

CAREERS IN NUTRITION TRAINING #2

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Welcome to the Careers in Nutrition Webinar! I guess before I get ahead of myself I should really just start by introducing myself, even though I bet most of you checked into who I was before signing up. I'm Cassie, better known as Dietitian Cassie, as that was the very first company that I launched, and that was the branding that I was and that I am still tied to. As the company name suggests, I'm not just a business owner, but I'm a Registered, Licensed dietitian and I've spent time in several areas of nutrition, which I'll talk a lot about today, but just the short story is I worked as a clinical dietitian covering an intensive care unit and a mental health ward, and I've also worked as a pediatric dietitian in both the ICU and outpatient settings. I worked at the VA hospital in Chicago, and now myself and my other health coaches spend a lot of time in our one-on-one appointments and teaching group nutrition classes. We coach our clients on their personal journey to wellness by helping them learn how to eat to support their unique biochemistry and metabolism.

What's really fun I think is that a lot of our clients come to us for help with weight loss, and it never surprises us, but it always surprises them to see firsthand just how many of the other health issues in their life are tied to something they have control over, which is what they are or aren't eating. I would go as far as saying that 90% of health concerns are related to nutrition and that's why I'm so passionate about getting people to learn how to support how their bodies work and improve their quality of life because I just don't think anyone should have to live a life less than what they were destined for.

I'm just so excited that you're all passionate, too, and that you're here today, and most of you are looking to learn about a career in nutrition. I know that we've got a lot of different groups here today. I know some of you are toying with the idea of pursuing a career in nutrition, which is super exciting, and some of you are nutrition students currently, some of you are fellow practicing registered dietitians, and some of you are RD's who are contemplating starting your own private practice. All of that is great. It's just great to have each and every one of you here today and I'm going to do my best to make sure that regardless of which group you fall into, this event leaves you inspired and answers the questions that you have about a career in nutrition.

How we're going to spend our time together is I'm going to start by giving you my background and my story. I already shared a little bit with you, but I'll go a little bit more in depth, and then we have so many amazing pre-submitted questions and I'm hoping to tackle these in the half hour we've allotted so that I can spend the last thirty minutes answering any questions that you come up with as I'm talking and answering others. If you happen to just submit questions, like say maybe twenty minutes or thirty minutes before the webinar started, I won't have those.

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Yesterday was actually the cut off for those, but we did get a bunch that came through this morning that I added to my list, so if there's anything that I don't answer that you're like, "Oh, my gosh. I submitted that," then just save it for the on the spot questions because we should have at least twenty minutes or a half hour to answer anything on the spot. I can see your questions as they come up, so I'm going to close that so it doesn't distract me, but then I'll open that back up for the on the spot question time.

We are just going to dive right in and if you listen to my podcast or watch my TV segments, you might know that I love to talk really fast and I don't plan on changing that because I want to make sure I can get as much information out there to you as possible today, so feel free to take notes. If you hear me say your question, you might want to tune in a bit closer and if you need me to repeat something, feel free to type it into the question field. I have no problem repeating things. I've just been in awe and really humbled by how many of you have signed up, and how many pre-submitted questions there are, so I definitely want to make sure I get through all of them, so that's why I'm not going to try to slow down my talking today.

Let me just start by filling you in a little bit more on my background. I guess my story as a healthcare professional goes back probably as far as I can remember. I've been interested in nutrition and how the body works, and I've always been a little bit nerdy because I loved dissecting research, and just figuring out ways that we can take information we learn and apply it to our own lives. Then along with that, I've always been an avid athlete, gymnast, not too long ago a marathon runner. I've run four marathons, one and done turned into four and done, and now I'm really done. I wrote a blog post on that if you want to check it out called "[No More Marathons... for Now.](#)"

I've always been interested in how what I ate affected my performance level and what types of activities support our bodies the most. I was addicted to sugar for many years of my life, which was always blamed on a lack of willpower, a sweet tooth, and things like that, but in all actuality I didn't feel in control over what I ateand I'm not going to spend the time today talking about that in detail unless someone asks, but [my story](#) about overcoming sugar addiction is up on the blog on my website. I have two websites: [dietitianscassie.com](#) and [healthysimplelife.com](#). I'm getting ahead of myself, so let me just back up a tiny bit.

What I did since I was so interested in nutrition and fitness is I took both of my passions, and I studied the combination of nutrition and fitness, and with the ever changing, confusing field of nutrition, I started getting all sorts of questions all the time about what's healthy and what's not. I'm sure several of you are familiar with that. As a young practicing student and eventually a dietitian, I really started digging in and researching on my own because I wanted everything I applied to my own lifestyle along with the recommendations I was giving to friends, family, clients, patients to be evidence based, and based on current research and science, not just belief.

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I obtained my four year undergraduate degrees in dietetics, and corporate and community fitness at Minnesota State University, and then as you may know, after you obtain this to be a Registered Dietitian, you must go through a competitive process and get an academy of nutrition and dietetics approved accredited internship. I know I got some questions on internships, so I'll wrap back around and talk about those later. I got accepted to a program through the VA hospital in Chicago. By the way, as far as I know, VA's are the only paid internships out there, dietetic internships, so all of my friends were practically paying for another year of school while I was getting paid, so that was my main reasoning for actually applying for the VA internship, so if you're looking into internships, keep that in mind.

I completed my year of clinical rotations, research projects, masters classes, and then I became RD eligible once I completed my internship. Studied like crazy for that challenging RD exam, thankfully passed it the first time, and then I became licensed in the state of Minnesota after that. Through all of this, as many of you attending today are all too familiar with, I was taught conventional wisdom approaches, treating heart disease with Cheerios, oatmeal, and margarine, not butter, not eggs, or cheese, which is what I encourage my clients with heart disease to eat for breakfast now.

We were taught to give diabetics forty-five to sixty grams of carbohydrate per meal, including rice, pasta, bread, all those horrendous foods that spike blood sugar levels most. I have a whole blog post on that called "[Managing Diabetes with Real Food](#)," so feel free to check that out if it sparks your interest. I was educated on how to teach people to pick foods based on the lowest calories, so hundred calorie pack of Oreos would be healthier than an avocado since and avocado has twice the calories.

On top of all of this, when I was finishing up my junior year of college, fully immersed in the dietetics program, my father had a major scare. He was running a race and he had major chest tightness causing him to slow down, which was not something my competitive father usually does. That's how we knew it was serious and he ended up having to get a triple bypass coronary artery bypass graft, also known as a cabbage. He had a pretty scary close call, which is another story for another day, but all in all, it was just definitely a scary time for me to think about losing my father, and it was a confusing time for me because the dietitian at the hospital and the doctor told him that due to his diagnosis of heart disease, he would need to eat less butter, not look at an egg, and load up on whole grains and oatmeal.

I guess I wasn't confused about the advice he was given because obviously it was what I was being taught in school, but I was confused because he was already doing all of these things. He was a picture of health. They even told him that. He wasn't a drinker, he wasn't a smoker, he was active. I mean, as evidenced by the fact that he was running a race when this happened. His BMI was like twenty-six, so technically he was overweight, but again, you might agree that isn't the best standard for that and that's just another story for another day, too.

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All of this tied into how I got to where I am today. For some people, it was, but not for me, a certain book or certain podcast. For me, it's just a combination of this experience with my dad, being in awe at how intrinsically designed our bodies are, and there just comes a point when you have to really step back, and look at what makes sense, and evaluate what you believe in your heart. For me, it never made sense to me that when you're on a quest for being healthier you should eat what I now call fake foods that are processed, and low in fat, and low in calories, but high in sugar. It just never made sense to me that you'd put chemicals in your body that were made in a lab, like margarine instead of real, natural butter or artificial sweeteners instead of plain old sugar.

I had tried these common healthy eating tactics and was never satisfied, but found that they actually fueled my sugar addiction. It didn't work for me, so that's when I started my venture of spreading life changing nutrition information that helps make people feel amazing and supports how their bodies work instead of working against them. Just really my goal has just been to help people cut through all the confusing mixed information, so I just really started digging into research and reading books, looking at studies that we weren't shown in school.

