

FOR HEALTH PROFESSIONALS

WOW THEM FROM THE START CHALLENGE

WORKBOOK



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ROOT CAUSE HEALTH CARE

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Austin, Texas, USA.

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Introduction to The WOW Challenge

My team and I are super excited to spend the next five days helping you to WOW your clients right from the start, so that they trust you, and get results that they have never been able to get before.

This past close to a year has shown us that now, more than ever, people need us to deeply connect, ask the right questions and provide guidance to support them in rebuilding their health from the inside out.

And I believe this is the right time for us to be more “out there” with your message of empowered self-care as people are ready. They are scared and rightly so, and what they have to grasp onto is their own power to build their immune systems by changing their diet and habits. And you are the best equipped to guide them on this journey.

This week, it's our goal to share ways for you ways to make a WOW of a first impression, to learn the best ways to interact and connect to get the information you need to make the very best and most effective recommendations. We offer you templates and checklists to save you time and help you avoid lost opportunities.

I promise to give you my very best for these five days. My ask of you is to show up each day for an hour, to keep your mind and heart open to the amazing potential that lies before you, be ready to let go of old beliefs and teachings that no longer serve and to learn.

I promise to make it fun and very productive.

You'll be asked to complete a simple worksheet each day, to post your completed homework to the Facebook Group, and to set the intention of creating an actionable plan to improve your client intakes and increase your income without working more or doing anything more than providing the best yet health-care experience for your patients and clients.



Dr. Ritamarie

Challenge Outline

Day 1: Connecting to What's Possible

This is the most important part of your initial encounter. When they feel you care – that you are truly listening and are committed to their results, they will trust you to help them and will open up to your questions and suggestions. What we'll explore here are all the kinds of connections and the importance of reading their body language – their unspoken words.

Day 2: Exploring Buried Treasure In Their Current Health Concerns

Learn how to explore their health history without allowing them to wander and without cutting them short. It's an art that, when mastered, engenders trust. And when you know what avenues to embark more deeply on, you'll find answers that have been missed until now.

Day 3: Deep Dive Into Emotional Stressors, Trauma and Adverse Childhood Experiences (ACEs)

Emotional traumas can store in the nervous system and physical body, and lead to health challenges many years later. Helping to uncover these allows you to offer suggestions for strategies and therapies that can minimize the impact and allow your client to move past things that have held them trapped for decades.

Day 4: Habits and Exposures that Impact Current Health Challenges

Learn to ask the right questions to uncover exposures, like mold, EMFs, environmental toxins and dietary stressors that lead to the imbalances that contribute to current health challenges.

Day 5: Hidden Clues in Family and Past Health History, Dental Work, and Medical Interventions

When you do a thorough investigation of the timeline and progression of your clients health complaints, and take into account family tendencies, dental work and medical interventions, you can uncover root causes that have thus far eluded the other practitioners your client has consulted.

Your Challenge Goals and Results

To create a successful health practice, you need the skills to get great results!

When you can guide people to get relief from even their most complex health challenges, like autoimmune conditions and hormone imbalances, you shine! Your clients and patients will LOVE you for getting them relief where other practitioners could not. They'll be eternally grateful, and then refer their friends.

In my almost 30 years of clinical practice, what I've found to be the secret to much of my success is asking the right questions on the first encounter. When you ask the right questions right from the start, your clients/patients will be impressed by how thorough you are.

My clients always tell me that no one has asked the kinds of questions I have, and as a result, I've been able to uncover past exposures, emotional traumas and other events that have had a negative impact on their health.

As a result of applying what you learn in these 5 days, you can develop into the practitioner who has FINALLY found the answers that others have missed.

Challenge Promises

- Know how to ask the "magic" questions that make your clients feel heard and seen like never before
- Know how to wow your new client right from the start by asking questions and explaining their condition in a way that shows your competence and engenders their confidence in you
- Feel confident in your ability to guide even the most complex autoimmune clients and patients toward the diet, lifestyle and supplement regimes that encourage their bodies to stop the internal battle and get to the job of healing
- Be able to grow your practice like never before because your clients trust you to get the results they came for and they refer their loved ones.

The secret to success is to start by establishing connection, then interacting on the first encounter with a detailed and targeted set of questions that uncover hidden causes of their imbalances that other practitioners have missed.

Each day I'll quickly outline the goal of the day, provide you with worksheets / starting guide, and explain the day's homework.



