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Cancer Coaching Certificate

2020

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If you have any questions, please contact us here in HLLN at 416 736 2100 X22170 or hlln@yorku.ca. Thank you, Tania Xerri



Tania Xerri, Director, Health Leadership and Learning Network

A Leader in Health Continuing Professional Education

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Table of Contents

Copyright Statement.....	1
Instructor Bio	3
Outline	4
Day 1 Part A.....	5
Day 2 Part B.....	28
Day 3	53
Day 4 ..	75
Day 5 ..	95



Doris Howell

R.N, Ph.D., FAAN

Doris Howell is a health services research graduate of the Institute of Health Policy, Management and Evaluation (IHPME)-Outcomes and Evaluation, University of Toronto. She holds a position as Senior Scientist, Supportive Care, Princess Margaret Cancer Centre Research Institute and Professor (status), Lawrence S. Bloomberg Faculty of Nursing with a cross-appointment in IHPME, University of Toronto. She also holds an Affiliate Scientist with the ELLICSR Health, Wellness & Cancer Survivorship Centre, University Health Network; and was an Associate Scientist, Institute for Clinical Evaluative Sciences, University of Toronto.

As Co-Director of the Ontario Patient Reported Outcomes-Symptoms and Toxicity Research Unit (On-PROST), she made significant contributions to the measurement and implementation of Patient Reported Outcome Measures (PROMs) in routine cancer care. She also led the development of pan-Canadian psychosocial and survivorship guidelines that have been adapted for use in federal jurisdictions in Canada, the American Association of Clinical Oncologists and internationally in countries such as Australia.

Dr. Howell's current research focuses on testing innovative models of healthcare delivery including proactive cancer self-management support and health coaching and remote monitoring and 'real-time' management of symptoms using mobile health devices. She is also conducting clinical trials testing the effects of behavioural self-management interventions to reduce the morbidity associated with complex cancer symptoms (dyspnea, fatigue, acute treatment toxicities) and optimize health recovery across the cancer trajectory. She also leads outcomes research to examine the psychosocial impact of breast cancer in young women and the role of self-efficacy as an executive member of the pan Canadian RUBY longitudinal cohort study.

Cancer Coaching Certificate – Live Program Outline

Program Objectives:

By the end of the course, you will be able to

- Support self-management in care and in health behaviours
- Apply motivational interviewing, decision-balance, 5A counseling processes, and assessment skills
- Complete comprehensive whole person assessments
- Collaborate effectively with inter-professional health teams
- Employ self-management coaching support for acute treatment and for longer term survivorship.
- Prepare collaborative care, health recovery plans based on client assessments

Course Page: <https://hlln.info.yorku.ca/cancer-coach-certificate-program-page/>

Delivery Method:

- ONLINE INSTRUCTOR-LED CLASSROOM SESSIONS on ZOOM: **August 4 – August 7 and August 10 - 13 from 2 PM – 5 PM Eastern Time.**
- CAPSTONE EVALUATION: **August 14 - Individual hour sessions (to be booked at start of program)**
- NOTE: You must review the student conduct policy, technology requirements before the start of the course

Course Schedule

DATE/INSTRUCTOR	TOPIC
August 4 – Doris Howell	Health History and Holistic Cancer Coaching Assessment and Case Conceptualization-Part A
August 5 – Doris Howell	Health History and Holistic Cancer Coaching Assessment and Case Conceptualization-Part B
August 6 – Doris Howell	5As and Brief Motivational Interviewing for Facilitating Behaviour Change Across the Cancer Continuum-Acute Cancer Phase
August 7 – Doris Howell	Advanced Motivational Interviewing for Facilitating Behaviour Change Across the Cancer Continuum-Chronic Pain and Fatigue
August 8-9	WEEKEND BREAK
August 10	Behaviour Change and Working at the Interplay of Stress, Psychosocial Distress & Health in Cancer
August 11 – Maya Obadia	Application of Motivational Interviewing for Coaching Survivors in Healthy Lifestyle Change
August 12 – Maya Obadia	Application of Motivational Interviewing for Coaching Survivors in Healthy Lifestyle Change
August 13 - Leigh Caplan	Putting it all Together - Simulated Practice of MI
August 14 – Doris Howell & Leigh Caplan	Capstone Evaluation through Live Simulation with Actors

