Introduction and Guest Backgrounds

Welcome back to the Reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson. I am absolutely thrilled to have Lisa Feiner and Nancy Weiser joining us today.

Lisa is a board certified health coach and wellness coach, and co-founder and chair of sharp. Again, naturally, over the past 20 years, she has worked with clients with a wide range of health issues.

During the same period, Lisa has been on the board of a nonprofit nursing and health care system. In 2011, when she first learned about individuals diagnosed with dementia who had recovered their cognition, it made sense that the rise in Alzheimer's disease was due to changes in diet, lifestyle and the environment.

Only after San was founded was Lisa's father diagnosed with Lewy body dementia. Lisa writes and speaks about the causes of memory loss and how we can all take better care of our bodies and minds to live life well into old age.

Nancy is the founder of Wiser Choices, Choices and Vice chair of Sharp again naturally, and provides health and wellness coaching for individuals, executives and families.

Her holistic approach combines practical, life changing nutritional practices with guidance and support relating to exercise, stress management and lifestyle.

Nancy turned to send San when a family member began suffering from cognitive decline. She attended workshops to deepen her training to help her family and her clients.

Nancy has been featured in The New York Times and has made multiple guest appearances on Martha Stewart Living Radio and a 1490. Nancy is a featured speaker in the documentary, but she speaks to varied audiences, including corporate, parent, philanthropic, community, and senior groups.

Nancy and Lisa, thank you so much for joining us. I can see why you guys are totally aligned, and I'm so excited to have this conversation, but we're thrilled to be here.

Absolutely. Hopefully provide a little bit of a different perspective. Yeah. So you guys are both health coaches and tell me, what exactly is health coaching and how does that how do you work with the senior population and those at risk or struggling with dementia?

So health health coaches work in a very different way than many other practitioners that patients would see. We consider them our clients, and they really, you know, know themselves better than we could ever know them.

We have a lot of respect for our clients and really take our, direction from them, know what their goals are. We help to see if they're, you know, ready, to make some of the changes that they might want to make.

And then really, with small steps, smart goals, if you will, but small steps, we help them, work toward their goals, and we're really there to support them.

I think that's that's the most important thing we we have the time that the, the doctors usually don't have to spend, you know, if a doctor will say, for example, you know, you really need to lose 50 pounds, or you really should exercise more.

A health coach will help them do that. Think about how they want to do that. What type of exercise do they enjoy doing? When are they going to do it? How often?

So we really try to break it down and make it manageable for them. Nancy, do you have something to add that is very comprehensive? And I would say, yes, it's support, but it's also guidance and accountability.

So we do we do offer some information that we know would be helpful to people, along the way. And then we are really we really do as Lisa intimated, we do partner really with the person.

And in the case of people with cognitive decline, depending upon where they are on that journey with the people who care for them to work out what is the best baby step program that can get them toward their their goals of hopefully preventing cognitive decline or reversing it?

If it's in its early enough stages, or just even having it stay the course and not progress if it's for you, if it's if it's much further along. So that is what we do.

And I think we've been we do a good job while we educate the broader public in general with all the, you know, the webinars and the educating that we try to do, to try to have hopefully people not go down this road.

What Health Coaching Does

But as we know, this is a major issue in our country and all over the world right now. Certainly, I can speak to that from the clinician's perspective.

The patients that I see do the best are the ones that can most comprehensively incorporate all of the different components of the treatment plan. And when you're working with someone who's cognitively, you know, they don't have the full capacity asking them to change their diet, change the way they shop, change the way they exercise.

That can just be insurmountable at times. And having a team of health coaches, the family members health coaches, whoever it is that can check in and like you said, partner, hold them accountable, help them with the baby steps, the Smart goals.

I think I would love if you kind of dove into that a little bit more, Lisa, because I think that nugget so valuable of how to create goals that are attainable.

Do you mind kind of sharing at least a little bit more? Or if you have an example of working with a client who you've done that with? Sure. So first of all, I think it's really important when people have any level of cognitive decline.

For us to help determine, okay, is it only them who is our client? Because you have to be pretty intact, cognitively, to be able to plan. And you know, help create the steps but then follow through on your own.

So a lot of times we have more than one client. It could be the, the client who has cognitive impairment and a family member or a caregiver or, a spouse.

So we're always looking at who the client is. How motivated are they, and how compliant will they be with what's being recommended. And frankly, if if the client themselves has no ability to really follow through and be motivated, if they're only doing it to appease someone else, it may not have the same kind of effect than someone who we would typically work with, who was able to follow through themselves.

But in terms of your your question, let me defer this to Nancy, because Nancy's recently worked with somebody who had cognitive decline and it would be great for her to share some of those small steps that she worked out with this client.

That's okay with you. Please. Okay. Yeah. So with this client, I think the key was to realize that in this case, yes, she she was having some experiencing some forgetfulness, as she like to call it.

But the real client was actually her son who wasn't suffering from cognitive decline. He's actually an adult autistic person who is her son and lives in her home.

And so the stress of that situation and what goes into the caregiving and management of him was so, really so stressful for her that her own cognition was starting to decline as she was in her in her early 60s.

So getting to the to try to work on his nutrition, his, his program from an outside perspective to try to get, you know, honestly, his blood sugar stabilized so that some of his behavior became like his sleep would become stable enough so that she could get sleep. Because sleep is such an important component of having your cognition be intact.

So in this case, he would keep her up literally all night. And we basically fix that by fixing what it is that he ate. And he lost 35 pounds so far, and she began losing weight after we'd been working together for a number of months once his situation was more stable.

And then guess what? All of a sudden the weight just started to come off and the forgetfulness reversed. And she said she noticed little things like, she know, you know how it says on the shampoo bottle to lather, rinse and repeat?