I find that for our clients, they've exhausted fad diets where they lose weight, and it all comes back and more. They've switched from regular soda to diet and they haven't lost a pound, and they're tired and frustrated, and they're literally hungry. They're looking for a simple solution, real food, so my company started as Dietitian Cassie where it was just me and it didn't take long for it to grow into Healthy Simple Life, which is my entire team. Healthy Simple Life is made up of Registered Dietitians, licensed nutritionists, and certified personal trainers. We do one-on-one coaching appointments, nutrition and fitness, and we teach several classes each week in various districts, and corporations, and at our office location.

We're offering a lot of different things. We kind of take the whole big picture approach and we just believe that having a healthy life doesn't have to be complicated. We don't tell our clients to count calories, points, or limit grams of fat. We're not about quick fixes or diet plans that leave clients frustrated and further from their goals. We just help our clients heal their body and metabolism, and break down some of that research that I love to look at and read. We break it down into simple information with action steps.

Every day we see the healing power of good nutrition, and watch our clients take small steps towards just these huge changes that make them feel better and impact their whole lifetime. That's where I'm at. That's where my passions stem from and hopefully it gives you a glimpse of my experience. I can tell you that what I base my practice off today isn't necessarily what I was taught in school. Some of you can probably imagine. My head is constantly buried in books and research, and my goal is to just keep learning, and take all of that, and really simplify it for people.

I tried to answer my story in a little bit shorter than a half hour because we have so many pre-submitted questions, you guys. I'm just so excited to dive right into these. I see that a couple of

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your hands are up. I don't know if you have a question, but if you want to just put your hands down so that if I do ask a question, you can put them back up. Thank you. All right.

"I'd like to work for you." Thank you. We are continually hiring, so you can always feel free to submit on our website healthysimplelife.com. There's a [contact form](#) and I'm always considering new employees even if we're not technically hiring. I've never actually advertised for position, every one of my team members I've hired because they just seemed like a good fit at the right time and I didn't want to lose the chance of having them on my team, so that's a little insider scoop that no one else really knows.

I want to start answering these pre-submitted questions and I'm probably going to go over a half hour. I'll try to leave at least fifteen minutes for answering on the spot questions. I just really want to make sure I get through the ones that you all took the time to submit ahead of time. They're all very different, so this is going to be kind of fun.

Here's the first question:

"If someone would wish to fashion a business resembling Cassie's, what suggestions does she have?" That's a pretty broad question and what I might do as we go through some of these questions if I want any further clarification, I would love if you would just clarify or if you're like, "That's my question. She didn't really answer it," feel free to clarify the question and tell me if there's more to it that you want me to touch on because that's kind of a broad question, I guess. To start a business resembling mine, I would start with getting credentials and licensed, and while you're doing that, I would start gaining some credibility with a blog.

Blogs can be a great stepping stone because it helps you in your thought process by really forcing you to think critically about a subject while also putting it in terms that people can understand. That's what I've found to be really effective in my practice, all the free content that we have out there in blogs, people don't have to pay a penny and they can still implement the concepts that we teach in their life, so I would definitely start with doing that and I think there's just so much you can learn by trying to create content. I think a blog is a really good place to start.

Then I would ask for feedback. Share your blog on social media, ask your friends, ask your family. I think it really helps people to trust you and then if you can, once you get your credentials, start seeing clients while still holding onto your day job if you have one. I know some people will recommend quitting your job, and living off your savings, and chasing your dream. That's really great and really pretty, but I'm all about being realistic and I think it makes most sense to gradually build your practice while also having something to sustain yourself you can fall back on.

That's actually the approach that I took. I was still working as a clinical dietitian at a hospital and as I started growing my private practice, I didn't expect it to grow as fast as it did. I just started

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seeing some clients, and then I started seeing some more clients, and I kept building my social media, and pretty soon it got to the point where I was waking up at 4:30 in the morning, and getting to the hospital at 5:00, so I could get out of there by 1:00 or 2:00. Then I was seeing clients all evening and on weekends. It just wasn't sustainable, so that was my breaking point where I realized I love what I do and I don't want to live like this. It's just too exhausting, and it's too much, and I don't have time to be digging into research, and reading books, and writing blogs, and things like that.

For me, it was able to grow while I was still working at the hospital. I went from full-time to point five, which is three days one week and two the next, so I was really able to continue growing my private practice while I was still making money there. Then I just kept going down. I went down to casual status and eventually was able to just stop working there completely. If you have the opportunity to do that, I would really recommend that. Even if you're not working at a clinical position, if you can keep some type of other job on the side, I think that's a really good way of doing it.

"What percentage of clients are from your area versus that found you through the internet who may live in another part of the country or world?" That's a great question. It's a tough one. The more TV segments I do for the local channels and the more classes that we teach in our own area, the bigger we grow in our area. That said, we're continually gaining thousands and thousands of followers on social media, so our clientele out of state and out of country also continues to grow. It probably grows at the same rate and I would say right now, we're probably 50/50.

Where do you get your research? Well, that's a good question, too. I think the gold standard is peer reviewed journals. I really like JAMA, Journal of American Medical Association, and I like the British Medical Journal. They have really good stuff. I think a lot of the reading though that I do in my free time is about nutrition and just nutrition books. There's so much information out there and there's a lot of mixed information, don't get me wrong, but a lot of times what I'll do when I find something that I really like or that I want more info on is I'll flip to the back of the book where the resources are and I'll look up where they found their resources.

Then more so though is really the clinical experience. We figure out what works and what doesn't and I think research is really, really important. I also think results are important, so I mean, that's why I think for instance calorie counting and low fat diets, we don't have research to support that low fat diets are healthy for us, we never have, so that's good because they don't work anyway, but looking at the results in our clinic, we can say we put people on much higher calorie diets that are lower in carbohydrates, and just more balanced, and they lose weight. Low fat diets don't work for us with the clients that we're working with, so I think as far as research goes, definitely some of those journals are really, really great and I also think that results can be just as important as research sometimes.

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A long question here:

"I've been volunteering for a woman with a PhD in nutrition who teaches herb classes in our home town. From observing her classes, many consumers are thinking they are sensitive to gluten, but many GI doctors think it's overused. What does Cassie think of this syndrome and of such things as leaky gut, alkaline acid diets reducing cancer, candida diets and testing, and many other naturopathic consumer interests? What are most brought up to her?"

Well, that's a little bit of a loaded question. It kind of reminds me of fibromyalgia, which some people say is a made up diagnosis. It's a disorder characterized by widespread pain, the source is unknown. I always think there's a source and oftentimes it's inflammation, so basically this question is asking about diagnoses that are given by natropaths, but not by mainstream MD's. I think there's always a root cause and I think that mainstream medicine is oftentimes too lazy or too busy to look at it, so it's easier to brush it off, and just treat the symptom, and prescribe a pill, but as for gluten sensitivity, I absolutely wholeheartedly believe in this and don't think it's just made up.

Leaky gut, same thing. It's a condition that we treat and we see improvement with. Day in and day out we see clients with these conditions follow our recommendations and we see improvements. Like leaky gut is increased intestinal permeability when the gut barrier is weak, which can happen from untreated inflammation, consuming foods you're sensitive to, over consumption of sugar and processed carbs over time, damaged gut lining from taking rounds and rounds of antibiotics, so the gut barrier gets weak, and food particles can pass through, and trigger an autoimmune reaction.

What are most brought up to me? Definitely gluten sensitivity and other food sensitivities. We do see candida. We deal more with just overall digestive distress, and roadblocks to weight loss, and sugar addiction, so I don't see a ton of crazy things. "Is leaky gut like diarrhea?" Someone just asked, I thought I'd kind of tie that in. It can be. It can manifest itself in a lot of different ways, so constant diarrhea, constipation, or a mixture of both of those definitely ties back to the gut. Actually a lot of things tie back to the gut and tie back to inflammation, so that's the first place I would start when I was working with a client with an issue like this, is to really just heal the gut and focus on that. Good question.

Other questions I'm going to answer on the spot, so I will get back to those.

"Where does Cassie go for questions brought up by consumers?" If it's pertaining to research, I get that question on a fairly regular basis, and then I'll just find a study to support what I talk about and send it. If the person who asks the question is here, feel free to elaborate if you meant something different than that and I'll expand, but I'll move on for now.

