



INSTITUTE FOR THE PSYCHOLOGY *of* EATING

The World's Leading School in Nutritional Psychology

The Art and Science of Food and Body Coaching Summit Interview
With Sarah Lucille and Jessica Drummond

Sarah Lucille- Hi there, everyone. Sarah Lucille here, Director of Student Services here at the Institute for Psychology of Eating. And we are here today in the Art and Science of Food and Body Coaching Online Summit. And I am joined today by Jessica Drummond, who is someone you might already be familiar with, or may have done some trainings with. And we're going to talk about Jessica's work in health and wellness, and her perspective, and kind of what she brings to it. So first, Jessica, thank you so much for being here. Super appreciate it. And if you wanna give your introduction and share a little bit with us about what you do.

Jessica Drummond- All right, well, thank you so much, first of all, for having me. It's my honor to be here. And I am the Founder and CEO of the Integrative Women's Health Institute. I'm the creator of the Women's Health Coach Certification Program, and the reason that I think that this work of coaching is so important, is that I have concurrently been a clinician and educator for 20 years. And what I see having worked in very Western medicine environments, and more integrative health environments is that no matter how complex the client sitting in front of you is in terms of their health care issues, they've been to Mayo Clinic, they've bounced around to a number of very high-level, complicated interventions. Almost no one else, outside of very skilled health coaches are providing anyone, but especially complex clients, with the foundations of health that really are the biggest needle movers, and allow those complex interventions to be far more successful.

Sarah Lucille- That actually brings up a great question that we love to ask, which is one, how do you personally and with your students and clients define what health means, knowing that there are so many different point of views on that?

Jessica Drummond- Yeah, that's a great question. For me, health is really a continuum. And it's around having the energy, the strength, the brain focus, the joy to do, functionally, the things that you wanna do in your life. So for example, you could be a really good at like power lifting over head, double your body weight or whatever. But if you can't sprint fast enough to catch your connecting flight in heels, and lift your bag up to the overhead compartment and hop in your chair fast enough, you may not be functional, even though you're quote unquote, "healthy". Or, you may be so committed to your food plan that it's so restrictive that your life is really dominated by considering day-in and day-out how you can eat perfectly, that you've actually missed a lot of the pleasure of nourishment and connection. So for me, people who are, who have chronic illnesses, or injuries, or even terminal diseases can have a very healthy approach to life. And people who look healthy from the outside, potentially have an unhealthy outlook on life. So health is really a continuum, and there's really no end point of health. I mean, the sort of negative end point is death, but there are even people who have very healthy,

transitional death experiences compared to others. So I would say that health is a continuum, and being able to do whatever you wanna do, with the amount of health you need to do that is my goal.

Sarah Lucille- Yay. It kind of makes it very personal, too.

Jessica Drummond- Yeah.

Sarah Lucille- And I remember I was that human who was very committed to a way of eating, and very disconnected from the actual experience my body was having with that relationship I was having with food, and also that there was a shift that needed to happen. But I was wanting to stick to the plan. And I'm wondering, how does it usually show up when you're meeting someone new, whether it's at the institute that you run, or when you were in your own practice, where are people in their own understanding of health when you first come into contact?

