us to ship. You just have to put the address in there. Our fulfillment center was switched to a new fulfillment center in preparation for this. We're really good at getting supplements in 12 main countries, but our fulfillment centers promised that they're going to get them into all countries, so sidebar for international clients and you'll work with Nicole on that. She's also our Head of Fulfillment. So COVID has slowed down shipping with the vaccine is taking precedence and so UPS, [01:44:00] we're a little bit slower than normal. Seems like we're back to where we were, but you never know what could happen. And so we would like to see you order all of your supplements by Monday if possible, okay? I understand that it's Tuesday and you may not get a chance to secure your case studies, get them all to take the assessment by then and so we'll work with you.

We don't expect everyone to start immediately, but that's the ideal goal. That's for your best learning because when we have our webinar [01:44:30] on Monday, we're going to start going through the getting started module and I want you to have the people in mind and I want you to come. You'll get the most out of it. Say "Okay, well I got this intake. I did an intake with this person or at least on myself," and you need the practical application to the theory to learn, so that's my suggestion. Okay. Everything that is, [01:45:00] yeah. Okay, great. Good, you guys are feeling good. Over 75, this is good. We've already answered a lot of these questions. The assessment, everything you want to know about the assessment and so much more is going to be in that getting started module where Jack and I shot videos on the assessment. We've really explained it all so that you can then explain it to them.

All right, uh-huh (affirmative). HIPAA [01:45:30] complaint? We have information in there for HIPAA doctors, nurses, physicians, assistants found by HIPAA. You've got to put your own information on there. Their health coach is not bound by HIPAA. You have them fill out the intake form and the disclaimer, that's what our attorneys filled out the disclaimer for. I use Google, Jack doesn't use Google, you guys can use Dropbox, okay? You can store all your documents there if you prefer. [01:46:00] All right, Rico Junkie right here, love it. Monica, "Practice better for intakes?" Yeah, so Shelly uses practice better. A lot of people use practice better for intakes, scheduling notes and protocols. You guys will share all of this once we get on the forum in here.



Adrenal Recode, yeah that can be the next step after Gut Thrive. When you've removed the gut and the immunological burdens, [01:46:30] now you're ready to really do deep work to heal the nervous system and to stop the dysregulation, the leftover, because you're going to get a lot of adrenal healing on Gut Thrive, the leftover adrenal dysregulation and then to optimize the thyroid. You are Nancy. We're going to end on this note. We are ambassadors of world healing, such an honor, so exciting. You guys are, you are ambassadors of world healing. It's just that makes me want to cry. You have a good way with words, Dizzy. [01:47:00] Aw, thank you for your kind words. All right, okay.

So we're going to answer the rest of these questions because a lot of questions are coming in that are going to be more appropriate for next week. Like all supplements stuff, we're going to talk about next week when you're asking them about medications, older people have medications and all of those questions and what I want you to know is I want you to go through the portal because [01:47:30] what I did is there's a troubleshooting module. Let me just show you this real quick. Chrome tab. Okay, hold on. Let me go in here. Okay, so when you look at Resources, you've got Resources, Case Studies, Troubleshooting and Training Webinars are all going to be here, but in all the lessons. So what we did is we distilled down, we've gotten tens of thousands of questions. Oh, I keep forgetting to do that.

Okay, so we've gotten tens of thousands of questions from our Gut Thrivers over the [01:48:00] years and so what I did is Nicole and I and Jack, we distilled them down to what are the most common issues you're going to run into? And so with supplements, medications, older people, in that module I shot a video for you. Troubleshooting, The Getting Started in Supplements and then there's going to be a long troubleshooting document that's going to answer all those specific questions about specific medications and ages and all that. So I want you to consume all of that information and then we'll answer questions that are not already answered in the program materials [01:48:30] next week.

Yeah, you can pick up supplements from us in California Marie, but however our fulfillment center is in Florida. So we could ship to California if you're going to be there or shipped to a place, any place in the US if you want to then take them internationally. Athlete's foot? Yes Taylor, that's a good case study. They'll probably end up in Plan F for fungal. All [01:49:00] right, we did it. We did it. So quick, basically no one doesn't qualify for a case study. Well, you don't really want to be, you want to use this to maximize your healing. You're not going to do it on a fellow health coach or a super healthy friend, you're not going to learn



a ton that way. So they have to have some problems. No, the supplements are not through Designs for Health. So we work with 12 different lines. Jack and I [01:49:30] spent many, many, many, many hours. He flew out here to look at every single ingredient and we went over 30 different lines to really customly curate what's in the Gut Thrive program and then we also created some of our own, okay? Woo hoo.

I like it Miriam. Guys, just a quick recap okay? Oh wait, before I go, before I go. Legal parameters of doing this work, you should have general liability [01:50:00] insurance, professional liability insurance. If you didn't already send us your credentials, excuse me, send us your credentials. If you do not have liability insurance already and you need guidance, send us an email at [info@thewholejourney.com](mailto:info@thewholejourney.com). Nicole will respond and give you some options and I'll also put some options. I'm going to do a followup with your action items. You'll get a replay email tomorrow, this webinar and follow up outlining your action items so that we're all clear and directed and [01:50:30] on the same page. And we'll include some information about liability there as well, okay? Yay, we're so excited. We're so excited. Well we love you guys right back. All right Jack, this was fun.

Jack: It's all rowing right along. It's really fun to visit with everyone, thank you so much. Really good questions.

Christa: Yeah, really good questions. I love it. You know, nervousness and excitement, [01:51:00] they're the same feeling. It's just how your mind codes it. So let's be excited. Let's be excited we're going to do this. We will see you tomorrow on email and then see you Monday at 2:30 Pacific time. Same situation, Nicole is going to be on with us that one too. Lots of love guys, see you next week. Thanks for being here Jack.

Jack: Bye.

Christa: Bye.