"What have you found as being a practical first step for your clients to begin making positive

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changes in their nutrition?" It really depends. I hate saying that, but individualization is really key. If they come in eating McDonald's for every meal, our goal might be to start with breakfast every single day, breakfast at home. Then they'll feel so amazing having eggs cooked in butter and spinach with a piece of fruit on the side that they'll want to feel that way after every single meal. Then we'll focus on the next meal, so baby steps.

If it's someone with sugar addiction, we've got to focus on healing the gut, same with that question about diarrhea. If it's constipation, same thing, heal the gut. If it's someone who just wants to lose weight and they think that they're eating perfectly, then we just play detective work and try to figure out what we can improve. Maybe it's hormonal. Again, maybe it's the gut, maybe it's thyroid. There's so many things it could be, so we really take a biochemical approach to balancing out the body. Some people, they just need to calm down and de-stress. Some people need to sleep more, so I guess practical first step really depends on where they're at in this journey.

"Do you have any recommendations of masters degrees in nutrition that allow one to complete it part-time in order to still work? Am I correct in my understanding that anyone with a masters in nutrition along with nine-hundred hours of practice experience can take the licensed nutritionist exam in Minnesota?" Yes, in Minnesota, that's the case. University of Bridgeport, one of my staff licensed nutritionists got her masters in human nutrition there while she worked and was a single mama, so I know that's doable to do part-time.

I know that Bowman College has a distance learning program, so University of Bridgeport, yes, they have a distance program, so that could be an option. Bowman College they also do and I think they allow up to thirty months to complete the program. Some students can finish in eighteen, so you can kind of stretch it out, but that's actually just a certified nutrition specialist certification, so you can't get a license with that, but you are right that if you get your masters in nutrition, nine-hundred hours of experience in Minnesota you can apply for licensure. I'll get back to that in a little bit.

"When you are looking to hire a professional with a nutrition background for your business, in your opinion, is there a difference between an RD and a licensed nutritionist? What credentials do you look for?" That's a really good question because when I started looking to hire, I was planning on only hiring RD's even though not all RD's are created equal, I believed it was the best credential. I still think it's really great, but with what I focus on in my practice I found that the material that the licensed nutritionists learn in their masters programs, it's so much more applicable than some of the mainstream conventional wisdom that's taught in these RD programs. I'm really open to hiring for my health coaches, they can be a registered dietitian or a licensed nutritionist. I do look for one of those credentials, though. Then after that I guess it just depends on other qualities, characteristics, other things that are important to me.

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“Do you always test your food theories on yourself before you bring it up with clients?” Well, I’m not a big fan of the word theory because I know my approach works, but I guess you could say I test on myself because that’s really how I got into all of this. My personal low fat, calorie counting diet didn’t do me any good, so I was looking for something that made me feel awesome and supported my personal health goals. Then when I found something that did, I wanted to shout it on the rooftops, so I guess you could kind of say that I used myself as a lab rat before.

At the same time I suppose I can’t test everything on myself because I don’t have candida, and I don’t have high blood pressure, and I don’t have thyroid issues, so that’s where continuing education comes in and a lot of times I just try to find what worked for other healthcare professionals. I’ve got a pretty big network now that I can ask questions to, although a lot of what I do is based on what’s worked in our practice with other clients that we’ve had and if it’s something that I’ve never seen before, that’s where I really start to dive in and do my own research on it.

“Do you bill any type of insurance programs? If so, how do I learn more about this process?” Reimbursement varies widely depending on state regulations and specific plan restrictions for RD’s and CNS’s. The only insurance we accept is from a health savings account, so an HSA. Occasionally we lose a potential client, but I don’t view it as a loss, I see it as more of a benefit because our clients tend to be more serious since they’re paying out of pocket. A personal belief of mine is that most people are going to be more committed to something when they have a financial investment in something.

How are you able to implement your non-conventional approach to nutrition? Well, I have more leeway in private practice than in a clinical setting. That said, results are really powerful. In my last clinical position I was working in an outpatient setting where I spent most of my time either writing tube feeding orders or educating patients and caregivers on nutrition for weight loss. Little story here is when I started at the hospital when I got that position, all the other dietitians working there had been there for a while, and they were sold and set on calorie counting, and low calorie diets.

This was a special needs hospital, so the type of patients I was seeing in outpatient clinic, they couldn’t do any exercise, and everything was very regimented and regulated, so if the dietitian before me suggested they are on a six-hundred calorie diet, they would be on a six-hundred calorie diet because their caregiver had total control of what went into their mouth. I would see these poor patients, really seriously ridiculous like six-hundred calorie diets, they would come to me and they were still gaining weight. We knew they were doing what they were supposed to be doing because that’s all they could do, the caregivers had control.

It was really, really frustrating for them, so to their surprise and the surprise of the doctors at that hospital as well, I would increase their calories while adjusting their food quality, improving their

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food quality, and they would lose weight on higher calorie diets. If it works, they just might buy into it. It didn't take very long for most of the doctors there at that hospital to be requesting me to meet with their patients because my recommendations yielded results and it didn't take long to gain a lot of respect of the doctors there.

Maybe it was a little risky on my part, suggesting something that was really non-conventional and that maybe I could have gotten scolded for, but I was a Registered, Licensed Dietitian and these were the recommendations that I was making based on what I'd seen work, at least in a lot of the research that I had been focusing on at the time. I think that how I'm able to implement my non-conventional approach to nutrition is that it works and worth giving it a shot.

"What steps can you take while in your internship and masters program to help prepare you for starting your own business or working in private practice?" I'm going to tie this question in with this one: "I know that a career has to start somewhere, but what can I do during my clinical focus dietetic internship to help me prepare to enter the dietetics field without being forced to conform to conventional beliefs and practices that may not match up with my own views?"

Here's my advice for this: Start now. Start a blog, gain credibility, network. Network as much as you can during your internship, but as far as your own business goes, start blogging. Don't wait until that day comes when you get your credentials. I think gaining people's trust before they put money down is key. That's why I think it's smart to have a blog. Put info out there, get people to like you and what you have to say, let them maybe try some of your recommendations. I know that when I'm considering making a big purchase or signing up for a program I look at what they've done and if I like their stuff, if they get results, if I can try something for free, I usually like that option a lot.

Then I would also say don't wait until you feel ready or until you have a really, really good idea. It's pretty embarrassing, I can't tell you how many 75% written blog posts I have saved on a folder on my computer. They're not helping anyone, nobody, until they're published, so don't let your perfectionism stand in the way and just get started. I can't remember who said this, but I'm pretty sure there was a phrase or a recommendation by someone that said just write two pages a day. I think it was an author. I think he said, "Even if you don't have an idea, just write two pages a day." Two crappy pages is better than no pages at all and sometimes those crappy pages really aren't that crappy.

It's kind of like what I tell my clients about journaling. Sometimes we have them journal about, especially emotional eaters, and eating disorders, and things like that, and they don't want to journal. I don't like journaling all the time either, but what's crazy is we always tell them, "Just start. Even if it's five minutes, you can do anything for five minutes." Maybe not push ups, but a lot of things you can do for five minutes. It's amazing. They'll come back and say, "I didn't think that journaling idea was good. I wasn't excited about it. Didn't think I'd learn anything from it and these are all revelations that I've had."

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I would say, tying this back into blogging, just start when you're in your dietetic internship. Start writing about stuff. Maybe you journal and you write about the frustrations that you're having with what you're being taught, maybe you write about the types of patients you've seen, what you do differently, what you're eating. Whatever it is, just start a blog, start writing.

"How do you address misinformation presented to clients or patients by other medical professionals without defaming them?" I think it's important to respect the viewpoints of others, including other healthcare professionals even when you disagree. That's a good question. I think a lot of the misinformation presented by their healthcare professionals has to do with big food and money, and how it's all funded by the FDA. I also think a lot of doctors don't have a lot of nutrition education, but I guess the approach that I usually take is I might explain a couple of those things, but I really try not to tear them down. Instead I would turn it back to what I believe and why I believe what I believe.

I think experience is really important and if we're dealing with a client who feels like crap all day long, then I might ask them if their low fat diet is working very well, the one that their doctor put them on, and if it's not, then I might ask them if they're willing to experiment. If they start feeling awesome eating the way that I recommend, then they can go back and tell their doctor. No one can be offended if you're offering your own story. There's nothing more powerful than a testimony.