Well, she would never remember if she had done it once or twice. And then that's how she knew she was better, because she remembered that she'd had actually already done it once like that.

So that's a small example. But it says she was coming back the more we improved his situation. So there is we like to say there's a ripple effect. It's there.

Or as Lisa said, who's the client. So she was referring to most cases where you have a client who's experiencing, let's say, cognitive decline, but you have their spouse or you have their adult children or you have their caregivers in this case, I had the child of the client who was not actually my client, but the whole family unit becomes my client, as do honestly, the caregivers for that person.

So now I'm working with, well, what you know, I have to now be literally speaking with them about what's going into his program so we can all be working together as a team.

So it bubbles. It ripples. However you want to look at this. This is not A11 off with one person. This is a this is a series of discussions, a lot of hand-holding and a lot of accountability spread out over a period of time.

And again, like you wouldn't a medical practitioner would not have the time to do that. And it's not actually even in there. It's not even in their evoked said. It's not what they do.

It's what we do. Right. You've been really well trained to specifically understand how to, you know, motivate people to find that internal motivation versus just like, okay, are you compliant or, you know, but what fires you up?

What's going to get you the rewards that keeps you going and what gets in your way that we can get you right? You know, if that wasn't in your way, well then yes, you'd be eating this and doing that.

So we have to find out what are those obstacles. I just I want to add one more thing that Nancy didn't mention, which is this client had been to many, many doctors for help with her son.

You know, her son over, over a 20 year period. Yes. It's he's not a young a young boy. He's. No he's not, he's adult. Right. And so I just think it's, you know, to just to point out the what, what can be achieved through health coaching, partnering with doctors but working in the we like Nancy said in the weeds with the client getting to know them deeply, you really can affect change in a much different way because you're paying attention to, as Nancy said, the obstacles.

What what's really getting in the way of this, you know, mother, mom being healthy herself and and also her son, like what was really getting in the way.

Setting Small, Attainable Goals

And Nancy was able to help her figure that out and make these small changes. Changes to the diet, changes to time management in the home, setting boundaries, you know, things that are part of our lifestyles that, you know, you don't even think necessarily of going to a medical practitioner for, but something that a health coach can really, help you with, that really changes the trajectory of your health over decades.

Right? Like maybe it's a small change about where you shop or how you shop or how you manage your time. But over ten, 20, 30 years, that's the difference between getting Alzheimer's or not.

Yes it is, yes it is. So you guys, we're sharing an astounding and really heartbreaking statistic. Before we started recording, that was it that six time caregivers are six times more likely to end up with a diagnosis of dementia if they're caring for someone in their lifetime?

And that that just is crazy to me that it increases your risk to care for someone you love. It increases your risk that much. And so I, I have a thousand questions based on just learning that statistic alone.

But let's just start with like, okay, what do we do about it? How can we reduce that risk somewhat. So well first of all is understanding why. Right. Why would that be the case.

So if you look at the causes of memory loss and dementia, you know, and sharp again naturally has on our website, we have our list of 10 to 12 reversible causes of dementia.

Many of those become, you know, worse they worsen in a caregiving situation. So for example, you may not you may be used to getting exercise, but if you're caring for somebody who doesn't exercise, for example, very hard to get out of the house and find the time to do that. It if that person isn't sleeping well, and you may know, I mean, I'm sure many people who are listening know that, you know, people with dementia are up at night, but they can kind of reverse their hours.

So what does that do to the caregiver? That caregiver is not getting that much sleep. And we know we just saw it in the paper this week. The big study that came out, showing that people who don't sleep well in midlife are really on their way to dementia 20 years later.

So you, like you said earlier, a lot of these things start happening years before, if somebody who you're caring for doesn't have a wide palate and doesn't eat a lot of different foods, you how much time do you have really for food preparation?

So you may not be eating as well. So a lot of the things, you know, nutrition, exercise, stress levels are much higher. That's very, very important. Right. That's that's critical.

And I mean, and there there are many other things, but you're not getting as much social interaction. Maybe people have started to come by the house because this, you know, you're caring for somebody who can't interact very much.

I mean, it takes a lot old friendships and people and family members who really care to stick with a person who has dementia and is willing to keep visiting even if they don't.

They're not getting a lot back. So Nancy may have other examples and other reasons, but those are a few of the reasons why you might, have a higher likelihood of developing dementia.

If you're caring for someone. It basically sounds like you could go down that list that you have on your website of what are the causes, what are the reversible causes?

And if you're a caregiver, you basically you just inherently check almost every one of them. A lot of them, unfortunately. Yeah. And you know, it's there's caregivers.

And then there's also a, a statistic that says someone who is the spouse or partner of someone who gets

Alzheimer's dementia has a 60% likelihood of getting it, which in my medical mind echo what are they being exposed to, you know, what's it? Well, that's. But what are they eating?

You're absolutely right. Well, it could be. It could be that they, you know, lived in a house for 45 years with mold. Together they're eating a processed food diet together in their house with mold, you know, or one or the other or both.

And that you know, and they've had the same whatever financial or family stresses or whatever. They shared a life. So they've shared many of the risk factors as well.

And then the stress of caring for a spouse who has it, you know, a really, regardless of the resources, is is so debilitating to the other person, person who has cognitive decline sometimes is, you know, not not is not as affected by the stress.

Right? Right. But and here at Marama, the residential care facility, what we've seen is and it's been beautiful, but it's the opposite is that there have been residents here who come in kind of unaware, right?

They're not keeping track of their finances. They're not keeping track of a lot of their relationships. And then all of a sudden they sort of reawaken and they go, wait, who's keeping track of my finances?