You'll get:

- 5 daily assignments and worksheets to complete
- 5 sample question flows
- 5 days of interactive practice assignments

Are you ready to get started?

Let's begin with a quick overview of what you need to master in order to be highly effective at supporting people from striving to thriving. I believe that there are 4 Levels Of Clinical Mastery. When you become an expert in all 4, your confidence with complex cases will soar because you feel competent. This challenge will help you with level 1. If you need help with levels 2-4, we have a LIVE event coming up, and certification programs to take you deeper.

1. **Ask The Right Questions.** Become a masterful investigator. Use the worksheets and assessments we are providing here to get you started
2. **Understand The Science.** Mastering the science allows you to know what the most important questions need to be for each client. Understanding the physiology, biochemistry, and anatomy allows you to pinpoint what could possibly go wrong so you can help your clients recover.
3. **Restore Balance.** Use the understanding gleaned from levels 1 and 2 along with the tools in your toolbox to be able to stop the runaway train and get it back on the right track.
4. **Learn How To Be A Masterful Coach.** Be able to inspire, influence, and educate your clients so they are willing to make these dramatic changes for the long-term. Become a master at helping them to trade in their M&Ms for kale. Help to empower and inspire people to commit to their health and do whatever it takes to heal.

Let's get started with what I believe is the most important part of your investigation with each client and patient you work with – the inquiry stage.

Challenge Preparation

Objective

Let's get ready for an amazing 5 days together. In just 1-2 hours a day, you will see big changes in your ability to help people with really complex health histories. As a result of being more competent, you'll feel more confident!

Let's start by setting your goals for the challenge

Pre-Challenge Homework

Describe your vision for your practice. This is important for YOU and also, as we'll look at this week, important for you to guide your clients to do as well. So, let's start with YOU doing it for YOU so you are better able to support your clients.

"If you limit your choices only to what seems possible or reasonable, you disconnect yourself from what you truly want, and all that is left is a compromise." — Robert Fritz

"Where there is no vision the people perish." — Proverbs 29:18

"Vision without execution is hallucination." — Thomas Edison

What do you see yourself doing 5 years from now? What does your ideal day look like?

Describe in vivid, sensory-rich detail your ideal day. Describe sights, sounds, smells and your feelings about all things around you and the circumstances in your life at the time.

Envision the ideal you: physically, mentally, spiritually and emotionally, and write down what you desire most.

What are you doing professionally? What activities fill your days? Write everything in the present tense, as if you are that person now and are describing yourself. Really get into this assignment, embellishing with as much detail as possible! Continue until you have fully captured every detail, and the person on the paper feels real to you, *as* you. You will find this becomes amazingly easy once you actually begin to write.

The more you let yourself go and really experience this vision of yourself, the more your present and possible future become one experience. Your subconscious mind can't tell the difference between reality and your vision. Envision it and you WILL become it.

Once you've completed your 5-year vision, take a crack at your 3 year. Where do you need to be in 3 years to make your 5-year vision a reality?

Next repeat for 1 year.

Then repeat for 6 months.

And finally, where do you need to be in 3 months to take you to your 5 year vision?

"If you want to be happy, set a goal that commands your thoughts, liberates your energy, and inspires your hopes." — Andrew Carnegie

Post Your Homework to be Eligible for Prizes

If you haven't already done so, join the **Challenge Facebook Group** at this address:

<https://drritamarie.com/WOWChallenge>

In order to qualify for the Day 1 Prizes, post your homework as a comment to the post that says **Pre-Challenge Homework**. Take a picture of yourself holding your assignment pages for extra credit. In order to be eligible for the grand prize, awarded on Day 5 you must complete all your daily assignments.

Pre-Challenge Homework

My Ideal Life and Practice in 5 Years

My Ideal Life and Practice in 3 Years

My Ideal Life and Practice in 1 Year

My Ideal Life and Practice in 6 Months

My Ideal Life and Practice in 3 Months

Day 1: Connecting to What's Possible

Objectives

We started out by asking you to get in touch with your visions and goals for your live and practice. When I work with a new client, I start with asking them about their values, visions and goals. I ask them to imagine life without their current health challenges, and to describe it to me – what can they do that currently they cannot. When they can get in touch with what they want most they are more likely to follow through with my health plan for them, even if it gets challenging.