I think research is important, too, like I said and I've been really ecstatic about the newer stuff posted lately, like the Wall Street Journal report about saturated fats and butter on the cover of Time Magazine. These are great talking points. Clients can bring that back to their doctor and just ask. It doesn't have to be snotty, it can just be as simple as, "What do you think about this? This is what I saw."

"How do you get through the dietetics courses when you disagree with a lot of it?" Sometimes you just do what you got to do and if you can't do it, there's other options. We get a couple dozen inquiries about nutrition programs every week from people who want to train to do this type of work and they all ask the same thing. There's several routes to becoming someone who can practice nutrition, and they all have pros and cons.

Certificates can get you into practice faster, but they're not a true license, so I don't necessarily recommend them. Many certificate programs have really great classes, though. I think it's important to think about what you want to learn first of all and if you'd be okay with learning ideas that you don't necessarily think you'll use or believe in. That's one question. Then part two is to weigh out what you actually want to do. Do you want to do clinical work? Do you want to work in a hospital? Do you want to start your private practice?

If you want to work a clinical position, you have to get your RD to do this. You can't be a licensed

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nutritionist in a hospital setting. You have to be a registered dietitian. If you want to start your own private practice, you've got some other options depending on your state's licensure laws, there are different options for this. You could work for a company like mine. Again, there are more than one option for a lot of these different situations.

I think it can be really tempting to go the alternative route than the RD route, especially if you don't agree with the material, but I do feel like there are benefits to becoming an RD. In my opinion, it's still one of the highest valued credentials and I have a feeling that things are going to start changing for the better hopefully. Just in the RD world, I think it's really important for some of us to have a real food approach mindset. An internship component to be an RD is twelve-hundred hours of rotations and you learn more working with these patients in these rotations than you probably have ever learned in your whole life.

Some of you RD's here today on this call, I'm sure you can attest to that, too. It's crazy work, you learn a ton, you get a ton of experience. That said, I'll readily acknowledge that my RD degree wasn't enough of an education to do what I wanted to do with nutrition, and most of what I practice now has been learned from my own research and continuing education that I've chose to do on my own.

Yeah, there's dietitians out there getting crappy advice, I realize that. Too many if I do say so myself, and there's also crappy doctors, and crappy dentists, and crappy nurses. I think I'll just say that as a dietitian, we've gone through lots of years covering nutritional biochemistry, and anatomy, and physiology, clinical dietetics. There's so much to it. I think having the understanding of the whole physiology and disease processes is really important when making nutrition recommendations. I think a lot of the uncredentialed programs just don't provide that same type of education. I'm not saying that all of the classes in the dietetics realm are beneficial, not saying that at all, but I still think it can be very beneficial to have your RD.

"What was the hardest part in gathering willing clientele to support your business?" None of it. Thankfully for me, this hasn't been an issue. In all honesty, my issue was growing faster than I could keep up with. The best part is that in my business we continue to grow because what we teach works and people are seeing results. It's straight up not a gimmick. Each person who sees us has and is their own testimony. I guess kind of like I said earlier, if I would have just started out right off the bat full-time in my own business, I have forty slots a week, who can I see, it might have been different, but for me it kind of evolved and I was able to transition my hours at the hospital down as I got more clients. That was really beneficial for me.

"It is my understanding that the year long internship positions are competitive to get in and in limited locations around the US. Being a mom, I just can't up and leave my family for months to pursue my career. Is there another family friendly route?" I know there are distance internships. I

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believe Iowa State might have one. I would check out allaccessinternships.com. My friend Jenny Westerkamp started that website. It's really, really helpful, lots of answers to questions about internships. It's been a while since I've looked, but even back when I was in school, there were distance options, so I'd be surprised if there weren't now.

"What technologies do I use and recommend for those with patients? Apps for smart phones?" None. Listen to your body. No, for real though, I like old school food journals, or you can make it more 21st century by typing food into your phone, but I think hand written is better, and I think it's more emotional, and helps you make those connections. The problem with apps is there aren't any that I like. There aren't any that don't track calories and grams of fat, and with the clients that we're working with, we're trying to un-brainwash them from all these things they learned in the past that didn't help them reach their goals and didn't help them feel good, so I don't want them to see that.

I think FitDay can be helpful. It can be helpful to type in what you're eating to raise that awareness, but I think it's just as helpful to write all that down. I don't like when clients once in a while, they'll say, "Yeah, just for fun because I always track my calories and grams of fat. I typed everything that I'm eating on your plan into this program and I couldn't believe I'm eating so many calories. Then I freaked out and then I stopped eating for a day." That's exactly what I want to avoid, so there really aren't any apps that I recommend. I just recommend the old school journal.

"As an introverted health coach student I'm struggling with the business end. Any recommendations for me?" It's okay. Seriously, I've been surprised that some of the most successful business owners are not extroverted. Even some of them that I've met are super awkward in person. This has surprised me so much and it's been so apparent that I can actually think of one pretty famous person in particular in the nutrition realm. She told me that she's really bad with people in person, but what she loves about this business is that she can do almost all of her work behind a screen.

For me, that's not me as I'm sitting here behind a screen right now. It's fun, but I think you can still be successful regardless of your personality type and I don't think you have to be an extrovert to succeed with this. You don't need to get TV slots or radio gigs right off the bat. Maybe start with one-on-one if you're comfortable with one-on-one. If you're not, just practice. Ask your family member, or a friend, or your significant other if they would be a practice client for you. Put them in front of you and just rehearse stuff.

With my girls on the team... Well, there's not a reason why we have just girls on our team, but our health coaches happen to be females. What I have them do just starting out is if they can't explain concepts to me, they need to be able to explain concepts to me before they see clients. If they can't, then I suggest practice in front of your mirror. Say this stuff over and over until you get comfortable explaining gut health, and blood sugars, and thyroid conditions, and hormonal

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problems because you've got to be able to do it.

If it's something that you're not comfortable with because you're introverted, I would say people skills are so important for every aspect of life, so I'd encourage you to put yourself out there. That's how we grow and that's how we become better. I don't think it has to be an all of a sudden go crazy type thing. Even with clients, you can start with phone or Skype appointments. It doesn't have to be in office if you're not comfortable with it.

"What programs do you recommend for obtaining a degree?" RD or masters. This is because I recommend licensure. Typically only RD's and CNS's are covered by licensure laws. It can vary by state. Last time I checked there are thirty states that require licensure, fifteen that require certification. I think the four states that don't have any licensure requirements are Colorado, Arizona, Michigan, and New Jersey. I could be wrong, so don't quote me, but I recommend getting your RD or masters so that you can become licensed.

"I would like to know how to best deal with living in a state that only recognizes the credential of RD, which is not the nutrition philosophy that I subscribe to." Well, unfortunately there's not really a way around this if that's your state regulation. This is why it can be beneficial to go the RD route even if you don't agree with it.

"I have my bachelor of science in nutrition and dietetics, a master of public health, and currently studying for the CHES exam. I've been trying to find dietetic internships for five years, not successful. What's the best option for me? Thank you." Gosh, they're so competitive, aren't they? I have friends that never ended up getting an internship that went to dietetic school with me and it's so frustrating when you work so hard, and you have a goal, and you can't do it because you didn't complete the internship, but that's the reality of it. They're super competitive. I suppose since your masters is into nutrition or dietetics you can't get licensed, at least you wouldn't be able to in the state of Minnesota.

That is a really tough one. I guess I would try to see if there's anything you could do differently or that you might be doing wrong. If you've been applying for five years, I would even ask if it's possible. Maybe your GPA is too low and you can just retake a couple of classes to bump it up. Is it lack of experience? Maybe you need to intern under a company like mine to get hours. Is it your resume? Cover letter? Is it interview skills? I just think it's good to grow from experience regardless just to find out the route cause.

See how all this ties back to my approach to nutrition? You want to heal from the inside out instead of just putting a band-aid on it. In this case, the band-aid would be what's the alternate route instead of figuring this out. Yeah, that's a tough question. I wish you had your masters in nutrition or dietetics so that you could become licensed.

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“How do you handle people who have different nutritional beliefs?” Then we have another question that says, “my nutrition professors intimidate me.” I’m going to tie these two together. Well, I’ve been told I’m intimidating, too. I’m not, am I? You’ve spent forty minutes with me here today. I’m guessing that part means that intimidating is because you’re intimidated to ask about opposing views. I’m not quite sure, so feel free to comment if that’s not the case.