Day 1, Part A, Aug 4, 2020

Health History and Holistic Cancer Coaching Assessment and Case Conceptualization

Doris Howell, RN, PhD,
Princess Margaret Cancer Centre

7/30/2020

1

Pre-Reading and Handouts

- Article
 - 1. Conceptualization of Health
 - 2. Biopsychosocial Assessment of Cancer Patients: Methods and Suggestions
- Handouts
 - Powerful Questions
 - Top 10 questions
 - Well-Being Assessment Tool
 - Biopsychosocial Assessment Form

Overarching Course Objectives

- By the end of the course, you will be able to:
 1. Support self-management in care and in health behaviours
 2. Apply motivational interviewing, decision-balance, 5A counseling processes, and assessment skills
 3. Complete comprehensive whole person assessments
 4. Collaborate effectively with inter-professional health teams
 5. Employ self-management coaching support for acute treatment and for longer term survivorship; and health risk mitigation.
 6. Prepare collaborative care, health recovery plans based on client assessments (case conceptualization)



Day 1 Session Outline

Time	Lesson/Topic	Content	Instructional Method	Media/Source
1400-1420	Introduction and Ice-Breaker	Name, position, organization, coaching goals, one fun thing about you	Open Sharing	Discussion
1420-1500	De-Brief of Self-Directed Modules 1-5	Brief Summary of Questions & Discussion	All students sharing-open discussion	Slides on Cancer Coaching
1500-1520	Defining health, Disease vs Illness Disease	What is health Difference between disease and illness ICF Model of Health	Open Discussion-All students Exercise-Defining Health	Article on Conceptualizing Health
1520-1600	Cancer Coaching & Overview of Whole-Person (Holistic) Assessment	Psychosocial Assessment Domains Different from Wellness Assessment	Instructor Led and Interactive	Slides
1600-1645	Practice-Biopsychosocial Assessment	Plan Assessment-Using Form What open Ended Questions & Share-Back	Breakout into Pairs, Practice Coach Introduction & Assessment	Case Scenario-Nigel; Assessment Form, Powerful Questions
Summation	1645-1700	Summarization-Final Slide	Instructor Led-Students key Takeaway Round Robin	

Day 1-Learning Objectives

- At the end of this learning session you will be able to:
 - ✓ Summarize key principles of cancer coaching
 - ✓ Define health to guide coaching
 - ✓ Identify the value of assessment to the coaching partnership
 - ✓ Complete whole-person assessment and apply powerful questions in the assessment process
 - ✓ Identify medical or mental health red flags
 - ✓ Describe the process of cancer coaching

Welcome and Introductions

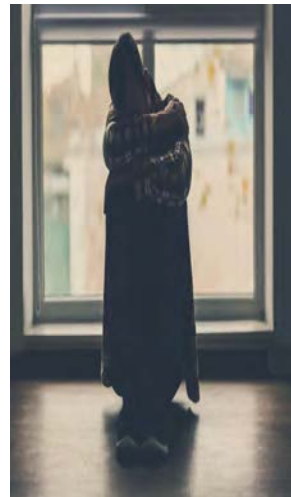
- Course instructors
 - See biographies
- Participants briefly tell us about you:
 - Your name
 - Discipline
 - Position
 - Your plan for using cancer coaching
 - A fun thing about you

De-Brief of Self-Directed Modules

- Key take-aways/questions from Modules 1-5.
 - Module 1: Cancer as a Chronic Illness
 - Module 2: Essentials of Cancer Coaching
 - Module 3: Cancer Coaching and Communication Skills
 - Module 4: Coaching for Self-Management of Acute Treatment Side-Effects and Symptoms
 - Module 5: Coaching for Health Behaviour Change

“...once heard, the diagnosis of cancer can never be forgotten.

Whatever your prognosis, whatever your hopes, whatever your personality, the second that you know that you have cancer your life changes irrevocably.”



Summary of Cancer Coaching

- A powerful tool to help patients identify and integrate self-management and health promoting behaviors during and after treatment---**Goal of better health outcomes and quality of life**
- Coaches guide persons through often overwhelming health information and create a realistic plan that enables a patient to make positive, sustainable health-supporting changes
- Strength-based and draws heavily from the field of positive psychology--focus is on a client's strengths, interests, and intrinsic motivation (what matters most to them)
- Focus is on the Whole Person-physical, emotional, psychosocial, spiritual, practical and system navigation-no area is off limits

The International Coach Federation (ICF) defines **coaching** as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.”