Jessica Drummond- Well, so about 80% of my time now, is focused on teaching and facilitating our programs, our continuing education programs, our coaching program, so I work with a lot of coaching students and graduates, and healthcare professionals. And it's interesting because even health and wellness professionals who may have been in the field for a long time, we're never really asked to consider that question. So how we begin, essentially all of our programs, is asking our students to start to apply some of what they're learning personally, because it is really, health is such a personal definition because the reasons why we all want to be healthy vary quite a bit. Some person might want to get a lot of promotions and achieve a certain level at work. Another person might wanna be a very present and adventurous mother. Our goals can be widely different. And sometimes, still, the day-to-day execution of the health behaviors are very similar. So I think a lot of healthcare professionals are really taught in such a disease model when we're thinking about symptom management. I really certainly wasn't in my Western training, and there's some benefits to that, first of all. I mean, if people are in acute discomfort, helping them transition to the next state is necessary before they're able to really think about health in a more philosophical way. But there are a lot of people living with like, chronic, low-grade fatigue, chronic brain fog, bad periods, low energy. They aren't sick, don't have a diagnosis per se, but healthcare professionals especially because their work is so intense, and the system is not set up really, to support them. And then for the clients that I work with directly, I do still see a few clients every week because I think it makes me a better teacher. I was actually in the clinic this morning, and I think it's about having a safe space where they can tell the story. Then the reflection back of some of the key elements of the stories are really important because sometimes people have told the story so many times that it's a recording. And they've never even really listened to it, considered it, challenged it, believed it, disbelieved it, they've just like, tried to tell it as fast as they could so they could get some help. So what coaches are great at is creating that safe space where someone can tell the story, but then also contemplate the story to see if they still even, like, believe elements of it, or want to change elements of it.

Sarah Lucille- Mm, yeah. I really appreciate that distinction with what coaches can bring into the healthcare plan of an individual. In that I also know so many people are, they're even hesitant to go see a doctor, or they've had awful experiences where their symptoms are not taken seriously, or they're not believed, or they're sent on this path, and that path, and this path, and so the conversation is always, kind of around like, either it's in your head, especially if you know you're someone who has chronic fatigue or brain fog, and you can't really explain that until it presents a diagnosable, somethings that's diagnosable, a lot of those individuals feel very dismissed. And I really appreciate that like, the value in getting to tell the story, and I'd love to kind of pick at that even more. Because for a lot of people this is brand new. And I do know that like, 10 years ago I would have just been like, "Can you just fix my breathing problems?" Why do I need to talk about my story? I have no idea what value that brings. Can you kind of give your perspective on what that looks like. Like, what are the stories, and what kind of power are they holding over how someone feels physiologically?

Jessica Drummond- Yeah, so I think one thing that we've really learned in the last 10, maybe even really fine-tuned more in the last five years compared to when I first started in healthcare is things like chronic pain, chronic fatigue. We now understand that while it's not in your head, it's very often in your brain, and probably your gut microbiome, right? And there's this communication between your brain and your gut microbiome. So our physiologic understanding of these more chronic symptoms has evolved. So what we used to do was be like, okay, you have chronic fatigue, well, just pace yourself, try to exercise as much as you can. But we weren't really thinking about, well, why do you, at 34, have chronic fatigue, right? And so, or even 64. And so now, that story becomes really important. Because let's say you had some kind of childhood trauma. We know from the very beginning that that can set your stress resilience a little bit lower. So we have to be mindful of that. That's gonna give us a set point that we need to either lowering your stress, or buffering your stress more, so that's one thing. Second, we know that a lot of inputs into the brain. So let's say you have pain, and chronic pain in your hip. Now you may have a tissue or joint injury in your hip. But we used to think that was kind of the only thing that would trigger hip pain. Like, some kind of orthopedic issue in the tissue of your hip. But no, you could have some memory of a hip injury, you could have information systemically that could show up more in your hip, 'cause your hip is kind of your achilles heel. Somebody else might have chronic headaches, or chronic pelvic pain. And so old memories of hip pain, so maybe you like, had a football injury in high school and you injured your hip and you recovered from it, but later, you have, now, when you're presenting to this new health professional or coach, you had an allergic reaction to a medication or something and your whole body flared up. Or you were exposed to mold, or you had some kind of chronic virus. But your pain now is kind of setting into your hip. It's like, well, what's wrong with my hip now? Well, hmm, let's consider what happened in your story. And I think what we're really learning in a better way, although the system still doesn't support this very well, is we can't just cut people up into their orthopedic system, their respiratory system, their endocrine system, because these things are very interconnected, and symptoms can even be related to way old things that are still sort of lodged in our consciousness and just slightly reawakened by some other stressor.