I think you want to be respectful, but it’s okay to ask questions. If you see a study or an article, send it to them and see what they have to say. Then I’m kind of going to tie in how do I handle people with different nutritional beliefs, if you don’t understand or agree with something you’re learning, be bold, speak up. As long as you do it respectfully, I think there’s nothing to lose. You might even find your professor actually shares the same opinion you do or might be willing to consider yours.

I think people with different nutritional beliefs, it depends who they are. I think a lot of it ties back into the whole testimony thing I talked about earlier and honestly, keep your eyes in your own place. I found that people don’t really care how much you know until they know how much you care, so I try to always be loving and caring, and obviously a lot of people that I meet with, my friends and family, they know what I do and they know my opinion because I’m pretty open about that on the blog and all of my other outlets.

With our clients, that’s not the case. A lot of people don’t know what they’re working on and why they’re eating the way that they’re eating, so people will make comments. I actually am pretty sure we have a blog post on healthysimplelife.com called “[Five Tips to Tactfully Tackle Doubters](#),” so check that out because we put a lot of advice in there just for how to handle these situations because this is something that comes up with all of our clients at some point, so that’s why we wrote a blog post on it.

“What tools might you use for a patient assessment? Do you continue to use standard calculations of estimating nutrition needs?” No, I don’t use standard calculations for nutrition needs because we don’t have our clients counting calories, or anything for that matter. Actually, I see a question over here that says, “do you ask for labs?” Let me tie that in. Lab data is my favorite. Any lab data they have can be used as a great foundation, a really good starting point, just tells us what we’ve got to work with.

I like to see a lipid panel, mainly for the triglycerides because it’s still pretty unique, rare to see a breakdown of LDL particle size, which I think is really important, and total cholesterol really doesn’t tell me anything, so the triglycerides are great. I’d also like to see a thyroid panel if they have them. Vitamin D, CRP to see what kind of inflammation we’re working with since CRP’s a marker of inflammation. That’s pretty much it. We do use a current weight, but we don’t dwell on it. We don’t have a scale in our offices. If weight loss is a goal, we’d like to know where they’re starting, so we do have them answer that question on the questionnaire, just how much they weigh, but we don’t focus on it.

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We really just work on getting the body to function better and pay attention to how it responds to our adjustments. I think how people feel is a really important indicator. With all the diets and restrictive ways of eating out there, especially with our clients, they're so far removed from listening to their body and it's amazing how when you get people in touch with their body, just how much better they can feel and how liberating that really is, so that's really what we focus on. We don't use a lot of tools.

"For RD's who are like minded in the non-conventional approach to nutrition, what might you say are career options? It seems as though most RD's I come across have their own private practice like Cassie, but is that the only option?" I'm going to tie that question in with this one: "I have a desire to use my knowledge and education to help lead other people to a healthier lifestyle, but find the thought of starting my own business, website development, patient materials, et cetera to be a little overwhelming given I could only partially devote my time to this profession. Any thoughts?"

Yeah, I totally hear you. I'm not going to lie and say I didn't have to practically give up my whole life for a few years while I started this business. Like I told you, my 4:30 am wake up, clients until 9:00 or 10:00 PM at night, it wasn't really that fun. Even though I was doing what I loved, it was just stressful and I wasn't really living a life that I recommend, a balanced lifestyle with plenty of sleep, and de-stressing, and activity. Anyway, there's more to business than I would have ever thought. Way more overhead costs and details, and I think private practice is the obvious route for non-conventional RD's, but I don't think it has to be the end all be all.

Just like the other question asked, what are other career options, I know it's extremely difficult to find a company like mine to work for and that's why like I said, I don't advertise positions for this company and we've had so many amazing people to choose from for these positions, the competition, there's not a lot of jobs out there where you can speak your mind and implement a non-conventional approach, so I don't want to completely rule out working in clinical or for a medical center. Like I said, I had lots of leeway in outpatient setting at my last position and even the position I had before that I had a lot of leeway.

I know other like minded RD's who do as well. I can think of a few specific friends of mine who have really embraced my approach, and learned from what I've been doing with my clients, and they've been implementing it in their clinical positions, and it's worked. Again, I think results are super important and if you have opportunity to get a clinical position, I wouldn't rule it out just because you think you'll have to teach things that you don't agree with. You might get a little bit of resistance, but I think it's totally worth it when you think about the lives that you can be changing.

"What are your five greatest resources in your nutrition library at this time?" Gosh, right away I say [Cholesterol Clarity](#) by Jimmy Moore and [The Great Cholesterol Myth](#) by Stephen Sinatra and Jonny Bowden. They're both on cholesterol, and that's because that's one of the main push backs

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we get and it's one of the most confusing topics in the realm of nutrition. What I really like about Cholesterol Clarity is there's a section in the back for lab data, like optimal lab data.

Now I pretty much know it without looking at the book, but when it was first published last summer we really used that, myself and my team will use that as a resource to figure out optimal lab data because you hear a lot of different things. There's so much mixed information, even in the real food world like as far as what standard recommendations versus what are actually optimal ranges for labs.

She wants five. There's maybe two. [*The Hormone Cure*](#) by Dr. Sara Gottfried. Again, great references, reference ranges, and a lot of our clients have hormonal imbalances, so it's not a super fun read. It's pretty deep, but there's a lot of really good recommendations in there and I think it's a good tool. Those were top three. I honestly can't think of any others that stand out. I just read everything I can, whatever I can get my hands on. A lot of people send me their books, so I always have a pile of books that I'm trying to go through that usually have a pretty similar approach to mine or they probably wouldn't send me their book.

I think I just try to gather as much info as I possibly can and then that said, I know what works clinically based on my experience. By now, we've had a lot of people with different issues coming through our offices, or seeing us on Skype, or phone, so we have a lot of ideas of what we can do with clients, so I don't know. I see enough different situations every week that I feel like I should just write my own book and we can all use that as a resource, at least on my team, but I haven't done that yet.

"How did you grow your business and how did you get clients?" Word of mouth is strong because our clients see results, and they're happy, and they're excited, and they share the wealth. We've never done any advertising, although one could argue that social media, podcasts, TV, those are all forms of advertising, but initially I really grew my business through social media and my blog, so that's why I keep recommending you put out quality free information and expect nothing in return, and you're going to be blessed, and rewarded, and returned for doing that. I really believe that.

"What do you do in coaching appointments?" We are counselors, we are detectives, we are cheerleaders. We play all these roles and we totally individualize depending on the client, depending on what they need. You open the door for each client or log into Skype for each client not really knowing what to expect, and you just have to be flexible, and just go from there. Like I said earlier, I hate saying it depends, but it really does depend on what they're seeing you for and what their goals are, and just going from there.

"What do you do in a typical day?" I always like that question because every day varies and that's part of the reason why I love my job. I still see a very limited number, but I still see clients and actually I do career coaching with people just like you who are just looking for ... Some people are dietitians in private practice, but just aren't sure how to handle certain client situations and they

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want to talk to me about what I would do if I had this client. We talk through scenarios and they just make appointments as needed on a PRN basis.

Then I have others that they just want to meet with me every month to talk about the steps in their business like, "Okay, I've done this part. What do I need to do next? Now I've done this, what do I do next?" I really do like career coaching. That's one of my passions. That's why I was so excited to offer this webinar because until now, the only option I had was career nutrition appointments and you can use any of my appointments or packages, you can use that for career coaching, so that's always fun, but what else do I do in a typical day?

I help my employees with client cases. My admins respond to all of our emails, and new submissions through the website, they take care of the store, they set up the events, manage all the social media accounts for my company. I still do 100% of the social media for my Dietitian Cassie sites and accounts. They're my babies and I can't give those up yet. It's me, so it's where I started and maybe someday, but I still do a lot of writing for the blog, the TV segments, I do at least two podcasts a week, side jobs like writing guest content. I don't know, meetings, payroll, all the little details kind of tie together, so I'm still keeping pretty busy even though I'm not seeing clients as much as I used to.

"Is it worth going to school to be an RD?" Yes, I would say so. I'm really glad that I went the route that I did.