International Coach Federation. (2017). What is professional coaching? Retrieved from <https://www.coachfederation.org/need/landing.cfm?ItemNumber=978>.

By coaching we mean providing a holistic blend of coaching support, enabling individuals to deal successfully with the impact of cancer on their lives and to move forward from it the way they need.

- 1 *Know their condition and various treatment options.*
- 2 *Negotiate a plan of care and review and monitor the plan.*
- 3 *Engage in activities that protect and promote health*
- 4 *Monitor and manage the symptoms and signs of the condition.*
- 5 *Manage the impact of the condition on physical functioning, emotions and interpersonal relationships.*

How do you define health for patients/survivors living with and beyond cancer?

Exercise

- What is your definition of health guiding your coaching practice?
- Take five minutes to write down how you define health and any elements?
- Share back key elements with class!

A model for health in chronic disease

- “Health as the ability to adapt and to self manage, in the face of social, physical and emotional challenges”
 - Emphasizes that a person is more than his/her illness (**disease**) and still has great potential for being healthy
 - Focus is on a person’s strengths rather than his/her weakness
 - It refers to self-management
 - It refers to individual responsibility
 - Health as being dynamic rather than a static state
 - It may make the relationship between the client and healthcare provider more balanced

Huber M. How should we define health. BMJ 2011, page 343.

Another Distinction: Disease versus Illness

Disease

- Best refers to an abnormal condition affecting an organism.
- This abnormal condition could be due to infection, degeneration of tissue, injury/trauma, toxic exposure, development of cancer, etc.
- This is what needs to be 'cured', especially if it's life-threatening.

Illness

- Best refers to the feelings that might come with having a disease.
- Feelings like pain, fatigue, weakness, discomfort, distress, confusion, dysfunction, etc. – the reasons people seek healthcare – and usually the way people measure their success with treatment.
- Feelings of illness can be vastly affected by many *non-disease* factors, such as expectations, beliefs, fears, feelings/moods, and culture.
- Being ill is a very personal experience, and can vary tremendously and be affected by very different things between people with the same 'disease'.

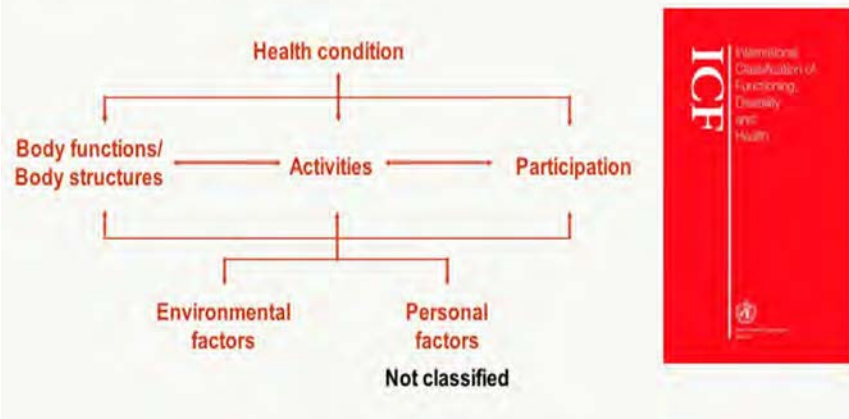
“Disease, then, is something an organ has; illness is something a man has.” – *Eric J. Cassell, 1978*

Question

Why is the distinction between disease and illness important in cancer coaching?

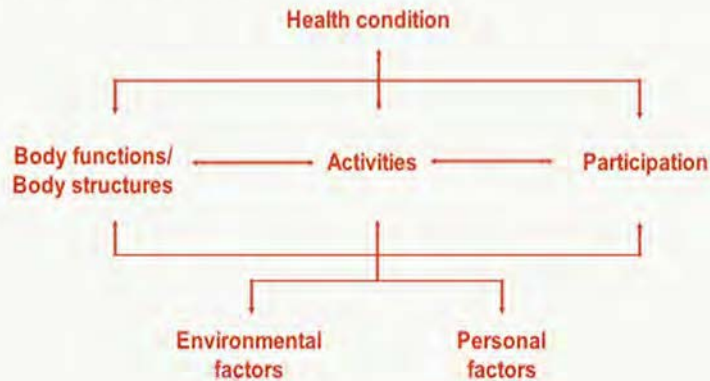
The ICF biopsychosocial model of functioning and disability

The International Classification of Functioning, Disability and Health or ICF (WHO, 2001) provides a comprehensive, universal and internationally accepted model and taxonomy for describing functioning.