The part of your initial evaluation explored in today's challenge training is broken down into 3 parts

1. Create a connection from the start. Find something to relate to them on, and let them feel that you truly care
2. Help the client/patient connect to what matters most to them, and express their goals in rich language that excites them.
3. Watch their body language for answers to their current health challenges. Their body is expressing what they may not yet have the words to say, as 95% of consciousness is expressed in non-verbal subconscious behavior. 60 - 90% of communication is non-verbal. 30% is tone of voice, and only 10% is content

Watch today's training then complete the exercise below.

What we'll explore here are all the kinds of connections and the importance of reading their body language – their unspoken words.

VIP Activities

Breakout groups on Zoom to practice connection and reading body language.

Day 1 Worksheets and Homework

Step 1: Complete the **Client Values Visions and Goals Worksheet** for yourself and, if possible, give it to a client or family member to complete. Post to the FB group and answer these:

- How did you feel about connecting to these things?
- How can you use your insights to make your own best choices on a daily basis?
- How can you use this information to motivate and inspire your client/patient into action?

You are welcome to use these worksheets with your clients and patients. Practice using them for this assignment. During your first encounter with a new client, use some of these guidelines to ask questions that help you to build trust and get them connected to what's most important to them.

Step 2: Complete the **Body Language Worksheet**. Practice this with a family member, friend or client and post your observations to the Facebook Group.

Take a picture of yourself holding your completed worksheets for extra credit.

Values, Visions and Goals Worksheet

Your Five-Year Vision

"If you limit your choices only to what seems possible or reasonable, you disconnect yourself from what you truly want, and all that is left is a compromise."— Robert Fritz

"Where there is no vision the people perish."— Proverbs 29:18

"Vision without execution is hallucination." — Thomas Edison

Using the space on the next page, describe in words what you'd like your life to be like 5 years in the future. Envision the ideal you: physically, mentally, spiritually and emotionally, and write down what you desire most.

For instance, for your physical description, write about your weight, your health, physique, shape, energy, the clothes you wear, the way your body moves, physical confidence, etc. What do you look like? How does your body image impact the way you relate with other people? How do you feel? How's your energy? What are you doing with your time now that your health is optimal?

Write everything in the present tense, as if you are that person now and are describing yourself. Really get into this assignment, embellishing with as much detail as possible! Continue until you have fully captured every detail, and the person on the paper feels real to you, **as** you. You will find this becomes amazingly easy once you actually begin to write.

The more you let yourself go and really experience this vision of yourself, the more your present and possible future become one experience. Your subconscious mind can't tell the difference between reality and your vision. Envision it and you WILL become it.



"If you want to be happy, set a goal that commands your thoughts, liberates your energy, and inspires your hopes." — Andrew Carnegie

My Vision: The Ideal Me 5 Years From Now

Your Core Values

The goal of this exercise is to discover and clarify your deepest core values. This is the first step toward developing a lifestyle that's in harmony with your innermost desires. It's very valuable to get in touch with what's truly important to you so when difficult choices present themselves, you can make a decision that is consistent with whom you really are.

A core value is something that is so important to you that it affects how you live your life. It determines your activities in every moment. You may have core values of integrity, love, health, or any number of things, but they are so central to you that you would go to the ends of the earth to preserve them.

If you find a difference between what you really want for yourself and how you are living now, know that it's not uncommon. In fact, gaps between the two are exactly what lead to decisions that are out of alignment with what you really want in your life.

If you are among those of us who tend towards self-sabotaging behaviors (such as bingeing on inappropriate foods in spite of a newly devised goal suggesting otherwise...) take a moment first to recognize that finding those disconnects is an amazing discovery! In reviewing your values list, consider which are fully realized in your life, and the ones you want but are not quite actualized.

1. Make a list of the 10 things you value most in your life.
2. Go back through the list and prioritize them
3. Circle the top 5 and jot down a few lines about why they are so important to you.



My Top Ten Core Values

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Setting Your Goals

Choosing Your Bold Goal

"The trouble with not having a goal is that you can spend your life running up and down the field and never scoring." — Bill Copeland

Review your vision and values then **choose ONE goal** you'd like to celebrate completing 90 days from now. Make it specific, measurable, bold AND realistic.

For example, if you can hardly lift a five pound bag of apples now, it is unrealistic to expect you will be bench pressing 200 pounds in 90 days – a *bold* goal, yes, but not at all reasonable. Targeting to lift 20 pounds in 90 days is bold, yet more realistic in light of your current strength.