I'm not contributing. What's going on? Like, what about the house? Who's taking care of the yard? And, as they come back into that awareness, we need to make sure there's a therapist, around who can help them kind of sort that out.

So, absolutely, the stress of, like, the incapacity is often absent. Right. Which are that incapacitated? That's what I'm saying. Yeah. And the other person, a wonderful example of that.

Yeah. This is a wonderful new problem to have, right. We never had this before where people were getting better from their their dementia or memory loss or Alzheimer's.

However they were diagnosed. And frankly, the diagnosis is less important than the the symptoms. Right. And we have to help reorient them into their lives, which is what you were saying.

You need a you know, it would be helpful to have a therapist for. But but that's it. So it's a nice problem to have in a way. Completely. We were celebrating at the same time and charting entirely new territory of like, oh, right, we've rather have this additional support here and start expecting this because we've we've seen it a handful of times now, that as as people come back into their awareness, the stressors come back with it.

And we know that those stressors don't help anyone. So I liked how you called it a reawakening. No, I mean, that was beautiful. That was really beautifully said. That was great.

So what? Yeah, I want to go back to this, this risk of being a caregiver because I think it gets missed so often when we're talking about reversing Alzheimer's, we're so focused on the patient.

Right. And I own this as a doctor, and I'm so focused on the patient and getting them better and getting all the information that we need to make the right decisions.

And sometimes what gets left out is the person that's caregiver caregiving for them, the person that is taking on those additional tasks. And, all of it, whether it's paying the mortgage or doing the grocery shopping or, you know, taking care of the other generations.

And so how to balance all of this and mitigate some of that additional risk. So I think there are some ways that the caregiver can do this in the home with the person.

And then there are some suggestions for getting some help. Maybe, even if it's only a few hours a week where the

caregiver can either get out and exercise, or socialize, or do some other things that will support their health and well-being.

But in the home, I think if we just start with something basic like nutrition, looking at the when we give, talks on nutrition and, and brain health all the time.

So you're looking at the foods that support brain health and trying to incorporate more of those into the diet of both the caregiver and the person with with the memory issues.

So, you know, many more omega threes and the and that smash fish that Nancy always talks about, you know the the salmon and the mackerel and the anchovies and the sardines and the herring, you know. Awesome. You got it.

Well, very rich, you know, in our omega threes. And, you know, some nuts and seeds and maybe some coconut.

Caregiver Risk and Lifestyle Factors

You know, you're we're we're introducing all these things and helping, eliminate some of the other foods that can really contribute to brain fog and not thinking so clearly.

So all the refined foods and simple sugars and grains for some people are really problematic. And so that would be the first step is to work on the diet.

And then, you know, exercise is so key. I know that, you know, if I even look at my father and the trajectory that he's undergone when he was moving more, he was definitely more with it.

And as he's had, unfortunately, he's broken the same hip twice. And now he no longer is capable of walking. We've seen a real decline. Now he's almost 96.

So, you know, it's not necessarily surprising, but he was in pretty good shape before that. And the lack of movement I think is very problematic. So especially for the caregiver, they need to make sure that they keep up their exercise routine.

And you know, it's great if you've got the TV on and maybe you can put the, you know, have have the person with memory loss occupied for a little bit.

If you've got a stationary bike or you have just another means of exercising, or like I said earlier, you know, having somebody come into the house to stay with the person so that the so that the caregiver can get out.

And I, you know, for, for a lot of different reasons. It's so it's so important and and if you if you do have some resources, I mean, just so you know, both of my parents, my, my dad passed away last August and had had Alzheimer's.

And my mother has it now. So I've been through this, you know, as I alluded to in my bio, I've been through it personally as well as professionally. But if you can do it, it's it's a nice it's a really great thing to be able to have a personal trainer come in as an activity for the person with cognitive decline, and the other person can do it, too.

You can everybody you can do it together. You're getting, you know, two for one or more depending upon how many people do it. But that is so important.

I know with my own, with my own father, like Lisa's father, when the knees went and the walking slow down and eventually stopped things, things, things decline.

So if you can have a professional in there, and, you know, you everyone's deciding how to allocate resources. I think it's a particularly it goes from being something that's a nice to have that really is something closer to a need to have.

And I, you know, even my mother now really can barely move and can't walk anymore. But I still have the trainer coming to literally to move her so that her body is being moved by another person now.

And it's and it's it's tremendously helpful the days she's there versus the day she's not. So depending upon where your resources are, you want to think about how to allocate things.

You know, everybody has choices they need to make. But that that's a good one, that you may have thought it was a luxury or an indulgence before really isn't.

When you get to this stage, one of the other things that comes up that stands in the way for some of the families I've worked with, is a feeling of guilt like that.

If I get somebody else to come in and take care of mom or dad, then I'm not the one doing it. And really, I am the best person to do that. And and so I think just giving someone permission that no, it's okay.

And it's actually what's best for everyone if you get some help is helpful. Have you run into that? Yeah. You know, it's interesting what you're saying because it it makes me think of, you know, you're in the airplane and you want to put on your own oxygen mask first before you put on your someone else child or whatever.

You know, it does. The person who who's ill no good. If the caregiver isn't functional, you know, isn't fully able to be there and, and or is resentful or has very high stress levels, like we really want to help that caregiver stay as kind of even as possible, as engaged in life as possible, as mentally, sound as possible.

And, you know, I think that's why Covid for a lot of people has been so challenging, because it was all of these other restraints put on top of what was already a difficult situation, for sure.

And you know as much as you can. It's great to get somebody, with memory loss in a car driving around with you. They love to look out the window. My father used to read all the signs, you know, so he passed them back.