All right, I'm going to move onto the on the spot questions and it looks like we've got a lot of them, so let's see here.

"Please give an example of a most difficult scenario you find to see positive outcomes and resolutions other than personality and assuming compliance. For example, would you say it is a middle age woman who is battling over ten pounds or perhaps someone already on a real food paleo template with a significant amount of weight to lose and difficulty doing so. It seems bringing folks from a high carb SAD, standard American diet, into real foods would see significant progress quickly, but what are your most challenging cases?"

Assuming compliance other than personality, that's true. I think the hormonal stuff can be really tricky, especially with woman, pre-menopausal, post-menopausal because hormones, it's just crazy how much hormones can affect our weight, and our stress, and our moods. I mean, a lot of us women here, we know that that's true, but I think getting hormones under control because for some of our clients ... I'm thinking of a couple specific clients right now and some of our clients come to us with issues that no other healthcare practitioner could solve and because we talk about how we love healing, and we love being detectives, and finding the root cause, they come to us and I can't think of anyone that we haven't actually been able to help, so the cool thing is, sometimes it's trial and error.

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If it's our first time seeing something, it's trial and error, so I can think about one woman who just had some really, really weird things going on with her cycle and she couldn't figure out what was happening and what was wrong, so we did a couple different estrogen detoxes. We tried to really detoxify any excess estrogen that might be in her system and it wasn't fun. I'm not a fan of detoxes by the way. I'm not a fan of just drink juice for ten days, and lose a bunch of weight, and feel great. I don't believe in that kind of thing, but I do believe that when you have an excess of hormones like estrogen, it is beneficial to detox them.

For her, that wasn't a fun process. That seven to ten days was pretty miserable, but it ended up helping balance out her hormones so we could reach her goals. Then we just had to modify from there because you don't want to do detoxes forever either because that's not healthy. I think hormone stuff. I just think the thyroid stuff, the hormone stuff, people that have really, really under active thyroids, people that have really, really overactive thyroids. It can be tricky to figure out the balance of how much is too much to support the thyroid without over supporting it because when you over support the thyroid what happens is people get really, really hungry. Sometimes they get anxiety, so you have to know when to stop and how much is too much.

Then overactive thyroids, that, too, so I guess thyroid, but at the same time, we see so much of this that we've gotten so comfortable with it. I guess gut dysbiosis, stuff like that. Some of the gut health stuff can be really tricky, too. Especially in men because most of our clients are women. We do see men, but it just seems like we definitely see more women than man, so we're not always familiar with men's bodies respond differently than women's bodies, believe it or not. That can be a little difficult for us, too, just because we're not always sure how it's going to work. Thanks, Edie, for that question.

"Have you heard of integrative nutrition? If so, what do you think of the certification?" Yeah, yeah. I have. The Institute of Integrative Nutrition, I think through their program you can become a certified health coach and it's like a year long course, it's not quite as heavily in depth in biochemistry and clinical application, so you won't learn lab work or dive too in depth with disease. You do learn how to counsel with food and beyond, which is so important because a lot of us know it's never just about food. In their program, they do talk about business start up, so I think that can be beneficial, too. Thanks, Jordan.

"Do you ask for labs?" Amanda, I think I covered that one. "Do you recommend any lab tests?" Did I not cover that? Another lab test, such as vitamin D, B12, candida labs. Okay, we can talk about labs. Yeah, as far as lab tests go, if I have a client that's like, "I'm going to the doctor next month or next week, what do you want me to get done?" I would say triglycerides, so full lipid panel. They usually do that anyway. Insurance oftentimes covers that. Vitamin D, not always covered by insurance. I think it's worth it. I think the client needs to decide if it's worth it to them. I've had clients pay \$20 for it and I've had clients pay \$100 for it, which if it's \$100, I guess

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it depends because I will say why I think vitamin D is so important, not only it's calcium's wing man.

We've known for a long time, but now we know vitamin D is so important for so many things, metabolism included, and because a lot of our clients are coming to us to lose weight, I had one client, she was like eight months in, not losing the weight we wanted. I was like, "What is going on?" She got her lab tests back and I don't think she'd had any labs at the beginning, so sometimes they don't and that's okay. We can just kind of start where they're at. They usually have an appointment for an annual sometime throughout their coaching, so I knew that would be coming up at some point.

For her, she ended up going to the doctor at six or eight months in and we found out that her vitamin D level was like four. Vitamin D is linked to metabolism. Literally when we supplemented and got her vitamin D level up to the range that I recommend, which is fifty to eighty, not twenty to eighty. I think there's no reason why we need to have vitamin D levels of twenty, or thirty, or forty. Once we got up to that optimal range, she started losing weight. She really didn't do much else other than continue the way of eating that I had recommended, so yeah. Vitamin D, super, super important.

CRP, another really important one because it's a marker of inflammation and because a lot of what we talk about with our clients is inflammation related. Is there inflammation going on? There probably is if you follow diets, if you've consumed trans fats, damaged vegetable oils, taken antibiotics. There's usually a lot of inflammation going on and we don't really know how much unless we can see that lab, so that can be really beneficial.

I think as far as the thyroid stuff goes, I think TSH can be beneficial. A TSH test works backwards. TSH is a hormone produced by the pituitary gland and it tells your thyroid to make more thyroid hormone, so if your thyroid isn't making enough hormone, your pituitary gland will excrete extra TSH in your blood to try to get your thyroid to work harder. Until 2002, the normal reference range of TSH was point five to five, so five being hypo or under active. Now they've reduced that so it's point three to three.

For a normal, healthy person, I don't think the range should be any higher than two, maybe two point five. I think it's kind of crazy. Also, keep in mind, reference range does not mean normal range and at the same time, TSH is just one part of a really big puzzle and you can't complete a puzzle with just one piece, so I like to have a full thyroid panel looking at T4, looking at T3. In our bodies we convert T4 to store more hormones to T3, our primary thyroid hormone. Anyway, that's a little in depth, but I really like seeing those.

The reason why I like seeing triglycerides is that we have clients that are eating the way that

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sometimes we think it looks like they're eating really well, why can't we get them to lose weight? Well, triglycerides can really help us in our assessment because if you have high triglycerides it means that your body isn't able to handle the amount of carbohydrate you're eating, so high triglycerides, it can cause high inflammation of any kind and even people who can eat whatever they want and never get fat, never gain weight, they can still have high triglycerides, so it can be really helpful to know that if you're hardly eating any carbs per day, yet your triglycerides are high, we know you're still eating too many carbohydrates each day. It's a good indicator.

"B12 for vegetarians?" Yup. That's great.

"Benefits of becoming an RD over a licensed nutritionist?" Maybe I didn't dive into this enough. Let me cover this a little bit more in depth right now. The RD route, as far as to apply for being a licensed dietitian, you have to be an RD first of all. Then you have to have your internship hours, no less than nine-hundred hours. Then for licensed nutritionist, I guess you asked for the benefits, but I'm still going to talk about this.

To become a licensed nutritionist, you have to have your masters or a doctoral degree in clinical nutrition, human nutrition, community nutrition, food and nutrition, and you have to have also nine-hundred hours under a registered dietitian or a state licensed nutrition professional. At least this is in Minnesota, so I didn't look into all other forty-nine states, so be sure you check with your own state. I guess this person asked what the benefit was becoming an RD.

For private practice, not much. It kind of depends again what you want to do with it. If you want to work clinical or if you just want that option to work in a hospital, or an outpatient setting, inpatient setting, you've got to have your RD. You can't work at a hospital if you're not a registered dietitian. As far as private practice, I guess do you want to go through the RD curriculum or do you want to get your masters and focus on some of the classes they have for that? I guess that just comes down to more curriculum. Jordan, that's a good question.

"Any advice for a nutrition student who wants to have a business versus going the clinical route? What should we be doing now while in school as an undergrad to help us in business career?" I think I talked about that a little bit. I mean, starting a blog. I think I said that ten times, so I hope if you don't have a blog you go start a blog. I think just networking, making connections, learning. If you have time, which who does, right? We're all busy. Read as much as you can. I don't have any time, but I am constantly filling my mind with information.