The combination of BOLD and REALISTIC may at first glance seem contradictory. Yet if you think about it more carefully, you'll realize that a goal can be realistic while still being bold. Bold goals require effort to achieve, but are nonetheless achievable within the specified time frame.

If the goal is not bold enough – dropping 2 pounds in 90 days, for instance – little effort is required, and there is not a lot of juice driving it. It would be easy to goof off until the end of the time period, put in a little bit of effort, and make the goal.

On the other hand, however, it is not realistic to decide to drop 80 pounds in 90 days. Even if you ate nothing for 90 days, it is unlikely you'd drop your weight by 80 pounds in that short a time.

A common acronym used in describing goals is "SMART". Smart goals are:

- **S**pecific
- **M**easurable
- **A**ttainable
- **R**elevant and
- **T**imely



Examples of specific, measurable bold goals, stated in the present tense:

- I am able to ride my bicycle for an hour without tiring.
- I weigh (Fill in a number that is 20 pounds less than you weigh today), and I easily maintain this weight by eating healthy, wholesome foods.
- I am able to breathe freely without the use of medication.
- I can focus on one task at a time in 15-minute increments.
- My knees feel strong and comfortable during exercise.
- My digestion is comfortable, with regular elimination occurring 3 times a day.



Notice how specific these goals are? If yours starts out with the words “more” or “some,” it’s time to pinpoint exactly what you’d like to accomplish. Instead of more, or some, specify a quantity.

Also notice that these are *ends goals*, not *means goals*. You would not choose “I am drinking a green smoothie every day” or “I no longer eat sugar” as a 90-Day Bold Health Goal, as these are means to an end, not goals themselves. (They can, of course, still be a critical part of your Action Plan!)

My Big Bold Health Goal

Using the guidelines described above, get in touch with a goal you’d like to accomplish within the next 90 days and write it in the space below.

How to Stay Committed to Your Goals and Visions

Once you've established your commitment to health, it's important to remain aware of it so you make those decisions that bring you closer to your goal.

Our experience has taught us the value of an easily portable and accessible reminder. Such reminders when first initiating change are especially helpful in the beginning.

When you surround yourself with reminders, the commitment grows and flourishes; decisions that support your core values and visions become automatic.

Thus, we developed the very versatile **Portable Anchor System**, which uses a simple reminder system involving index cards.

Index cards are a wonderfully convenient way to anchor you to your commitment while working towards your goals. Self-awareness will help you stay conscious of your decision processes when presented with a challenging situation; the index cards can then quickly reiterate your bigger mission and keep you on track.

How to Create Your Portable Anchors

1. Get three index cards. On one side of each, **list your big bold health goal**. Jot down a few key words or phrases that capture why you're committed to achieving this goal and how it will feel when you do.
2. On the flip side of each index card, **write your top five core values**. Write just enough about the value to remind you what's important about it and how you feel when you're accessing it.
3. **Carry one card with you at all times**. Tape another to your bathroom mirror and one to your refrigerator. Read the card whenever you are tempted to stray from your health plan. It can be helpful to read over the card whenever faced with a decision that may or may not be in alignment with your core values.



For example, if you are at a meal and trying to decide what to eat, take out your card and read over it. Really connect to your goal and why it's so important to you. Look at your choices and ask yourself the following questions:

- "Which of these foods will take me closer to my goal?"
- "Which of these foods will take me further from my goal?"
- "What choice do I need to make to stay in alignment with my highest priority core values?"
- "Is there a core value that I will need to violate to succumb to the temptation of the trigger food?"

If you really connect to your motivations and feelings, the decisions about what to eat and drink, and whether or not to exercise, will naturally flow towards your Bold Health Goal and your highest priority values!

Other Anchors You Can Use

- sticky notes can also be scribed with reminders
- reinforcing self-talk
- pages from your *Positive Aspects* journal
- goals or values posted in places you frequent.

Be creative with this technique. Use your portable anchor system to remind you of what matters most to you and to keep you focused on your goals.

***"Don't Exchange What You Want Most
for What You Want in the Moment"***

Notes

Body Language Worksheet

While you're speaking with your client and listening to their words as they tell their story, observe their body language. It will take a lot of practice to become proficient at listening and watching at the same time. You'll be looking at their expressions to see if the words match their expression and body language. Are they saying YES while shaking their head? Are the muscles in their neck or throat tightening as they talk about their situation?