That's exactly what my mother does. She did signs, but it was engaging, you know, and and it and it made them. I mean, I just couldn't speak for my dad.

He loved going out and just being with my mom. Yeah, yeah. Being taken somewhere. So getting out is important for both. You know, even going to the mall, walking around a mall for 15 minutes to a half hour and then coming home, it's a big outing, often for someone.

But it it can really be stimulating. And it's that mental stimulation which is one of the, you know, things on our list, very important. And, you know, TV tends not to be so mentally stimulating.

So we have to look for other things, you know, whether it's looking at old photographs and telling stories about their lives, you know, 40, 50 years ago, trying to we just engage them in different ways is very helpful. And it's it can be pleasurable for both.

That tends to be a very low stress kind of activity and it could be very bonding. I read my mother's my mother has a copy from 1955 of Herman Wilkes, Marjorie Morningstar, and it's a 550 page book.

And, you know, I go and read. It's dense. I read ten pages at a time. And I say, mom, do you remember this? And she does. She loves it when I say, I'm going to come back tomorrow and read again.

And she says, I think that's a good idea. So it's, you know, it is it's a different, completely different kind of thing than watching television. And, and then it's nice time also for the caregiver where the caregiver is not just doing caregiver, you know, you're doing caregiving.

You are engaging as well, right? Nancy, I'm curious if you have any advice for how to communicate most effectively with someone who has Alzheimer's. So, you know, they're often repeating themselves, asking the same question,

and that can be irritating.

What advice do you have for those two? There's two parts to that. There's the there's the communicating and there's the irritated. You said two things in there, right? Right.

That's two break it down questions. Right. So the communicating part is just obviously a lot of patience, a lot of like, you know, sort of pretending to yourself, no, I didn't answer that question five minutes ago.

And I just answer it the same way again, because that's really all I can do. And not, you know, know that this is not something the person can control.

And just, just patients smiling, happy that they're that they're engaging in all that there to you. I'm appreciative of that. And then the irritating part, like, that's when we get into go segway back to the self-care.

And what can you do and what can you do if you can't get out that often? And, you know, if the person, you're caring for is, let's say, taking a nap, you can maybe do some meditation, things like that.

That way you can, you can, you can moderate or modify for yourself how much you are affected by things that are either actually irritating or potentially irritating and sort of just make a conscious decision that this is this is where I am right now.

This is where my partner or person is. And I'm going to make sure that I take care of myself by making sure I breathe. Breathing's good. Yeah. So breathing can do a lot.

But, you know, doing it in some kind of a more formal way, maybe an app on your phone with amendments, a meditation or again, some yoga things that you could do if you have, you know, the space of a yoga mat in some in somebody's home or in your own home to make sure that even when you are actively caregiving, you're there for the person.

You're the you're the person on call in charge, but at the same time, like you're not actually engaged in personal care or feeding the person 24 seven.

So there is plenty of time for you to read, breathe, meditate, you yoga if you sort of take advantage of it and do those things, connect with them, connect with a friend on zoom on your phone while you have ten minutes here or there.

I have a couple of other things that I just wanted to mention.

Supporting Caregivers and Daily Routines

One is that communicating by touch with the elderly is very soothing for them, and whether that is a, you know, hand hand massage with lotion or a foot massage or scalp or whatever, or just, sometimes just holding their hand, it can be really a soothing kind of thing.

And, it was something else I was going to mention. Nancy, when you were talking about doing all the activities, you know. Oh, yeah. It's good enough to have too much of an agenda.

If you were, if the person you're caring for can be your agenda and you can be flexible and just, redirecting is really helpful if the person gets agitated or, you know, doesn't want to do something.

Like, I remember one of my dad's caregivers would try to get him to take a shower, and it always when she would mention it first, he would not want to, but she would keep asking him in a very calm way, and eventually she would get him to agree to do it.

It took longer, right? Many of us are used to our fast paced lives, but it goes back to like, what is your agenda? And

you know, if you could only like I, I remember when we had to just make sure that there was only one thing on my dad's calendar a day that was perhaps I have to do like a doctor's appointment or you know, picking up something at the pharmacy.

You had to, you know, make sure you got out to do that. It really helps not to have an agenda and and to be able to just go with the flow a little bit.

Yeah. I couldn't agree more. That's absolutely right. Yeah. It's really an art I we've seen it I hear it more on the with the, the caregivers who are so skilled in I think not taking things personally.

Right. And often we see that with couples. So the spouse will think, you know, he's just not listening to me when I tell him. And that's why he keeps repeating themself.

And kind of taking it personally makes it an even bigger job to caregiver for that person. Because you're, you're caught up in the emotion. Whereas the professional caregivers, it is such a good job maintaining that patience, that willingness to kind of go with the flow and shift the agenda, when they're not emotionally invested they way.

And maybe for that reason, it it's sometimes better not to have somebody from the family caregiving. But then again, those people do know the person best.

And it's maybe a little bit of both is is a good combination, if you can afford it, to have somebody come in a few hours a week and, and you know, I, I do think that the break is good for the caregiver anyway.

I mean, most of the time, I mean, Nancy and I both experienced this where, you know, you don't have one person caring for somebody every day, you know, seven days a week.

You need to mix it up and have a variety of people, at least at least a couple. So, you know, you need to give people breaks. Yeah, for sure. And I agree with the part about the personal touch too.

And that's one of the things, actually, that a personal trainer will often do. And I'll do a little massaging and a lot of manipulation because the person becomes less and, and then there's a lot and then just hand-holding, same thing.

A little massage is on those shoulders. That's all really nice for the actual client patient. That's so calming for the nervous system. Absolutely. I want to shift gears a little bit and talk about the small group programs that you guys do.