Sarah Lucille- Yes. And heck yes. And I grew up, some of my story is very similar to Marc David's, he was very asthmatic as a kid and so was I. And you got one story as an asthmatic kid when I was younger, which was you'll have this experience forever, here's your medication, we might increase it. And I am very grateful that the medication kept me alive, and I so wish there had been a different kind of intervention to also dig deeper into the like, roots of when those breathing problem present themselves, what's happening? What's the environment? Because when I did get the holistic, and I would say holistic, but I kinda have a question around what integrative would mean, for people who don't know. It actually was like this effect of one, I worked with a Buteyko practitioner who taught me how to breathe. No one had like taught me to nose breathe. I had been mouth breathing my whole life. Which also really made me confront stress, which was related to trauma. And so I was, then that whole approach of like, oh, wow, all of these things are not directly about being asthmatic, 'cause it's not like getting respiratory care, but it all contributed to the healing. And that's how I tend to perceive, like, the story helps you find all of those entry points into maybe a practitioner who can assist in that area. And I know that we see the integrative health comes up a lot in this world, and a lot of people new to healthcare, and new to health and wellness aren't quite sure what that means, and how to use it properly. And so one, what was your path into integrative medicine, or integrative health and healing, and how do you describe that to people who are brand new?

Jessica Drummond- Yeah, well, you say the word holistic, and I think holistic is really about thinking about the whole person within their whole environment. So the people they grew up with, if they grew up in a moldy house, if they moved a lot, if they had a great childhood, if they had a challenging childhood, right? So it was the kind of whole person view. Now, integrative is really about using a variety of tools. So we think of Western tools as primarily pharmaceuticals, surgery, specific manual therapy, physical therapy techniques that people would do to you, building a cast, like, occupational therapists build specific splints. So it's like an intervention that somebody builds for you, or has created for you. So medications, surgery, intervention. Whereas more alternative, complementary, whatever you wanna say, are the tools that probably existed before all of the Western medicine in most cases, but have a different evidence base. They can't be studied in the exact same way because it's not always easy to do placebo-controlled trials. And in fact, a lot of things in Western medicine aren't that easy to study very well. Physical therapy, gynecology don't have a super strong evidence base. Only things that are really easy to study in that way are pharmaceuticals because that's kind of how these studies are designed. And even then, we're learning more and more, there's a lot of bias for many different sources in that research. So it's tricky, but that's kind of how we think. It's like a wider toolbox. It's medication, it's surgery, it's therapeutic techniques, but it's also things like herbal medications, herbal supplements, nutrient supplements, food plans can kinda go either way, it's a little bit like, who's influencing them, right? Is it being influenced by funding, or is it being influenced by an individual's unique nutrient needs, and how they eat, and what their, one thing, I read Marc's book like 10 years ago or something. And one thing I'll never forget from that book is how he was talking about how if you eat foods from different cultures, like let's say I'm Norwegian and eat Asian food, the absorption is gonna be different than if I eat Norwegian food, or if I'm an Asian person eating Norwegian food, which is really fascinating. So bottom line, I

think it's being an integrative health practitioner is about utilizing a broader toolbox of skills to the best of your ability, but also about collaborating with other professionals. Because healing is usually a team sport. As a person who needs healing, as we all do, it's going to be better if I get it from a wider variety of sources. And then I am sort of the leader of the team, rather than a doctor telling me I need to do this and go for this test, and get run all around, and the doctor's the leader of the team. Really, I think we're evolving to understand that it's so important that the client or patient is the leader of the team and needs to recognize that it's almost never as simple as a medication or surgery, or exercise, or whatever, or herb, or supplement. It's about taking a wider approach to getting to those root cause challenges.