The ICF biopsychosocial model of functioning and disability

- provides a coherent view of different perspectives of health: biological, individual and social
- has moved the **concept of disability** away from solely being a consequence of diseases to a recognition of **the interaction of health and functioning and environmental and personal factors**



Functioning and disability

Moreover, functioning and disability are **made up of multiple domains. These domains are not dichotomous, but rather continuous.**

The ICF is a multidimensional model, allowing the description of multiple continuous domains of functioning.



The levels of a person's functioning may vary for each domain. An overall level of functioning may be established by combining multiple domains.

**Person-Centered, Whole Person
(Holistic) Coaching Assessment**

**Why is holistic assessment important for
cancer coaching?**

Importance of Assessment

Understand Overall Health & Life Context

- State of physical health, lifestyle habits, life satisfaction, values/beliefs, listening for readiness to make changes
- View of coaching

Impact of Cancer and Treatment

- Early identification of health risks and those due to cancer and treatment in the context of life challenges and risk factors

Other Health Issues/Concerns/Red Flags

- Factors of age, life stage, ethnocultural influences, comorbidities, health literacy, etc., other life changes
- Identify 'red-flags' requiring immediate referral

Identification of Client Strengths

- Self-knowledge of person and strengths to build on, internal motivation for behavior change

Setting Coaching Priorities and Plan

- Priority setting-case conceptualization (immediate, longer term)
- Setting a coaching plan and shared agenda of focus-so goals are not set prematurely

National Board of Health & Wellness Coaching 2019

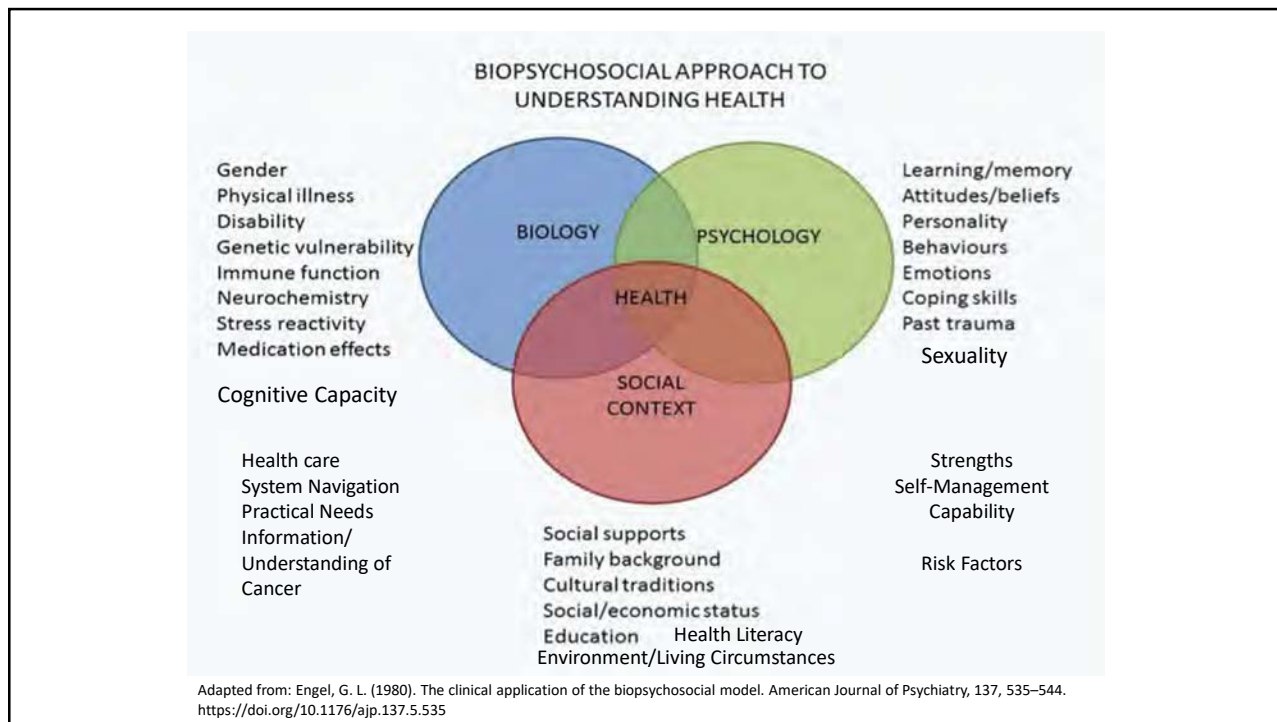
- In the initial stages of coaching, adequate time is spent exploring the clients understanding of his/her health and wellness.
- Competencies
 - Have client assess current state of health/well-being
 - Explore the clients vision of his/her optimal health/well-being
 - Identify gaps between current state and desired
 - Explore and clarify client preferences for priority areas of focus
 - Explore client's specific long term goals and short term goals