So again, I have a thousand questions about who signs up and what kind of results do you see? I'd imagine that this helps with the social aspect and reducing stress.

Feeling like you're on a bit of a team, but I'm just imagining this. So dive in, tell me all the good stuff about these small group programs. So the small group program we started last year, mainly because there are a group of US health coaches working with staff again, and it was so clear that giving people information was not enough.

We got we're really good at giving information and even giving people a list of tools, you know, things that they could do to get a better night's sleep to eat better, to exercise.

I mean, but we saw that there was a gap between what we were able to say in a webinar or let's say, and what people were actually doing. And so we saw not doing or not good for it.

So we started this small group, program last year. We had our first later in the spring and then our first formal group in the in the fall, and it brings together between 6 and 8 individuals.

And there's a little bit of a spread in terms of some people are just, concerned about their own cognition. You know, maybe they've either noticed some memory lapses or they have dementia in their family and they want to get ahead of it to people who are who have been diagnosed with like mild cognitive impairment and the health care,

there are two health coaches, usually in a group, and they work to obviously foster a very comfortable environment for people so that they're not afraid to share.

It's a very confidential, group. And then they do some education, but also goal setting, you know, what do you want to work on? It's typically things that are kind of the more basic lifestyle, things like nutrition or sleep or exercise, and they start there and people share their experiences.

How is it going, what's working, what is in, you know, what happened that week? So people really do get the group support as well as to individual sessions with the health coach in the beginning and at the end, to help, help them feel comfortable entering the group and then toward the end, trying to figure out, okay, so what are your next steps?

You know, do you want to want to go into another group, or a gap program since we have a gap program between groups? Or do you think you can take it from here and you know, what are you going to continue to work on?

So that just gives you a little bit of a flavor. Nancy, you want to add anything to that? No. Just you know, we were doing a lot of educating for a long time, and I would be sitting there kind of yelling at Lisa, but we're not getting anybody well yet.

We need to they we really need to get in there with people and get to know them as individuals. Even if it's in a group, you're still getting to know them as individuals versus standing up and lecturing to people or doing a webinar which has its role.

We want to continue to do that. But it's not it's not it's not the like, really. I like to just get in there. And yeah, if you had not enough, it's not all right.

You need to really get to know people because each person is, we like to say. And from my intuition, training by an individual in terms of their nutrition and what works for them, and then they have this extend to everyone.

Everyone has extenuating circumstances. That's, you know, who in who is the client? Is it is it is it your parents or are you a caregiver or are you a child?

Is it your child who's helping? You know, having it was you know, that is that it's stress is in and of itself, like I was describing with my client in the beginning of the conversation.

So like that's what we do that is unique to us. So really feel and then if people want to go deeper still, they can hire a health coach. That's great.

Yeah, I had worried, Amram, it's definitely a group experience because people are living in the building. And so we had worried a little bit that, oh, if we get someone who's more advanced, maybe that will scare the residents who are less advanced.

And what we've found is that it's just a really beautiful thing that takes over where the less advanced residents kind of care for the more advanced residents, and that gives them a sense of purpose.

They almost feel like they can guide them through it. And have you seen a bit of that with your small groups that, you know, one person who's good at cooking or something will start to help somebody who's struggling in that area?

Does that ever come up? You do see that? You know, it reminds me of the of the greenhouse model, which we had at the nursing home where people lived in these smaller households and they aged in place.

And so you would see residents helping each other or guiding each other. And I do think the same thing happens in a group like this where you so with the small groups, some people just continue from one group to the next.

And so you have people who are more experienced in the whole group process and have learned more over time. And then you have new people who come in. And there is that sense of, sharing information, you know, trying to normalize the process and bring them along and also assure assurances about, you know, it's you can do this, you can get better.

It's almost like you have a, a, a team supporting you, as opposed to just one person. So it's it the group environment. It's interesting. One of the doctors who is on our medical and dental advisory board, who runs, a brain clinic, says, I, I can't, I can't offer that group experience.

And I know it would be so helpful for some of our clients, you know, so she referred some people to us, and I do agree with Nancy. You know, it's really what's unique about show up again.

Naturally we think we get it from that grassroots level working with people one on one. And understanding the impact of that of like Nancy said, you know, getting to know them really well and then helping them, you know, navigate this, these challenges that they're facing and giving them the confidence that they can overcome them and they can improve.

Small Group Programs and Peer Support

The other thing that I wanted to add to that is that when people sign up for something like this, it's voluntary. So when you volunteer to put yourself in a situation like this, I can make the analogy a little bit to being a freshman in college is the only time when everybody is so open and vulnerable because you don't yet know, like, who are the cool kids, right?

Or who are, you know, whatever. And you know, who came from where? It's just like everybody is decided to be here to share and and to be in this supportive environment.

So it kind of almost brings forth the best in everybody where they're trying to help each other. They're open to receiving all of these different kinds of messages from the leaders and from each other.

So I think it is one of those unique circumstances in life where people are very willing to be quite vulnerable. I can't you know, I've been I've been on some of the calls because I did some speaking for you in the beginning when we were doing this, when we started rolling this out, and people were just very, very forthright and transparent, in a way you just don't normally get places because it's like, what?

Otherwise, what would be the point? What would have been the point of my signing up, showing up, paying money to do this, if I wasn't going to actually let myself be vulnerable to get the greatest reward I could get from it.

So I think in that respect, it is it is beautiful and it is helpful to people, which is what we want to be. And it's affordable. You know, I think that it's very hard to to find constructive programs that are really there for therapeutic purposes to help improve cognition, but that are affordable.

And, you know, we all know that a lot of the integrative functional medicine doctors, naturopaths, I mean, they they're not they often don't take insurance.