Every time I'm in the car, or brushing my teeth, or getting ready in the morning, I'm listening to a podcast or an audio book. A lot of the reading that I do ... Well, a lot of the books I get for free, I try to actually read those because people send them to me and I don't have to buy them, but a lot

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of the reading that I do is audio book and podcasts are really great, too. Low Carb Conversations is my podcast right now, but we're also launching the Healthy Simple Life podcast, hopefully by September, so be watching out for that. Myself and my other health coaches are going to be talking about client situations and just tons of different topics, so definitely watch out for that.

"What are the limits of implementing unconventional approaches in a clinical setting? You mentioned it was risky." Yeah, I did, didn't I? I don't know. I guess some of this is still new and I guess I can't really tell you if you could get in trouble or not. I mean, I guess when I said risky, I meant I was a little nervous when I was in the clinical setting recommending stuff that was totally opposite than what the other dietitians were recommending. Keep in mind, I was the youngest dietitian there, like much younger than all the other dietitians and I was new, so I didn't want to get fired or anything, but at the same time, I couldn't recommend things I didn't believe in.

Integrity is super important to me and it always will be, so I knew if it's risky I don't care because this is what I believe and I'm not going to recommend things that could harm people because I believe recommending a low fat diet, recommending calorie counting, that actually harms people. It harms their bodies and their metabolism, so I couldn't do it. I guess it kind of just depends what your comfort level is. I think as long as you can back up your recommendations with evidence, you'll be fine. Especially because the evidence we have for recommending more and more ancestral ways of eating is there, it has more research than low fat diets and calorie counting anyway.

This isn't new information what I'm recommending. A lot of these things that are coming out, like butter on the cover of Time magazine and all these articles like saturated fat is good for you. Oh, my goodness. We're not surprised. This is the stuff that we've been saying for years because we've had the research there. It just hasn't gotten out to the public yet. Things can take a long time to go mainstream, so we have a lot of research anyway for all of that. I guess just your comfort level.

I'm going to buzz through some of these kind of quick because we have a lot of questions. I didn't see how many we had.

"What is the lowest gram of carbohydrate per day you feel is healthy from your experience given the brain needs approximately one-hundred grams of glucose per day?" This gets tricky because we don't count carbohydrates. I don't tell someone, "I want you to eat fifty grams of carbs a day." I think for most of our clients, they're consuming three-hundred fifty grams of carbohydrates a day on a standard American diet when they become a client of ours, so in that case it's pretty easy to get them down to a hundred twenty-five or a hundred fifty grams without having to do a lot of really drastic changes. Maybe just by consuming vegetables instead of bread and not having pasta as their main source of carbohydrate at dinner.

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Lowest grams of carbs per day, I'm not really comfortable with ketosis, so that's not something we do in our practice. Jimmy Moore is definitely an expert on that and there's other experts in that realm as well. We used ketosis at the hospital that I worked at with kids having seizures and it makes me nervous just because what I've seen with that and we would never put them into ketosis for longer than a year because it can stunt their growth and we don't know the long term benefits of that, so that's not something I'm comfortable with. I think when it comes down to lowest gram of carbohydrates per day I'd recommend, it really depends on the client and their goals.

If they're active, I want to make sure they've got enough carbohydrates to give them energy. If they're sedentary, I want them to have enough carbohydrates to have proper brain function. Again, it kind of goes back to how they're feeling versus counting specific amounts.

"I'm doing squats while listening to you. Next, push ups." That's awesome, Ginger.

Amanda, I think this is back to the professor question that they're intimidating. Yeah, I mean, I can see how you'd worry about offending them because they have your life in their hands, but just be respectful. If you're just asking questions, like if you're genuinely curious as to why they believe low fat diets and calorie counting is more beneficial than fueling the body with what it needs to support metabolism, and cognitive function, and energy levels, ask. Maybe send them some of the new articles out there, send them some of the new research. I don't think it hurts asking as long as you're not snotty or a know it all about it because I think professors are really smart.

A lot of them are super, super smart and I think it would irk them if a student came to them and was like, "Well, that's not true because I saw this study," so I wouldn't do it that way, but I think if you're respectful and you're just asking, I don't think there's anything wrong with that.

"I have a BS in human ecology, masters unrelated in nutrition, in my fifties, would it be reasonable to get a second masters in nutrition to be eligible to licenseture? I'm a supervisor of school nutrition who would like to retire and approach nutrition from a like minded approach to you."

Yeah, I think it'd be totally reasonable to get a second masters in nutrition to be eligible for licensure. If you want to retire and approach nutrition like me, if you want to retire I'm guessing from the school, then you probably want to do some private practice stuff like I'm doing, yeah. You can't really do that, like you said, with your masters unrelated to nutrition, so if it's something you're really passionate about and you want to do it, I would say go for it. I think that's a great idea.

Couldn't find an unconventional doc in your area? I've got some that I work with. I think a really good website for finding doctors that are more like minded with my approach, primaldocs.com. They've got some really good ones on there and then also the [Paleo Physician's Network](http://paleophysician.com) is

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another good place to look. Yeah, integrative or functional medicine doc. Yup, you can just put in your location and it'll just pull up a bunch of different doctors. Then you can read about them. They have a bio on there, and you can go to their website, and check them out.

"How do I find someone to work under?" I think same thing. I would try to find one that maybe has an approach similar to yours. At the same time like I said, these doctors that I worked with in the past, they didn't necessarily have the same approach to nutrition as I did, but I showed them how it worked. I remember this one doctor, she was like know it all, like intimidating. Didn't want to talk to her, didn't want to make any mistakes around her. She was like the doctor I was most afraid of and she had a boy that was drinking a lot of diet Coke.

I actually explained to him the harmful effects of consuming artificial sweeteners. The kid was like seven, so I was explaining it to his family and I wrote it up in the report. He came back and he lost weight. That was our goal was weight loss, so consuming ten diet Cokes a day wasn't really helping his weight loss, but she approached me and said, "I got to know. How did that help him lose weight?" She said, "because I drink a lot of diet Coke and it doesn't have any calories." It was the coolest moment for me. I just felt like this is why I did what I did. Even though she might have seen my note, my recommendations, and been like, "Why is she promoting not drinking diet Coke because it doesn't have any calories?" The results spoke for themselves, so I think that's important.

"What was the second book you named?" I think I named [*Cholesterol Clarity*](#), [*The Great Cholesterol Myth*](#), and [*The Hormone Cure*](#) by Dr. Sara Gottfried.

"When you first began your business, did it begin exclusively online or did you rent office space and see clients in person? Also, did you find an extra financial resources to build business from scratch like a business loan?" Good question, no. I haven't had any financial support from anyone, like my parents. I don't get support from anyone outside of myself or a business loan.

For me, it was the gradual build up. It was I had my income at the hospital while I was starting to see clients, so I was getting some income from the clients that I was seeing, but I still had my income to support me from the hospital. Then, when I was getting enough income from clients, I was able to reduce my hours at the hospital. Then I've just been building it from there. As far as hiring employees and things like that, same thing. When the work load becomes too much for our team right now, which is usually a good thing because that means we have so many clients we're bringing money in, we're able to hire somebody else, take some of the stress off. Then it helps us grow.

For me, too, at one point I kept raising my prices because I thought, "Well, I'm too busy. The answer is to raise your prices, right?" Well, business didn't slow down and there was a point where I was like, "I don't really feel comfortable, the whole integrity thing, raising my prices a lot more than this. Plus, I want to reach more people," so that was where I had to step back and say, "Yeah,

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it's time to start hiring people so we can reach more people.

The other part of that question was did I begin exclusively online. No. Did I rent office space? I did see clients in person. I rented out a conference room at a coffee shop. It was a per hour thing, so when I was seeing Skype and phone clients, I saved money. Actually, it probably ended up being probably more than what we spend on our offices right now, so it's a good option, though, because then you can just pay as needed, but I don't think it'd be bad starting exclusively online either. A lot of people do just Skype and phone appointments.

"Have you come across research showing that the current diabetes diet does not work? I'm not a fan of the current diet plan and carb exchanges. I'm starting my own private practice, and specialize in maternal and child nutrition." When I counsel patients and I don't teach carb counting based on a specific calorie amount, I've been making my own handouts and brochures to help clients. I have not come across much research to back up my beliefs. Calli, if you could send an email after this seminar to info@dietitianscassie.com I think there's a couple studies actually and I'm trying to remember. I don't know if I reference them in my blog post called "[Managing Diabetes with Real Food](#)." It's on the dietitianscassie.com website, so check that out.