What is different about assessment for coaching versus assessment as a health care professional?

Holistic Assessment

- Holistic needs assessment is a process of gathering and discussing information with the patient and/or carer/supporter in order to develop an understanding of what the person living with and beyond cancer knows, understands and needs.
- Holistic assessment is focused on the whole person, their entire well-being is discussed-physical, emotional, spiritual, psychological, social and environmental.
- The process culminates when the assessment results are used to inform a care plan.

• National Cancer Survivorship Initiative (NCSI, 2013).



Biopsychosocial Model: Key Principles

- According to the biopsychosocial model, it is the deep interrelation of all three factors (biological, psychological, social) that leads to a given outcome—each component on its own is insufficient to lead definitively to health or illness.
- The psychological component of the biopsychosocial model seeks to find a psychological foundation for a particular symptom or array of symptoms (e.g., impulsivity, irritability, overwhelming sadness, etc.).
- Social and cultural factors are conceptualized as a particular set of stressful events that may differently impact the mental health of people from different social environments and histories.
- Despite its usefulness, there are issues with the biopsychosocial model, including the degree of influence that each factor has, the degree of interaction between factors, and variation across individuals and life spans.

Differentiated from Wellness Assessment



8 Dimensions of Wellness, (UMD) University of Maryland's Your Guide to Living Well. [Last accessed June 27, 2017].
Available from: <https://umwellness.wordpress.com/8-dimensions-of-wellness/>

Assessment Parameters	Examples of Health Issues
Physical/Biological	Symptoms, functioning, stress response, sexual dysfunction, genetics, co-morbidities/other health issues, late effect risks, sleep, frailty
Emotional	Sadness, loss, grief, fear, anxiety, distress, fear of recurrence, hopelessness, coping skills
Psychological-Sexuality	Depression, anxiety disorders, control, personality, self/body image, sexuality, interruption in life goals, adaptive/maladaptive
Spiritual	Meaning and purpose, hope, belonging, existential despair, values, priorities, helplessness
Social-Ethno-cultural background	Family relationships/dynamics, instrumental or emotional support, social network changes, change in roles, social and peer support
Practical	Direct assistance or resources, costs, daily home help, child care, eldercare
Environmental/Life Situation/Occupational	Access to resources, living circumstances, geography, housing, school, work
Informational/Cognitive Capacity	Health literacy, learning style and modes of learning, knowledge, cognitive impairment/overload, educational background
Self-Management Capacity	Lifestyle behaviours, patient self-care actions, knowledge skills and confidence (activation, self-efficacy, beliefs about role in health management)
System Navigation	Access to peer support, barriers to navigation, communication with health providers, family physician