And so it's it's truly an in an investment for a lot of people. And you know, Nancy always says, well you can either pay, you know, pay the grocer now or pay the doctors later.

So but when people get to us, they, you know, they've probably not made some good choices, in that, in that department over their lives or they have other things that they need to work on.

And so. It's so I think it's a rich it's a win win for everybody. The group environment provides so much right. The stimulation, the social aspect, the information, the educational aspect, learning new things.

The constructive improving, you know, working toward a goal. And also it's affordable. So I think it's just a good

model. It seems like it's, it's a good model for everybody.

And it doesn't preclude people working, you know, with their doctors. But now they have an added source of help, you know, guidance and advising, sounding board, that they can work for it.

So yes, but they can go back to their doctors with, with questions that maybe they didn't even know to ask before. Oh for sure, for sure. Oh, that is that is big.

Yeah. And go back to doctors and ask to measure their labs again so they can see the changes. That too. Yes, yes. So I'm curious from the health coaching perspective, if a client feels unable to make the recommended changes, they have some restriction or constraint that makes it feel too overwhelming.

What what are some strategies that you have? You want to start? Nancy, how would you want to start? Yeah. Yes. It is baby steps. So we kind of get clear.

I get clear very quickly with people. So, on what it is they can the rate at which they're going to go. And I always, I always emphasize that it's is about the direction and never about the pace.

So I'm never about like the speed of change. It's just is it going in the right direction. And I also tell people in the very first meeting that this is going to be three steps forward, two steps back, and you'll be one step ahead, and then we're going to do it again.

And then we do it again. And we go three steps forward, two steps back again. Now one plus one is two. So now you're two steps forward. And by the end of several months of working together, you'll be approximately 18 steps ahead.

You know, like that. So so I can I can explain it in that way and then say, you know, an example would be if let's just say, I want to tell you, you know, we advise you to eat some quinoa.

I might even give you the key one, I'm not going to do that with everybody because not everybody should eat quinoa. I just want to be clear about that.

But let's just say we want to go from having Ritz crackers and cheese to something a little better. And I say, how about some quinoa? And then we meet again in two weeks.

And I say, how did it go with that box of quinoa? And some people will say, oh, it's great, I loved it, my family loved it. I bought five more boxes and I'll say, okay, great, now we're ready to talk about kale.

Somebody else might say, oh, I didn't have time to make it. And I'll say, oh, well, in two weeks. And this requires boiling water. You didn't have time to make it.

I got to get underneath the peel, apart the layers of the onion and say, what the heck was going on that you didn't have time and two weeks to boil water and make this?

Come on. I have to really find out what that is and then go down that avenue to try to work around whatever that obstacle is. Someone else to say, I burned it, and I'll say, this person doesn't know how to cook.

So I got to go with, you know, I have to find out what that and that will be, again, individual for each person, what it is that's an obstacle or holding them back so that it that I mean whatever each person's set of as you're calling them, I think restrictions or limitations are will be very, very different.

Sometimes they may have a spouse or partner and that person might be getting in the way. I talked to someone today, who suffers very much with her weight, only to know that the husband suffers more, but with his weight and his hard standing guy.

You know, these are people in their 50s and I. So this is we're going to have to work through a workaround with respect to the husband and the daughter.

And so sometimes it's relationships, sometimes is you burnt the quinoa. But you know, the whole point here with these small steps is to build confidence.

So you really want to start wherever you meet the client, wherever they are. Yeah. And you know, I think health coaches are really, really good at that.

And then giving them the guidance to create these steps toward their goals, but that are manageable. And sometimes you have to make it really simple. But once they have a few wins and they they've achieved something and feel really good about it, then then it starts to take on some momentum.

And I would like to say that I agree with the confidence part and and sometimes my role is, is to feed them back the confidence they already achieved.

So if they already did something once I know and and I know that I just have to remind them this was really hard when we did it the first time, but you already did it.

You already started going for walks. Even if you stop doing it now, you know you can do it because you did it before. So you know you can start drinking water again.

Even if you stop doing it now, we can just start again. And knowing that, you know, you're going to we're going to get you on track, then you're going to fall off the track that I'm going to help pull you back on the track.

And then I'm going to teach you how to pull yourself back on the track. But knowing I did this one, I went to bed at 10:00 one night. I haven't yet, but all right. But I went to.

So if I did that, I would know that I can do that and I can do it again. Then over time is a little zigzagging, a little back and forth, a little. You know, not not doing it whenever we call that of losing the word there.

But and then, and then once you do it, you can then you start to really build that habit until it then it becomes immutable. You know, if you really don't eat dairy and gluten, then you really don't anymore.

And it doesn't matter that it's somebody birthday and somebody brought over a cake or that was the only thing to eat. Sorry. You know, I'll wait. I'll eat before I have an apple in my bag.

It really becomes really habit. And then he's like, why would I want to go back to feeling that way? I felt before I would not. So that's how it like we we build it from the confidence that Lisa was talking about.

From the confidence comes the habit. You really get some momentum going. So another thing that can come up, you know, these dementia kind of approaches to reversing it, they can feel pretty complicated.

And there aren't always doctors around who know who have been trained by Dale Bredesen or, you know, who have who are IFM certified, whatever it is. So do you ever support, clients who are not enrolled, like with a doctor in reversing dementia?

But where you can help them communicate with a conventional doctor covered by Medicare? Do you guys ever do that? I, I oh, I mean, I do it a lot, with my dad.

Like, I'm so used to doing it with him, but also with clients. I mean, we want to empower our clients to be able to advocate for themselves. Sometimes Nancy and I, you know, we've we've spoken about this, so I know we both do this.