Use the chart below to take notes. Practice on your family, friends and colleagues and after a while it will become second nature.

Body Observations
Gestures:
Self-touch:
Posture:
Facial Expressions:
Position of head:
Muscle Tension – neck, shoulders, grimace around mouth or other:
Body position – leaning in or out:
Disconnect between facial expression and words:



Voice

Pitch (High or low):

Rhythm (Even or irregular):

Range (Narrow or broad):

Tone (Harsh or inviting):

Volume (Loud or soft):

Laugh (Nervous, inappropriate, sincere):

Energy

Force (Soft vs strong):

Movements (Curved or angular):

Timing of Movements (Gradual or sudden):

Push:

Pull:

Stop:

Backstage Member Breakout Practice: Body Language Worksheet

Break out into groups of 3. Decide who will be the client, who will be the Practitioner, and who will be the Observer. Keep the ***Body Language Worksheet*** handy during the breakout to take notes.

Instructions

Step 1

Client – bring a real health concern and describe it to your group. Share for approximately 2 minutes.

Practitioner – As the client speaks, observe their gestures, facial expressions, gestures and all the items on the worksheet above.

Step 2

Practitioner – Give feedback to the client. For example: “When you said XXX, I noticed that you YYY (i.e. touched your throat, waved your hand, frowned, your voice got quiet, your tone was soft etc – use the options from the Body Language Worksheet) Share for approximately 1 minute.

Observer – In addition, what I also noticed... then ask the client, “What does it feel like to hear our observations?” Share for approximately 1 minute.

Client - Share for approximately 1 minute about how you feel hearing these observations.

If you're not a Backstage All-Access Pass Member, [you can upgrade HERE](#).

You can use the worksheet and find friends, colleagues, or family members to practice this with.

Notes

Day 2: Exploring Buried Treasure In Their Current Health Concerns

Objectives

Learn how to explore their health history without allowing them to wander and without cutting them short. It's an art that, when mastered, engenders trust. And when you know what avenues to embark more deeply on, you'll find answers that have been missed until now.

As you ask about their current health concerns, there are a few "Magic Questions" I suggest you ask to get to the heart of their issues and provide them with a plan that identifies and addresses underlying imbalances.

The part of your initial evaluation explored in today's challenge training is broken down into 2 parts.

1. Timeline of their chief complaint(s)
2. Readiness and willingness to take charge of their health and make the necessary diet and lifestyle adjustments

Watch today's training then complete the exercises below.

1. Complete the [Symptoms and Conditions Timeline](#) form on yourself, a client, family member, friend or colleague and post to Facebook group. Take a picture of yourself holding it for extra credit.
2. Complete the **Ready and Willing** form on yourself, a client, family member, friend or colleague and post to Facebook group. Take a picture of yourself holding it for extra credit. You won't necessarily give your clients the ready and willing form, but can use as a guide in your interview.



Symptom and Condition Tracking Timeline

Getting a detailed history of the timing of symptoms and diseases is critical to determining underlying causes and determining if the client is suffering from an as yet undiagnosed autoimmune condition, hormonal imbalance or toxic overload syndrome.

On the next page is a sample of a time line health tracker that you can customize or use as is to map out your client's history and see at a glance the complete, detailed time lapsed story for their key symptoms and diagnosed conditions.

Mapping out the origin and history leading up to and the evolution of the symptoms and conditions allows you to have a clear picture of potential underlying causes, predisposing factors, palliative and provocative events, environments, and current behaviors and exposures that are preventing resolution.

Print a copy of this for each client's chart, or create an online version in a spreadsheet and track as you meet with your client. This will save you lots of time spent flipping through their chart in an attempt to recall their story.

There's a table version below and here's a link to a spreadsheet version I created if you'd like to use it. This is a copy version, meaning that to use it you need to make a copy to your own google drive when prompted

[Download: Symptom and Conditions Timeline.](#)

Symptoms and Conditions Timeline						
SYMPTOM/ Condition	Date of Onset	Onset Circumstances	Predisposing Circumstances	Palliative	Provocative	Details

Symptoms and Conditions Timeline						
Date/Update	Date/Update	Date/Update	Date/Update	Date/Update	Date/Update	Date/Update