Sarah Lucille- Yeah, that's so much more empowering, too. Like client-patient empowering to say. I love the visual of the team. It feels uplifting and less infantilizing, I guess, if that's how you say that word aloud. Where you can actually learn to advocate for yourself. Or read yourself. And we talk about that a lot at the Institute for the Psychology of Eating as Marc talks about symptoms being feedback, which gives them a different, gives us a different relationship to them, almost, in that there's less loathing toward the symptom if you can read what the symptom's trying to say, and not dismiss things like, I've been brain fog has been going on for me for a week. We'll get to the point where that almost feels normal, or we can be curious. What's been happening with me that this could lead to something bigger down the line. And yeah, it feels like, preventative. And that is an approach that's still very missing. Much missing from like what you get in most doctor's offices, or when you're trying to address what's going on. And I love that you focused specifically on women. And I'm also curious, what was it that inspired you to want to start an institute that was specifically about women's health, and how, I guess, what is the importance there of saying, like, this is something for women's health. Is there a difference that, an approach that's different, or just a place that women need to have to understand their own bodies or their own experiences in a different way?

Jessica Drummond- Yeah, so I think two things. One, just going back to the last question. The other thing that that takes the pressure off of if that client or patient begins to step into that empowered role of running their team is the practitioners. So a lot of times, brand new coaches, brand new clinicians feel like they have to know everything. And when they don't, that they have failed. Or when a client doesn't follow a certain path, they have failed. And it's very demoralizing, and they tend to then, overwork, right? There's a lot of burnout in healthcare. And for coaches, there's a lot of fear around not giving their clients everything. 'Cause a lot of them are entrepreneurs, and they feel like they have to solve every problem. But the truth is is that everything is inside of that client, and/or there are lots of resources to help support your client. And if we start with that mindset, then we don't have to worry when we inevitably hit the upper level of our skill set, our wisdom, our ability. And knowing that other people have better ability to serve in different ways, even if you already do, just takes a lot of pressure off, and it makes the whole situation better. And then in terms of women's health, I think that's even more important. Because women are generally really bad at receiving support, receiving help. They've gone to five kids' doctors appointments that week, and then they just stay in bed with the flu and just give up. You know? They're like, whatever. So the reason that I specifically started an institute

on women's health is because, so I started my career in orthopedics sports medicine, but pretty quickly I shifted to a sort of specialty version of orthopedics in sports medicine, working with shoulder issues from women who had had breast cancer surgery, lymphedema, pelvic and back pain in women who are pregnant or post-partum. So the kind of orthopedic issues related to women's health. And then that continued to evolve into, I still do a lot of work in chronic pelvic pain, and hormone balance, perimenopause, kind of everything from puberty to perimenopause. And what I know from having worked with women patients for 20 years is that women are not well believed, and actually approaching women from a healing perspective is different, ideally, than approaching men. And until very recently, the vast majority of the research was focused on kind of like, college-age guys, because there are not a lot of variables there, they're easy to like, stick in a room and do a placebo-controlled studies on. So for women, there's all this complexity, right? We've got menstrual cycles, we've got pregnant, we're post-partum, we're breastfeeding, we're having perimenopause. It's like, this is way too messy for placebo-controlled, randomized controlled trials, right? So women have not really been heard. So like for example, you'll hear now, well, the symptoms of heart attack are different in women. Well, what does that even mean? 51% of the population has a specific set of symptoms of heart attack. They're not different, they're just women's symptoms, right? In the US, we have a huge problem of maternal mortality, which is getting worse. And it's about three times as bad in the African-American community. So there are serious problems with basic women's health. Labor and delivery, cardiovascular disease, which are really common. Heart disease is still the number one killer of women. So two out of every, so about one in 10, two out of every 20, one in 10 women have endometriosis, which is a really severe, chronic pain condition. Women's sexual health is so taboo. I mean, it's getting better because internet, thank God. But women are still primarily self-educating. They're not getting good, informed consent around basic things like hormonal birth control. And so for me, it was a passion that evolved, and then I got sick after the birth of my first daughter. It was a hormonal condition that I had to really explore, even though I had been working in large teaching hospitals, and specialty women's hospitals, there weren't a lot of answers for me other than take a nap, it's normal when you have a baby, oh wait, it's also normal when you have a three-year-old. Try some anti-depressants. And so I realized that these sort of vague, chronic conditions that are very common really across the board, but specifically in women, and unfortunately, more and more in children, actually, are just not well-addressed by the current healthcare model. And that's why coaching is so important. I think one of the most important things about coaching is that women heal in community and with story. So group coaching models, safe spaces to express emotion, things like stress and sleep, and support, and practicing receiving care are really foundational to healing some very serious women's health concerns. Autoimmune disease, cardiovascular disease, dementia. And that's why I think that, and as I said in the beginning, there are some distinct differences in how we need to approach women's health that I think that vast majority of health professionals aren't very well educated in.