Well, I'll get on the phone with either the doctor with the client's permission or with the client there, too. So the three

of us will be on the phone and coordinating treatment and care and direction.

And I think that's really in the client's best interests. And they're, they're typically on board.

Working With Doctors and Building a Team

But a lot of times, you know, a traditionally trained doctor, if they're not familiar with the approach, or the treatment for the causes of memory loss, many of them, I mean, I think Nancy has said they're just not trained in medical school to help a client with stress reduction or with, you know, nutrition or, you know, let's say toxins, right?

There's a lot of people are suffering from chemical, toxicity right now or, or relationship toxicity or relationships. Right? No doctor is going to be probably talking to you about that.

I mean, yeah. So, you know, I think that we as health coaches can help to a certain degree. And we also know what our scope of practice is. So there will be times that we will refer for particular issues.

But I think that there are so many things that are lifestyle based and also that, you know, we know a lot about that. We could direct the client. And look, I really think over this past year, we've learned that the telemedicine is quite effective, especially if the testing can be done locally and shared with a doctor that, you know, you can be talking to specialists, you know, somebody who treats Lyme disease or mold or, I don't know, it could be anything.

A therapist, a trauma, therapist, for instance, if somebody has had unresolved issues, a lot of this can happen now, over zoom. And so there really has become a much, needed tool.

And so in that way, I think we can be useful to and sharp again is building a professional referral, directory so that we can, can, we can be this resource for people, to connect them with, with doctors and practitioners and in so many different areas, it could be dentists, you know, you know, when you look at the things that cause memory loss, it's pretty varied.

So we we are looking we are reaching out this year. We're going to be building this database and reaching out to all sorts of practitioners to be to be part of it.

I will say from a providers perspective, when I have someone come in with, another professional, whether it's a health coach or, different things come up occasionally.

But whenever that happens, I do a little happy dance because I'm like, oh, good. Like we've got even more support on the team, we've got more brains on there.

So we've got more perspectives. And I think where I'm more confident that we're going to get full resolution at the highest, most optimal health for this patient because we have that additional support.

And so I've also been, you know, on the receiving end of being that person that's showing up with a patient or a client and having getting a little bit of pushback.

And so I'm curious if you ever experience, you know, other providers kind of cutting you off and feeling like they're not as supportive and how you might, communicate with them or navigate that.

Nancy and I have both had that experience. Nancy. I mean, go ahead. You could tell one of your stories. I mean, they're hard. I've been to several. I mean, I've been on appointments with I mean, multiple, multiple neurologists.

Gastroenterologist in the case of my own dad and, you know, seeing them there with their big subway sandwich and the coke and not having heard of histamine intolerance when they're a gastroenterologist, I, you know, it just is it's frustrating.

They've never neurologists have never heard of medicine. They have no idea what you're talking about. It can be a

real miss. And, so you have to just either try to find somebody who is more attuned to put it politely or say, I'm here to get the scan or have the, you know, have the little test to see where I am cognitively.

And then I'm going to go try to find this kind of support, probably somewhere else at this point, at least around where we are in a very conventionally conventional medicine oriented area.

And that doesn't, you know, this doesn't go across the board because, you know, you do have Dale Bredesen, you do have Doctor Perlmutter, Doctor Hyman, you have lots of people who are, Daniel Lehman.

You have lots of people who are who are taking this in a whole new direction. But as we all know, as with health coaching, we talked about also earlier in the call, in terms of the acceptances of of more of less traditional modalities and approaches, it's a slow road.

But when people are not feeling well around their cognition, they may be hopefully a little bit more open to looking for less traditional routes, because everybody knows that they'll go to their doctor and their doctor will say, you have Alzheimer's.

I possibly can give you one medicine, which is namenda, and that's really kind of it. Like get your affairs in order. You know, that's kind of it. So the other I want to get back to something you said, because I think medicine going forward, at least successfully treating the patient is going to become more and more a team approach, and the patient themselves is going they're going to understand that that that is the best approach for them, that they're not going to put all of their confidence in one family doctor. Now, when you think about family doctors, 50 years ago, they were so broadly, experienced not only in their education, which, you know, was pretty, pretty traditional, but in their openness and their, the, the people they treated and the length of time they treated them.

They knew their patients really well, sort of like health coaches do now. Right? Of the family doctor, it was more of a healing modality than it was then.

It was a siloed prescription drug modality. It was much more like they had they had the ownership over taking responsibility for being a healer and thought of themselves more that way than they did somebody matching a symptom to a drug.

Right. And and so to that point, you know, I think if we're going to get back to wellness as our model, then we're going to be using more of this multi therapeutic approach.

You know, you know, looking at many things. It will be team oriented. And we won't have all of our you know, we won't put over eggs in one basket and think that, you know we can go to one doctor and get one pill and be cured because the the issue, the health issues today are too many and too diverse, complex.

And there you know, they build on one another unfortunately in the body. So we, we get this body burden that builds up of, of toxins and poor foods and a sedentary lifestyle.

And, and you know, that's why I think we're seeing memory issues younger and younger. It's not about necessarily early onset. It's it's early exposure.

And, that's parallel to the diabetes. Exactly. Just now it's showing up in children like nine and, you know, five years old, literally that was, that was that disease was called adult onset diabetes.

You can't call it that anymore because now it's becoming onset in childhood. Not right. Yeah. And I was just having this conversation with someone the other day.

I mean, I had given a talk, about whether dementia begins in childhood because you see a lot of the habits that people have throughout their lives really start quite young.

A lot of times, you know, the the food you eat and the lifestyle you have and what your parents did and, and so it's

really it's unfortunate that the environment, and our exposures have have become toxic in so many ways.