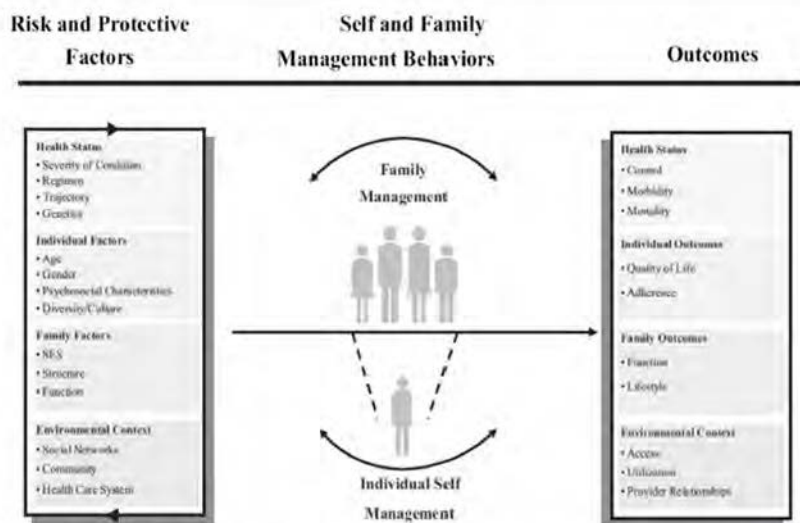
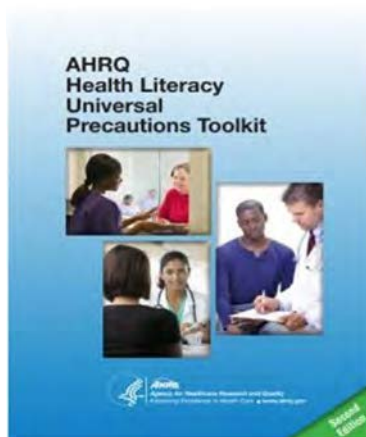


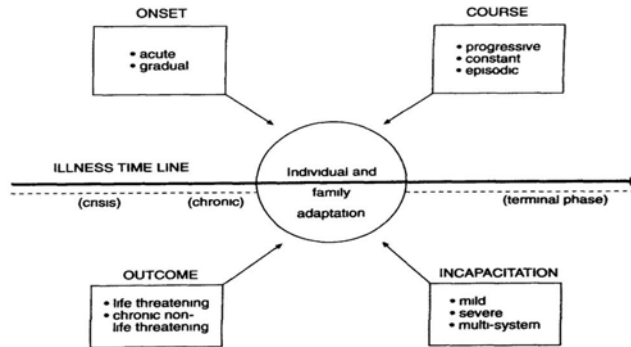
Figure 1 – The Self- and Family Management Framework. (Reprinted with permission from Grey et al. (2006)).

Health Literacy

Item	Response options
(1) How confident are you filling out medical forms by yourself?	Extremely, Quite a bit, Somewhat, A little bit, Not at all
(2) How often do you have someone help you read hospital materials?	All of the time, Most of the time, Some of the time, A little of the time, None of the time
(3) How often do you have problems learning about your medical condition because of difficulty understanding written information?	All of the time, Most of the time, Some of the time, A little of the time, None of the time



Trajectory of Illness

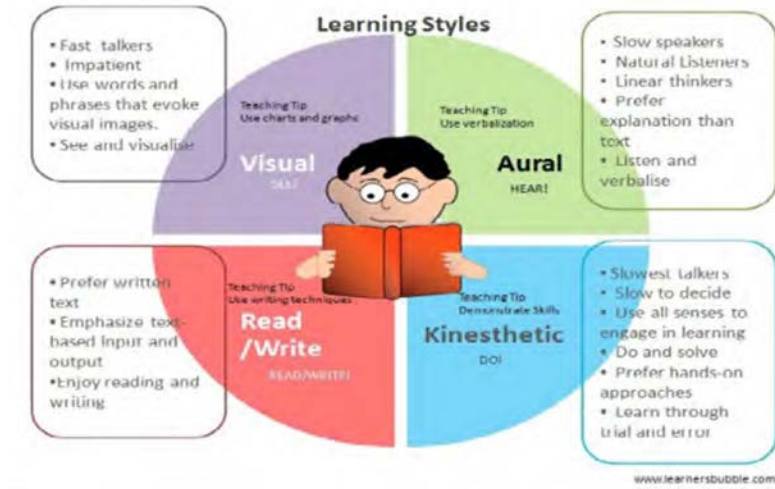


Rolland JS. Families, illness, and disability: an integrative treatment model. New York: Basic Books, 1994

Other Areas for Assessment

Key aspects relating to the patient's ability to take on a self-management role		
Factors affecting self-management	How can these factors be modified	Practical points to consider
Co-morbidities	Consideration of other conditions that may affect self-management such as sensory or cognitive impairments (eg hearing or visual loss, dementia).	Are there sensory or cognitive impairments that may affect the patient's ability to self-manage?
Health beliefs	Understanding the religious, cultural and familial beliefs that may influence the effect of management interventions.	What effect do religious, cultural and family beliefs have on the patient's thoughts about self-management?
Self-efficacy	The extent of the patients' confidence in their capacity to self-manage, the extent to which patients value themselves and extent to which they feel they have some control over their ability and desire to assume a self-management role.	Is the patient confident in his or her ability to self-manage? Does the patient feel that he or she has the skills to make changes and control the illness?
Social context	Consideration of such things as access to services and cultural aspects of the patient's life.	What aspects of life ie family, friends, literacy, access, employment, culture need to be considered?