Sarah Lucille- Yeah. Yes, and it kind of, well, one, I think the word normal is used a lot when what is meant is common. And that helped me a lot was, well, you keep hearing, "Well, it's normal to feel that way. "It's normal." Whereas, it's more common, because a lot of people

experience it, and what you're saying is they're experiencing it because of a lack of information, or lack of like, space being held that would actually address it. And I was the person who had, I didn't learn about pelvic floor health until after I had to because I had had babies. And I was like, "What the heck is happening? "No one told me about this." And then all my friends were talking about, like, I can't squat without peeing myself. And I'm like, "Is this normal, though?" Or is it just something we all are realizing. We didn't have any guidance around before. We didn't know about strengthening your pelvic floor, or how important that was going to be. And I love that you brought up community, too. And what community can do for you in that sense, in healing. And coaches who hold communities, I'm assuming that's something you teach your coaches. And how would you, as a coach, or how would you kinda guide a coach into creating a community, and holding space for it in a way that can help facilitate healing, even if it's just, it's not directly about, I'm going to heal you, 'cause that's different. But what does that look like? Or, what can it look like in different contexts?

Jessica Drummond- Well, most of our coaches work in a more virtual model. So it would literally be something like this, where a facilitating coach would be with a group of women. We have found in the programs we've tested, the sweet spot, once you get pretty good at this, is about 20 to 25 women. Certainly fine to start smaller. You can go bigger, but I think you're going to have people that are lost and not really participating that you won't notice as well. And again, it kind of depends on how you set that. I mean, if you have a big, physical space with kind of sub-facilitators that can work, if you have a big virtual space, and you have some collaborating coaching checking in on little group breakouts, that can work. I think one coach who is pretty skilled working with about 20, 25 women tends to work well. And you can keep track of the group. Or less is fine. Then, it's a matter of creating a structured backbone and a relatively homogeneous group of women who have similar goals. And then bring that group together, and you're facilitating them through the backbone structure. So for example, we have a preconception program that our students can use once they've graduated, or as they're training. And it's seven modules, I think. And the idea is to focus on different pillars of pre-conception health through a journey. Now, you would use this differently in a group of women how significantly struggle with fertility issues versus a group of women who are maybe recovering from their first baby and then transitioning to kind of optimize their health for their second baby, right? So one is gonna have challenges with conception, another one's gonna have challenges with recovering that first degree of exhaustion and getting ready for the next baby. So you want relatively homogenous groups together, who then have a structured program. And are aiming to reach similar goals. But you're really supporting women to be at different stages, because there's no possible way that even if you just have two women, that they're gonna just march through the program exactly the same. So as a coach, you're really creating space for stories, for sharing, for everyone being like, oh, this was my barrier to doing this. How did you overcome it? It's important to keep the community moving in the direction of the goals. Even it's in very baby steps. Even if one person is like, way behind and never hits that goal, or goes through the program five times before they hit that goal, right? Because the goal is to keep a forward and supported motion, versus sometimes you have, like, for example, a long time ago, like, probably 18 years ago, I was working with a patient who had vulvodynia, which is a painful condition of

the vulva. And she was in the local chapter of our community's vulvodynia support group. In fact, she was like an officer in this club, a local president or something like that. And she would get better, but then she would always kind of sabotage back. Which made perfect sense, because her entire community support, friendship world was around having vulvodynia. And if she got better, what would she do? How could she go to these meetings, right? So you have to be careful when creating community around a health condition, that it's safe for people to improve their health and still maintain friendships, and relationships, and connections to the community, and it's safe for people to move at different paces. And that the community remains supported even though when people have chronic health issues they're gonna be grumpy sometimes, and that has gotta be allowed, but in a safe way, so that the grumpy person is not allowed to take it out on anyone else. So that's really the community support is anticipating what could be some potential challenges with a group. And then setting yourself up for success.