You know, the foods, our food system, our food supply, the chemicals in all of our, you know, personal care, products and our household cleaners, even the things we cook in, you know, our pots and pans.

I mean, there really are toxins everywhere. In household furnishings in the air, right? Air pollution, water pollution. So it's unfortunate, but we I mean, I do think that health coaches do make such an effort to try to be aware of these things and keep up with them.

And, you know, many of us, you know, Nancy and I tend to be pretty, generalist in our approach. But there are health coaches who are very specialized.

And, you know, we know a number of them who are focusing on bone health or toxins or and we so we also have other resources that, that we can, we can direct people to.

So but but getting back to this team approach issue, there are a lot of very, you know, smart people out there who, you know, who are, who forge their own path in health and have found ways to heal themselves and are now helping to heal others.

And look at what you're doing. I mean, just this summit is just a great example of bringing people together and and looking at all of these options for people.

Just trying to help them figure it out.

Finding a Health Coach and Closing Thoughts

Yeah. Although the the diseases feel more complex and complicated and that it's that sort of doctor of 50 years ago, there's an existing he didn't have and usually it was a male.

Right. And that doctor didn't have to contend with all of the pesticides and herbicides and plastics. And like you were talking about the things that we can't avoid.

Now, there are there is hope in that, though, is that when we start to identify, okay, there there are places where I can avoid them. There are things there are choices.

They can make, and there's a team helping me make them. There's a team educating me. And then really, the the results are miraculous. I I'll share I'm I'm sure some listeners have heard me probably say this somewhere, but I was pretty skeptical when I took Doctor Brita since training initially.

And I thought, you know, I've been told by by really smart people that you can't reverse this. And then when I started seeing it happen over and over in my practice, it's like, oh, no, you can like, we're being lied to.

Like, this is that's factually inaccurate. We have to go change the record. People need to know so that they can get help earlier. There's that stigma, right, that people feel like, oh, I'm losing my mind.

I'm going to end up like my uncle. That went crazy. I've got it. I got to keep this to myself. I can't tell anyone because there's nothing they can do anyways.

And so changing that script, really shifting the story and the expectation, giving people the resources that they need to to optimally like heal. And again, like you mentioned, shift the focus to wellness.

There's so much power in that and prevention, you know, and we say I mean prevention is the best thing you can do. But then early intervention is key.

If you, you know, a lot of the, standard testing that's done by neurologists, either using the Moca scale or the, you

know, the mini mental or whatever they're using are not sensitive enough to pick up the subjective cognitive impairment that each of us will be aware of, ourselves, before other people are aware.

And that's the time to get help. That's when we want people to come to us and say, can I be part of one of your small groups? Because I'm noticing a change and I, I the trajectory isn't great.

So if you can nip it in the bud and you're not if you do nothing. Yeah. You have to intervene early and, and then, you know, as you're saying, you've seen it yourself in your own practice, people can be restored to full, full cognitive health.

And you talked about expectations. And I think under that umbrella, it's really important to to explain to people. And it's is part of what we do is that and it's the opposite of the one doctor, one pill.

And besides, having a team in place is that you're going to need a team in place, like kind of everywhere in your life somehow, even if you are that team captain, that you have to change everything.

Like, yeah, this this isn't just because you use, you know, toxic face lotion. It's because you had the toxic face lotion with the like I said, maybe the moles in the house and the, you know, the refined processed carbohydrate diet and the no exercise.

And they up with Netflix not sleeping. That's why you are where you are. It's not it's very hard for people to understand if they've grown up with and accustomed to the conventional medicine model.

It's we're looking for the the cause and this is what Lisa said. This has to be multi therapeutic. You wouldn't likely have cognitive decline if there hadn't been a multiplicity of causes.

Mercury in my mouth. Will Lyme disease in some mold and some you know some pizza. You know that's so so really you know again going deep and peeling the layers of the onion.

The onion has a lot of layers. So we gotta prepare people for that. This is going to be a little bit of an odyssey. But you didn't get here without one. You got here.

You know we got to now go back and replace those things with all of these new things. And it will look it will it will cover every aspect of your life.

I love it, sharp it, and naturally has so much value to offer here. I'm so impressed by you guys. The the just the passion and dedication to this work is really comes across and it's inspiring and exciting.

I want our summit attendees to know how they can find a health coach like you, or a sign up with the Scharping. And naturally, and one of the things I want you to make sure you say is, can they be anywhere?

Or do they need to be close by zoom? They need to be near zoom. Right. So, you know, I think, it's so interesting. You know, I, I, I work with a health coach.

I think everyone can benefit from working with a health coach. Just because there are always things that that we want to. We have goals, we have health goals, you know, and we have life goals and things that we want to, to achieve.

So if you have a if you have a cognition issue, I'd love for you to get in touch. I think we're unique in what we do. And we can help direct you. We don't have our directory up yet, but we do searches for people.

We can try to help, find practitioners or health coaches in your area to work with. There's a national board of health and wellness coaching. There now 5000 board certified health coaches around the world.

And so that may be another way to to find a health coach. You can Google it, I'm sure, but it's always good to, you

know, to talk to other clients of a health coach or to talk to that person yourself.

Make sure you're comfortable that, energetically, it feels right, it feels aligned. And, Nancy, any other thoughts on that? No, I think that kind of says it all.

I think that's exactly right. Thank you so much for all of your time and for sharing again your passion and dedication to your clients and to health and wellness.

It's infectious in the best possible way. Well, we we really appreciate being here. And we love we love this work. What we do, we learn something new all the time.

And the research, is supporting our approach all the time. But it's and it's great to see the research coming out and being done in this way. So thanks for the opportunity.

And what could be better than helping somebody regain their cognition? I mean, what what could be more important in your own mind? Yeah. Very true.