Ready and Willing Assessment							
Name		Date					
In order to improve your health, how willing are you to: <i>1 (not willing) to 5 (very willing).</i>			1	2	3	4	5
Significantly modify your diet							
Try new foods you've never eat before							
Take one or more nutritional supplements every day							
Keep a record of everything you eat every day							
Modify your sleep schedule							
Modify your work schedule							
Practice relaxation techniques							
Exercise regularly							
Have periodic lab tests done to assess progress							
How confident are you of your ability to organize and follow through on the above health related activities? <i>1 (not confident at all) to 5 (very confident)</i>							
How supportive do you think the people in your household will be to your implementing the above changes? <i>1 (not supportive at all) to 5 (very supportive)</i>							
How much ongoing support and contact (e.g. telephone consults, e-mail correspondence) do you feel you need as you implement your personal health program? <i>1 (very infrequent contact) to 5 (very frequent contact)</i>							
Total for Each Column (number of checkmarks x value)							
Grand Total /60							

If you are not confident of your ability to make these changes, what do you believe is getting in the way?

What aspects of yourself or your life lead you to question your ability to fully engage in the above activities?

Day 3: Deep Dive Into Emotional Stressors, Trauma and Adverse Childhood Experiences (ACEs)

Objectives

Emotional traumas can store in the nervous system and physical body, and lead to health challenges many years later. Helping to uncover these allows you to offer suggestions for strategies and therapies that can minimize the impact and allow your client to move past things that have held them trapped for decades.

In today's training we will explore how you can uncover emotional trauma, how to use the ACEs questionnaire, and how emotional eating can sabotage your strategies for healing.

Watch today's training then complete the exercise below.

The ACEs score has been shown to be a good predictor of physical illness later. We'll discuss this during today's training, and go into how emotional eating can impact your clients' symptoms and ability to heal.

1. Complete the **ACEs** form on yourself, a client, family member, friend or colleague and post to Facebook group. Take a picture of yourself holding it for extra credit.
2. Complete the Emotional Eating Quiz provided during the training on yourself, a client, family member, friend or colleague and post to Facebook group. Take a picture of yourself holding it for extra credit.

Adverse Childhood Experiences (ACEs)	NO (0)	YES (1)
Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?		
Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?		
Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?		
Did you often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?		
Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
Were your parents ever separated or divorced?		
Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?		
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?		
Was a household member depressed or mentally ill or did a household member attempt suicide?		
Did a household member go to prison?		
Total YES answers – This is your ACEs Score		

Day 4: Habits and Exposures that Impact Current Health Challenges

Objectives

Learn to ask the right questions to uncover exposures, like mold, EMFs, environmental toxins and dietary stressors that lead to the imbalances that contribute to current health challenges.

Watch today's training then complete the exercise below.

1. Complete the **Strategy Session Intake Form** on yourself, a client, family member, friend or colleague and post to Facebook group. Take a picture of yourself holding it for extra credit. Notice the questions I ask about habits.
2. Complete the [Body FREEDOM Pillars Assessment](#) to identify stressors in exposures, habits and diet on yourself, a client, family member, friend or colleague and post to Facebook group. This is a lengthy and very comprehensive form. I generally use it as a follow-up after the initial encounter to go deeper. Take a picture of yourself holding it for extra credit.

Strategy Session Intake Form

We look forward to meeting with you to review your health history and habits. During our consultation we will use this information to identify your health challenges and goals and strategize some immediate action steps, as well as long-term options for guiding you on your journey to create vibrant health.

Please take a few minutes to thoughtfully answer the following questions so as to acquaint us with the symptoms and health issues that have prompted you to seek help. Be as thorough as possible in answering the questions and if there is something that you're not sure about, write unsure and we can explore it together during our session.

Name					Date					
Age		Date of Birth			Height			Weight		
Occupation					Employer					
E-Mail Address										
Street Address				City			State		ZIP	
Phone Home			Mobile			Work			Fax	
Marital Status				Partner's Name						
If you have children, what are their names and ages?										
In Case of EMERGENCY Notify					Phone					

What are your top 5 health concerns, in priority order?

On a scale from 1 to 10, how important is it for you to get these health concerns solved?

What are your top 3 health goals? Please CIRCLE your top priority.

What interventions have you taken, to date, to address your health concerns? Please describe in as much detail as possible, including treatments, programs, diets, supplements, drugs, surgery or other interventions. Provide information on the effectiveness of these and the ones you continue to do.

If you are currently under the care of any health care practitioner, please indicate what type of practitioner and for what purpose. Write NONE if you are not currently seeing any health practitioners.

List the top five priorities in your life. That is, what five things do you value above all else?