Sarah Lucille- Yeah, that's a really amazing story. Because I don't know how many people would think about that beforehand, which is the idea that if you get better you might lose your connection. Which makes perfect sense. Kind of like we will meet our group where it's at, and there's that fear of like, being ostracized if you're no longer where you once were. And I know that even, that's come up when I would coach, when I was a new eating psychology coach, what was coming up a lot for a lot of my clients was the hesitation to show their friends and family how much better they were getting. Because people were used to them being, like, tired all the time, or that's what they would get together and they'd get together and complain about their diets. And they were at that point where it was like, I'm not even interested in the diet conversation, but then there was that fear of losing connection. Which is a whole conversation. And I think that's a really, really cool point. And so I know a lot of people will want to pick a, it's really important to be specific, it sounds like. These groups are specific, or else you're gonna have a hard time really holding space if everyone's there for very different reasons. So being specific, but being very intentional about that specificity where it doesn't limit someone's participation no matter where they are on their journey. How do you usually help people go about figuring out what kinds of groups they would want to form, what topics to focus on, and what tends to be the most successful?

Jessica Drummond- Well, from a business standpoint, what we teach is that we start always with getting clear on a niche. So that's kind of your specificity of who's going to be in your group or in your practice, even if you're working one-on-one primarily. Because for a couple key reasons. And it does have to do with marketing, because in the world that we're in, you have to be seen as an expert in working with a certain population. Now, it doesn't mean you can't do other things. Like, I have, for example, a number of coaches who work with female runners. And a lot of them are post-partum. So they might also work with those people's kids, they might also work with those people's husbands, they might also work with those people's friends who are non-runners. It doesn't mean it limits who you're allowed to like, work with, unless you want to. Which, I used to work with a lot of husbands of my clients. And I just don't want to anymore. I don't see any men. I never minded, I just don't want to. So you can make that decision. But if you want to, you can still stay flexible to kind of keeping your skills up in a variety of ways. So

don't feel like choosing a niche is gonna make you really bored. But the other really important thing about being niched is that you actually, I really encourage people, a lot of the kind of marketing people that you might learn from will just be like, "It doesn't really matter how much you know, "just be really clear." It does really matter how much you know. You should be well-trained. And yes, you can learn to coach by like, reading a book about coaching to some level. But you can't be a really good coach unless you've had mentoring, unless you understood the communication skills of coaching, unless you've practiced, unless you've done it wrong a lot, unless you've tried with a lot of different people, unless you've got feedback. It's like any other skill. You've gotta invest in training it. You could learn, I could probably read a book and learn how to swing a baseball bat. Doesn't mean I'm a very good baseball player.

Sarah Lucille- Right, or coach.

Jessica Drummond- Or a coach, right. So I really think that when you niche down, you can really develop your skills of coaching, and you can develop your network. So let's say you are working with women who are trying to conceive their second babies, right? So you can develop a network of great midwives, and gynecologists, and pelvic floor psychical therapists, and help build the right network, which is gonna be different than if you're working with women with osteoporosis. They're gonna be working with a whole different team of people, right? So you can develop your network. And you can develop your skills. You'll learn more about which nutrients support breastfeeding, about how much sleep the average new mother really gets, and how much she really needs, and how to support that. You actually learn the skills that your clients really need you to know. So I think that commitment to excellence, so here's the way you choose what you wanna do. One, you're passionate about it, you enjoy it. You could hang out with those people even if you weren't getting paid. You would be willing to read every new baby, new mom nutrition book out there, right? It's just really interesting to you. Then you have to try it. Because until you've had experiences, you don't really know if you like that. So as an example, I don't know, like eight years ago, or seven years ago when I was first starting, I worked in general women's health, and I was thinking about because I had two young daughters at the time, that I would specialize in working with teenage girls with sexual health, period health problems, because I really saw a big hole in the market there. That we weren't getting our girls and women young enough. And I thought, "Well, this will be good anyway, "'cause I should learn this for my own girls." So I did a lot of live stage speaking about it, I was talking about it, and then I started working with teenage girls, and it was horrible. No. No joy in that. Now, I have other coaches who have graduated from our program who love working with teenage girls. They like, gel with them, they speak the same language, they're great with kind of text communication. And no matter how old they are, just like a great niche for them. For me it just wasn't. Because it actually wasn't even really the teenage girls, but it was the fact that I had, you have to when you're working with children and teenagers get the entire family on board to keep everyone safe and moving forward. And the parents of the teenage girls I was working with were very difficult.