Learning Styles



Self-Management Capability



©2014 Insignia Health. Patient Activation Measure® (PAM®) Levels. All rights reserved.

Self-Management Capability

Review > [Drugs Aging](#). 2020 Jul;37(7):483-501. doi: 10.1007/s40266-020-00764-z.

Measuring Medication Self-Management Capacity: A Scoping Review of Available Instruments

Amal M Badawoud ¹, Teresa M Salgado ², Juan Lu ³, Pamela Parsons ⁴, Emily P Peron ², Patricia W Slattum ⁵

Affiliations + expand

PMID: 32342431 DOI: [10.1007/s40266-020-00764-z](#)

Sources of Information

- Medical documentation
 - Consent for viewing and discussion with HCP
 - Is a medical referral needed for skilled assessment in any areas (i.e. sleep, functional tests)
 - What is in your scope of practice?
- Interviewing
- Performance-observation
- Standardized Screening or Tools or Measures

Breakout

- Using the scenario provided-work in pairs
- Engage and establish rapport
- Introduce self as coach
- Using the template provided make a plan for whole person assessment process in coaching encounter
- Follow this with a role play practice
- Questions you can use to create a client profile:
 - What questions could be used in each of domains ?
 - What questions for assessing client's current state of his/her health and well-being
 - Questions to explore the client's vision of his/her desired health

- **CASE SCENARIO #2: Anna**

- Anna is a 25-year old patient with Hodgkin's disease, single, and is receiving systemic chemotherapy. When you ask her how she is doing she gives you a detailed description of how tired she is and how she is struggling to keep up with her school homework (she is in second year of a kinesiology program, and is concerned about her part-time job working at Starbucks. She tells you she is resting all the time and has stopped her regular physical activity schedule of running every day because she is just too tired. She complains that this fatigue is overwhelming and it is interfering with my social activities with my friends; and she is not eating well as she just feels too tired. She had tried running again but then must rest the whole next day and cannot run again for a few days, she runs and then sleeps and so on and so has now just resorted to resting most of the time and is afraid to do any exercise

- ✓ Getting to know the participant to establish rapport
 - ✓ Assessment, presenting problem
- ✓ Clarifying participant's understanding of the role of the Cancer Coach with particular reference to what the coach **does** and **does not do**
- ✓ Ascertain the goals they are hoping to achieve through coaching and how you as the coach can help them to achieve those goals.
 - ✓ It is essential to obtain these goals for future reference especially when the participant is losing interest or struggling with the motivation to change.
- ✓ Establishing mutual commitment to the coaching process
- ✓ Review of baseline measures of self-management capabilities or level of activation, etc.

Examples

- How can I help you today?
- How would you like things to be different?
- What have you tried before?
- What has been happening?
- How has cancer affected your daily life?
- What is involved in managing your....?
- What are you most concerned about...?

Discussion of Breakout

- Areas of Focus?
- Open-Ended Questions?
- What else would you include in assessment?

Summary

- Cancer coaching is a collaborative process- involves a structured process-strengths based
- Holistic knowledge/understanding of person is key to effective coaching
 - But, not to have a long assessment process for pathology may be more targeted
- Masterful coaching is all about asking good questions
- Summarization-used to summarize what you understand about this person

Day 2, Part B Aug 5 2020 Health History and Holistic Cancer Coaching Assessment and Case Conceptualization

Doris Howell, RN, PhD,
Princess Margaret Cancer Centre

7/30/2020

1

Pre-Reading and Handouts

- Article
 - Howell PROMS Cancer Core Framework
 - Selecting Outcome Measures
 - Why coaching Needs Case Formulation
 - Transforming Care-Ottawa Coaching Program
- Handouts
 - Shared Agenda Setting Form
 - Case Formulation Worksheet
 - Importance and Confidence Rulers
 - Pain Diary for Patient Monitoring