I believe there is research and it might be more so on low fat diet for diabetes because this is the thing that I think is hilarious. Fat doesn't have any impact on your blood sugar levels, so how they're blaming fat for causing diabetes makes no sense whatsoever. I think there is research on it. Off the top of my head, I couldn't tell you, so shoot us an email.

"I am an RD, would you recommend becoming a certified health and wellness coach if considering private practice?" It depends on your state licensure laws. If you live in one of those four states where you don't have to have a license to practice, go for it. I don't think being a certified health and wellness coach is quite as credible as being a licensed nutritionist or a registered dietitian, but if you live somewhere like Minnesota where you have to have a license in order to dispense nutritional advice, then you couldn't be a certified health and wellness coach. The licensure board will actually come after you, and you get in big trouble, and that wouldn't be fun.

"What dietary modifications help thyroid function?" That's a really good question because there's not a lot. To support thyroid function, salt. Iodized salt on food is surprisingly super effective and it's something that when you're eating more of a real food way, you're probably not getting a lot of sodium. Plus, all those recommendations of low sodium diets, how sodium causes heart disease, we put way too much weight on those. It's another one of those things that we're realizing it probably wasn't the bad guy. We probably blamed the wrong guy, so I actually encourage our clients to salt their food. Unless you're eating processed packaged drive through food, you're not going to be getting a lot of sodium, so that helps thyroid functions.

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We also have some supplements that we use that really support thyroid function. Otherwise just overall getting balance like balanced blood sugars, balanced hormones can help thyroid function, but really in all honesty what we found to be most effective is a couple of the key supplements that we use.

“Does leaky gut have evidence?” No, not really. That’s why she asked the question. Kind of like gluten sensitivity, not a lot of evidence. That’s why you see articles out there saying gluten free is dumb, it doesn’t really work. Well, I can tell you in a lot of our clients we have suspected gluten sensitivity, and they’ve cut out gluten, and they’ve seen results, major results. Some people will say, “Maybe it’s just because they switched from eating a lot of bread and pasta to real food,” and yeah, that could certainly be the case, but I can tell you we’ve had some that aren’t ready for that, and they’ve switched to gluten free processed food, and they still see results, so I think leaky gut, even though it may not have evidence, even though gluten sensitivity may not have evidence, if it works it works. I don’t know. I think that’s pretty powerful. I wish it had evidence, though.

“What year did you graduate your undergrad?” You guys are wondering how old I am. I graduated in ‘05.

“Can I refer my professors to your website? It’s where I get a lot of my information.” Yeah, you absolutely can. Nothing wrong with that. I can tell you that my websites are not geared towards professors and they’re not even really for ... I mean, I love that you guys are reading it, and I love that other dietitians read it, and use it as a resource, and I know a lot of dietitians will refer their clients to my website, which is really awesome, but we speak in a simple language for our clients and regular people to understand so your professor, they may or may not be that impressed.

I have people send me this long emails with really, really intelligent language and they’re like, “You didn’t explain this to a T. You said it like this, but you forgot this little tiny part.” I don’t care because the general public doesn’t always understand every single part, so not that the information on our website isn’t true, it is, but sometimes I think professors and people like that might be looking for more of the actual science and just more meat to it so to speak.

“What is ketosis? I thought ketosis was an imbalance of carbohydrates that harms your brain. Is this true?” Ketosis is a state of elevated ketones in the body and it happens when you don’t eat a lot of carbohydrates or any carbohydrates. Glycogen storage just isn’t available in the cells, so then fat actually is what gives you energy. I thought it was harmful to your brain, a lot of people in ketosis would tell you the opposite. They would tell you that they think more clearly and they find a lot of benefit to it. I will say I’m not completely comfortable with it and I’ll just leave it at that.

I know it’s 4:31, I’m going to go for a couple more minutes because we’re almost done. Three more questions:

“How do you feel about a holistic nutritionist certification? I’m an RD and want to learn more about incorporating holistic nutrition in my practice.” I think that is awesome. I think you’re already an RD,

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you're looking for continuing education, you want to be more holistic. I think that is a perfect time and place for one of those certificates. I don't think they should be used in place of licensure or an RD, but I think they're a great supplement. Good for you.

"What effects cognitive function the most?" Mary, I would say fat. I can't tell you how many of our clients have come to us eating a low fat diet, even without trying. Even if they're not trying to eat low fat, just because a lot of products and stuff out there are low fat because that's what people have been demanding for years. When they actually focus on eating half of an avocado or a whole avocado a day, cooking with butter instead of Pam, and using coconut oil, and heavy cream if they can tolerate it. It's amazing and even just buying full fat, like buying full fat products, they will email us in a day or two and be like, "I'm already thinking more clearly. My sugar cravings have gone down, I can focus more at work."

Your brain is made up of over 70% fat, so it's really, really important that we get fat and it's really mean—it's not very nice to your brain to restrict it of the main macro-nutrient that it needs. You can really tell, I'm passionate about that and I think low fat diets have done a lot of damage to our cognitive function. If there is time for another question, I'll do one more.

"In the past, have you ever marketed your services to local physicians to gain new clients or is most of your marketing through your blog and company website? Also, have you ever worked in corporate wellness? If so, how do you build partnerships with local businesses?" Yeah, we do a lot of stuff with local businesses, corporations in the Twin Cities. We do lunch and learns. I've never really marketed. On our website we have the classes that we teach. I've never marketed to local physicians. I've never given someone a stack of my business cards to leave in their office. I just don't think that's really effective and I think what's awesome about our clients is that most of them are familiar with our approach.

A lot of people are like, "I've been following you for a year. I tried it, it worked," so they already trust me. Then they're like, "I want some troubleshooting with this, this, and this or with just this little piece I can't figure out. That's why I'm hiring you." I think what's really awesome is that a lot of our clients already really trust us and they know that it works because they've tried it, so that's why they're coming to us. I don't think just putting business cards out there would really help me.

I guess we've never really marketed. We've never really had to market. Not saying I'm against it, but like I said earlier, my biggest problem has been the company has grown a little bit too fast for me and it's been a little bit stressful just trying to implement even just hiring a lawyer, and a CPA, and an IT person, and a graphic designer, and a website builder, and all these different things that have had to happen as we've grown. I'm just not really trying to grow super fast. I'm open to it because now that I know how to hire people and train people, it's kind of fun, but I actually haven't done it before.

Last one:

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"I love your PFC approach. Can others use this term?" Yes. Yes, it's trademarked and you can and you can also use my blog posts. I just always ask that people give credit where credit is due. I always do that, and I think it's a really nice thing to do, and I think it's nice to support your fellow colleagues and healthcare professionals, so you can always link back to my blog. I even have people take whole blog posts and paste them on their website, but you've got to give credit and just link back to our website. I've had to file, unfortunately, a lot of trademark violations, which is not my favorite thing to do, so just please give credit.

As we wrap up, I wanted to mention one more time that one of the services that I do provide is career coaching and I don't really advertise this because it's not the main focus of our company. It's one of my favorite things to do because I get to help you do even better at what you're already doing, which is changing lives and whether it's talking about how to start your business, or grow your company, or grow your social media accounts, or troubleshoot client questions, whatever it is, just know that I'm available for it.

For more info to sign up for a session, you can fill out the [contact form](#) on the website or you can email info@healthysimplelife.com and I'm just so excited that you all joined me because the world really needs more people who are passionate about real food nutrition, like all of you are. In order to shift our society away from all the health myths out there, we just need more health coaches who believe in healing by addressing the root cause instead of the band-aid approach and individual systems. We need a proactive approach instead of the reactive approach, so from the bottom of my heart, just thank you so much for your passion in helping people.

My life is easier knowing there are other like minded folks out there and as you leave today, you should be sent a short survey asking for your feedback and I would so appreciate if you could leave some feedback as this is my first rodeo at this type of event. I really want it to be top notch for my fellow foodies, so thank you so much for joining me today, everyone. Have a great weekend!

A woman with long, wavy brown hair is smiling and talking on a blue smartphone. She is wearing a light-colored sweater. In the background, there are purple flowers and some fruit on a table.

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