Sarah Lucille- Mm, yes.

Jessica Drummond- So get some experience and know, commit to something for about six months and then you can change. And then so you have to love it, you have to be willing to study that topic, you have to enjoy being with those people. And then the most important thing beyond that is to see how your energy aligns with the kind of work that they need. So let's say you really like working with very complex clinical, people that have really complex clinical cases like mold and autoimmune disease, and chronic pain, and they're also seeing the clinicians at Mayo Clinic and all of that, right?

Sarah Lucille- Yeah.

Jessica Drummond- That's the kind of person that is probably going to need personalized, one-on-one, long-term intervention from you. And some people just love that deep dive. One of our graduates is just great with that. She actually works at the Mayo Clinic, too. She's very patient, she's very one-on-one, she's just so great at that. And then other people like a model of work that's different. They like to kind of see groups come together, which could be really useful in like, let's say post-breast cancer recovery, where women have all kind of gone into remission, but now they sort of have a similar goal of getting their energy back. There could be a lot of cheering on, they could go to live, meet at a 5K and walk and run together, and cheer each other on. Some practitioners like to work in that kind of environment. They might only be with the people for a shorter period of time, but they help see them make a big shift. So it kind of depends on how you like to work. Some things work better in person, some things work better virtually. And so think about how your energy works, and then see if that aligns with the kinds of clients that you would like to work with need.

Sarah Lucille- Yeah, that's so true. And I mentor a lot of our new coaches through their first year in their practice, 'cause it's the most terrifying year. And what I say with them is, let's say that this is what I'm doing right now. We use the phrase right now a lot. Because it doesn't mean there aren't other possibilities for you. And you can be a practitioner who has different specialties, but you are still specific with what that program is about.

Jessica Drummond- Mm-hmm, mm-hmm.

Sarah Lucille- Relationship-focused training, Marc teaches relationship training for practitioners, it wouldn't be helpful to be vague about that, or we would get like very strange enrollment and probably a lot of like, withdrawal requests, because--

Jessica Drummond- Right, right. You wanna be clear what people are gonna be doing, yes.

Sarah Lucille- Yeah, yeah, I really like that. I super appreciate the emphasis on getting experience with it, too. Because there is a big push, not recently, it's just constant push in online marketing for like, call yourself an expert even if you aren't yet. And you really don't have to. Please, just don't. You just don't have to. Is there a place where you, I know where I learned the

hard way, and if I looked back I'd think like, "I wish I would have started with this "as a new coach, as like my first program, "or my first entry into this work." Is there a way of working with people that you recommend for new coaches to start getting that experience and figuring out what they enjoy?

Jessica Drummond- Yeah, I recommend that you do start with some niche 1.0. It can be a little mushy, but being able to state it in like five to six words or less, right? And then start with one-on-one coaching. Because you have to learn, now, it can be virtual, if you're comfortable with video conferencing. But you have to learn what your clients need. And that requires bi-directional communication. If you can do things in-person, that's even better. When I was developing our women's health coaching program, I spent a year, and I continue to do this 10 years later, but just not as much. The first year, I literally flew all over the world teaching my program to anyone who would have me with a group of 20 people or more. And I was gone all the time. But I got so much feedback, because that tells you what your clients are, how they're making progress, where they're getting stuck. Because as you niche down, there's a lot of similarities to where people get stuck and how they make progress. And what they like. Are you working with a group of people who like a lot of checklists? Are they like engineer types, right? Or are you working with people that need like an art journal? They're messier, right? And as you practice, those are the kinds of unique things that you learn, that make it a heck of a lot easier to create a more of a group program, or even a more systematic program that you can implement with one person at a time, or with 10, 15, 20, in a way that's gonna most likely align with the students in that group.