What habits do you currently have that positively influence your health?

What habits do you currently have that negatively influence your health?

On a scale of 0 to 10, rate your average stress level.

What are the major stressors in your life?

List any medications you take and for what purpose. Include prescription and over the counter. Write NONE if you don't take any.

Please list any surgeries, hospitalizations, accidents and major illnesses and injuries. Include approximate date or age of each point and indicate whether the incident continues to impact your health.

List any nutritional supplements or herbs you take and indicate why you take each. Write NONE if you don't take any.

What are the 3 worst foods you eat in a week?

What are the 3 healthiest foods you eat in a week?

How many alcoholic beverages do you consume per week?

How many caffeinated beverages do you consume per week?

How many times do you eat out per week?

How many times do you eat raw nuts or seeds?

How many times do you work out per week?

If you work out, what type of exercise do you do?

Do you smoke?

If you smoke, what do you smoke and how much?

Have you smoked in the past?

If you are an ex-smoker, what do you smoke, how much and when did you quit?

List any toxic exposures you currently have or have had over the past 5 years. This includes industrial chemicals, paints, pesticides, molds and chemicals in water.

Day 5: Hidden Clues in Family and Past Health History, Dental Work, and Medical Interventions

Objectives

When you do a thorough investigation of the timeline and progression of your clients health complaints, and take into account family tendencies, dental work and medical interventions, you can uncover root causes that have thus far eluded the other practitioners your client has consulted.

Watch today's training then complete the exercise below.

Post your completed assignments to the Facebook Group. Take a picture of yourself holding it for extra credit.

1. Complete the **Family History** form on yourself, a client, family member, friend or colleague and post to Facebook group.
2. Complete the Dental History Assessment on yourself, a client, family member, friend or colleague and post to Facebook group. Take a picture of yourself holding it for extra credit.

Family Health History Assessment

Family Health History

Place a checkmark for any health problem(s) your family has suffered with, either now or in the past

Check Family Members that Apply	Self	Mother	Father	Sibling(s)	Children	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Aunts	Uncles	Other
Age (if still alive)												
Age at death (if deceased)												
ADD/ADHD												
ALS or other motor neuron diseases												
Alzheimer's												
Anemia												
Anxiety												
Arthritis												
Asthma												
Autism												
Autoimmune diseases (such as Lupus)												
Bipolar disease												
Bladder disease												
Blood clotting problems												
Cancer: Breast												
Cancer: Colon												
Cancer: Ovarian												
Cancer: Prostate												
Cancer: Skin												

Family Health History

Place a checkmark for any health problem(s) your family has suffered with, either now or in the past

Check Family Members that Apply	Self	Mother	Father	Sibling(s)	Children	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Aunts	Uncles	Other
Cancer: Uterine												
Celiac disease												
Dementia												
Depression												
Diabetes												
Eczema												
Emphysema												
Environmental sensitivities												
Epilepsy												
Flu												
Food allergies, sensitivities, intolerances												
Genetic disorders												
Glaucoma												
Headache												
Heart attack												
Heart disease												
High blood pressure												
High cholesterol												
Inflammatory arthritis (Rheumatoid, psoriatic, ankylosing spondylitis)												

Family Health History

Place a checkmark for any health problem(s) your family has suffered with, either now or in the past

Check Family Members that Apply	Self	Mother	Father	Sibling(s)	Children	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Aunts	Uncles	Other
Inflammatory bowel disease												
Insomnia												
Irritable bowel syndrome												
Kidney disease												
Multiple Sclerosis												
Nervous breakdown												
Obesity												
Osteoporosis												
Other												
Parkinson's												
Pneumonia / bronchitis												
Psoriasis												
Psychiatric disorders												
Schizophrenia												
Sleep apnea												
Smoking addiction												
Stroke												
Substance abuse (such as alcoholism)												
Ulcers												

Any other family history we should know about? ☐ Yes ☐ No

Anything else we should know? Please comment:

Dental History Assessment		
Name		
Answer all the questions below to provide an overview of your dental health and history.		
Please indicate "Yes" or "No" to the following questions:	YES	NO
Have you had sore gums (gingivitis) often over the years?	Yes	No
Has ringing in the ears (tinnitus) been present?	Yes	No
Have TMJ (temporal mandibular joint) problems been a concern?	Yes	No
Do you often have a 'metallic' taste in your mouth?	Yes	No
Do you have a lot of bad breath (halitosis) or white tongue (thrush)?	Yes	No
Have you worn or do you presently wear braces?	Yes	No
Do you have problems chewing?	Yes	No
Do you floss regularly?	Yes	No
Did your mother have dental fillings prior to giving birth to you?	Yes	No
Did you play with mercury as a child or adult?	Yes	No
Have you eaten a lot of fish in your life?	Yes	No
Did you have fillings as a child?	Yes	No
If you did have fillings as a child, about how many fillings did you have up to 18 years of age?		
Did you have dental fillings as an adult?	Yes	No
If you did have fillings as an adult, about how many fillings did you have after 18 years of age?		
How many amalgam fillings do you have now?	Yes	No
What brand of toothpaste do you use (if any)	Yes	No

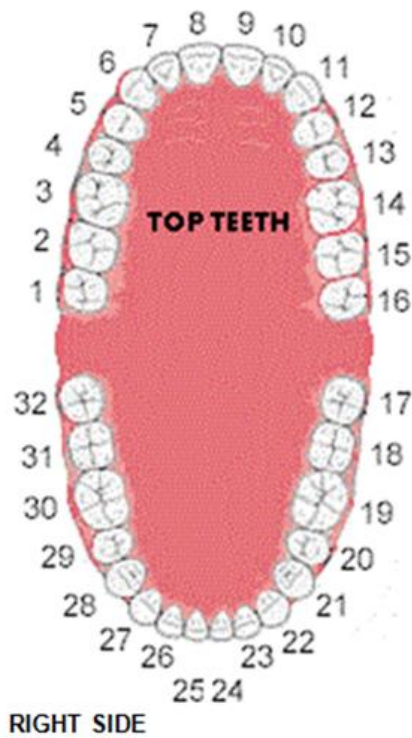
Provide a history of your past dental work. For each bit of work you've had done, include:

- Age
- Description of Work You Had Done
- Health Problems Following the Dental Work (if any)

Tooth Details

You should see an image below of a mouth with numbered teeth.

For EACH tooth that's had issues or work done, please use the box to the right to state what type of problem you have had, for example: root canal, crown, abscessed tooth, partials, etc. and indicate which teeth have fillings



Provide a history of your past dental work. For each bit of work you've had done, include:

- Age
- Description of Work You Had Done
- Health Problems Following the Dental Work (if any)

Prizes

Complete your daily assignments to be eligible for the daily prizes. Complete all 5 days of assignments to qualify for the grand prizes awarded on the last day.

To post your assignments on the Facebook Group, go to

<https://drritamarie.com/WOWChallenge>

In order to qualify for the Daily Prizes, post your homework as a comment to the post that says **Day X Homework**. Take a picture of yourself holding your assignment pages for extra credit. In order to be eligible for the grand prize, awarded on Day 5 you must complete all your daily assignments.

If you'd like to use the worksheets in this document with your client, you are welcome to distribute them "as is" (with the existing footers) or personalize them **as long as you put ONE of the following acknowledgements on each page in the footer:**

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About Dr. Ritamarie Loscalzo, MS, DC, CCN, DACBN



Dr. Ritamarie Loscalzo,
MS, DC, CCN, DACBN

Dr. Ritamarie Loscalzo is passionately committed to transforming our current broken disease-care system into a true health care system where each and every practitioner is skilled at finding the root cause of health challenges and using ancient healing wisdom married with modern scientific research to restore balance.

As the founder of the ***Institute of Nutritional Endocrinology***, Dr. Ritamarie specializes in using the wisdom of nature to restore balance to hormones with a special emphasis on thyroid, adrenal, and insulin imbalances. Her practitioner training programs empower health and nutrition practitioners to get to the root cause of health issues by using functional assessments and natural therapeutics to balance the endocrine system, the master controller.

Dr. Ritamarie is a licensed Doctor of Chiropractic with Certifications in Acupuncture, Nutrition, Herbal Medicine, and HeartMath®. She's also a certified living foods chef, instructor, and coach, and she has trained and certified hundreds of others in the art of using palate-pleasing, whole fresh food as medicine.

A best-selling author, speaker, and internationally recognized nutrition and women's health authority with over 30 years of clinical experience, Dr. Ritamarie offers online courses, long-distance coaching and counseling, and deeply empowering and informative live events.

**Find all the Resources You Need for Natural Healing
Based on Cutting-Edge Science**
<http://www.DrRitamarie.com>