Sarah Lucille- Yeah, I love that. That feels very smart, very intentional, too. And integrity with if you want this to be your thing, you test it, you actually do it. And I love that that's what you did. It sounds very exhausting, but like you went and did it, and now look where you are. You have this whole online institute. Yeah, I enrolled in the pelvic floor training years ago because that was where I was. So I'm very grateful something like that exists because you were willing to like figure out what could this look like if I were to teach it? Is there a vision that you have for the health and wellness coaching industry and where it could go if it could reach its fullest potential?

Jessica Drummond- Yeah. I mean, I really think even as a kind of highly-trained nutritionist, physical therapist, it would be great in an ideal world, the gateway to healthcare was through coaches. In everything I do, I lead with coaching now. And the only time that doesn't make sense is if someone's in a very emergent, acute situation. But truly, and I am starting to see this a little bit more, and it is encouraging. I live pretty close to Yale University, and so Yale Hospital is here. And there's now a health coaching department, which I think is good. The only thing that makes me nervous is it's of course, like, well, we've got the cardiology department, and the TG department, and the nutrition department, and the coaching department. I still think the more we can integrate and collaborate the better. But having it in big health systems like that does allow for that integration. And on a smaller scale, I work, as I said, I still see clients once a week to make sure I'm still a good teacher. And I work with a naturopath, and a couple of nurse practitioners and things like that, and it's great because, just today, we had a woman who flew in

from out-of-state, and she was working with a naturopath on the naturopath that I work with specializes in Lyme disease. And she had some issues, and she was like, "She really needs to see you." She had like four c-sections and a hysterectomy, and no one had ever addressed her pelvis. But again, even in working with her, I led with coaching. What's your story? Interesting that your pelvic pain which was great after your surgery, flared up two years later when you had an antibiotic allergy.

Sarah Lucille- Wow.

Jessica Drummond- Curious, right? But so when we worked together then I just think we can bring such better care. And if we start through coaching, the mindset shift for the client is that no one here at Yale University or anywhere else has the magic wand to fix you. You are the leader of your healing experience. And we all have a lot of knowledge that can help you, but we have to work together on this. And when clients, there was a book written by someone, and I never read it, but the title was something like, "In the Future, the Patient is the Doctor", or something like that. And when we really start to embrace that, and it's coming, I think, but slowly. I don't really actually have any idea what's gonna happen with the healthcare system in the US. Imploding, and it's a big mess, but I don't know what's gonna happen next. But I think the more we lean in that direction and we stop kind of dictating to people what they need to do about their health, the better we'll be. And I think coaches have the best skills to do that.

Sarah Lucille- Yes, I love that vision. I want that, too. I love the vision of, it just kinda goes back to this story, like we came all, we circled back to the power of story. Of like allowing clients to learn through the story, and that's what helped you, almost like a detective, get to like, you know what? I think this is clue right here. Because once you know that, you have a powerful piece of information to use in the future, that someone might offer you this antibiotic, and you now know this has an effect on me.

Jessica Drummond- Yeah.

Sarah Lucille- I appreciate you taking the time to share your perspective, and to talk about your work, and to give such amazing advice. Is for people who want to look into what you're doing or learn more, what would be the best next step for them?

Jessica Drummond- Head over to our website, integrativewomenshealthinstitute.com, or our Instagram is @Integrativewomenshealth, and all of our professional and public programs are there.

Sarah Lucille- Yay, and we will have all of that in the description as well. Jessica, thank you so much. I really appreciate the time, and also thank you to everyone who came and watched with us.

Jessica Drummond- Thanks so much.

Sarah Lucille- All right, bye.