Day 2, Aug 5 2020 Session Outline

Time	Lesson/Topic	Content	Instructional Method	Media/Source
1400-1420	Overview of Session	Review of Session 1, Whole Person Assessment Red Flags	Open Sharing/Discussion of Assessment	Slides
1420-1515	Health Outcomes	Donabedian Model Outcome Measurement PROs Tools and Technology	Instructor Led and Interactive	Slides View Video https://youtu.be/AllwTaOr_yw
1515-1545	Impact of Coaching; Measurement Based Practice	Envisioning Health Outcomes for Your Coaching Practice	Self-Directed Exercise Outcomes for Your Practice Patient-Reported Outcomes for Clinicians	Exercise
1545-1615	Case Formulation	What is case formulation? Essential elements Structure for Case Formulation	Instructor Led and Interactive	Slides
1615-1645	Breakout Practice of Case Formulation-	Using your Assessment from Day 1 Develop Your Conceptualization-Practice Sharing this in a role play; and focus on priorities	Breakout into Pairs, Using the Case Scenario from Day 1 and Your Assessment-Devise a Case Formulation; Set Priorities for Coaching	Case Formulation Worksheet
1645-1700	Coaching Structure & Wrap-Up	Summarization-Final Slide	Instructor Led-Students Key Takeaway Round Robin	

Learning Objectives

- At the end of this session you will be able to:
 - Identify measures and technology for assessment and outcome measurement
 - Describe case conceptualization and set a plan for coaching
 - Apply a strength-based approach to coaching and opening coaching sessions
 - Describe the structure of initial and ongoing coaching



My long-term health conditions are biological in origin, but the impact has been felt physically, psychologically and socially. My long-term health condition can't be treated just through the biological medical model alone. . . .

Bio

pathology
disease
symptoms
science
doctors
tests
treatments

psycho

depression
stress
guilt
anxiety
identity
tears

social

hobbies
family
isolation
money
career
friends
burden

“The medical support keeps me *alive*, but it is the psychological and social support that enables me to *live*.”

©The Patient Patient, 2013
www.thepatientpatient2011.blogspot.co.uk

960 x 720

Summary of Rationale for Assessment

- An overall picture of the client's present state of being including holistic health, lifestyle habits, strengths, life satisfaction, and readiness to make changes.
- A snapshot to better understand and appreciate the client's life context.
- Understanding this situation early is important because of the impact on the client's interest and ability to tackle change.
- Early indication of the client's strengths and healthy habits as well as health risks and areas of challenge.

GROUP DISCUSSION

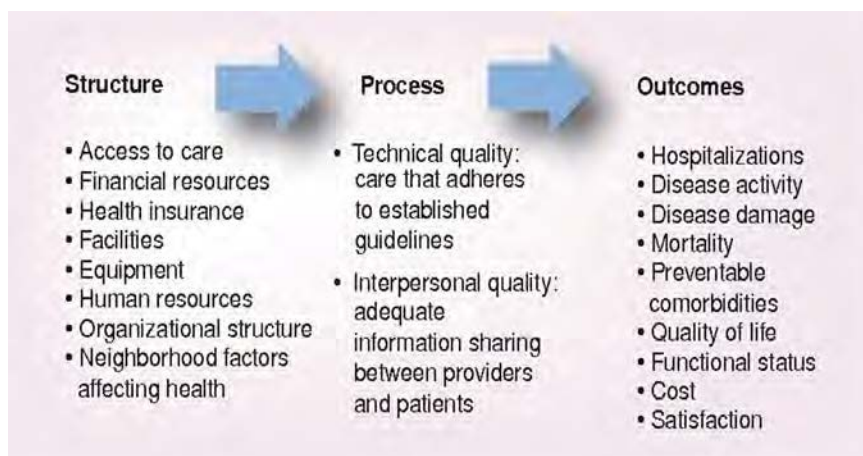
1. What is the benefit of asking a client to complete an assessment prior to the first coaching session?
2. Describe possibilities for reviewing and presenting back your Biopsychosocial Assessment with a client.
3. Provide an example of ensuring feedback of highlighting strengths from an assessment

RED Flags Brainstorm

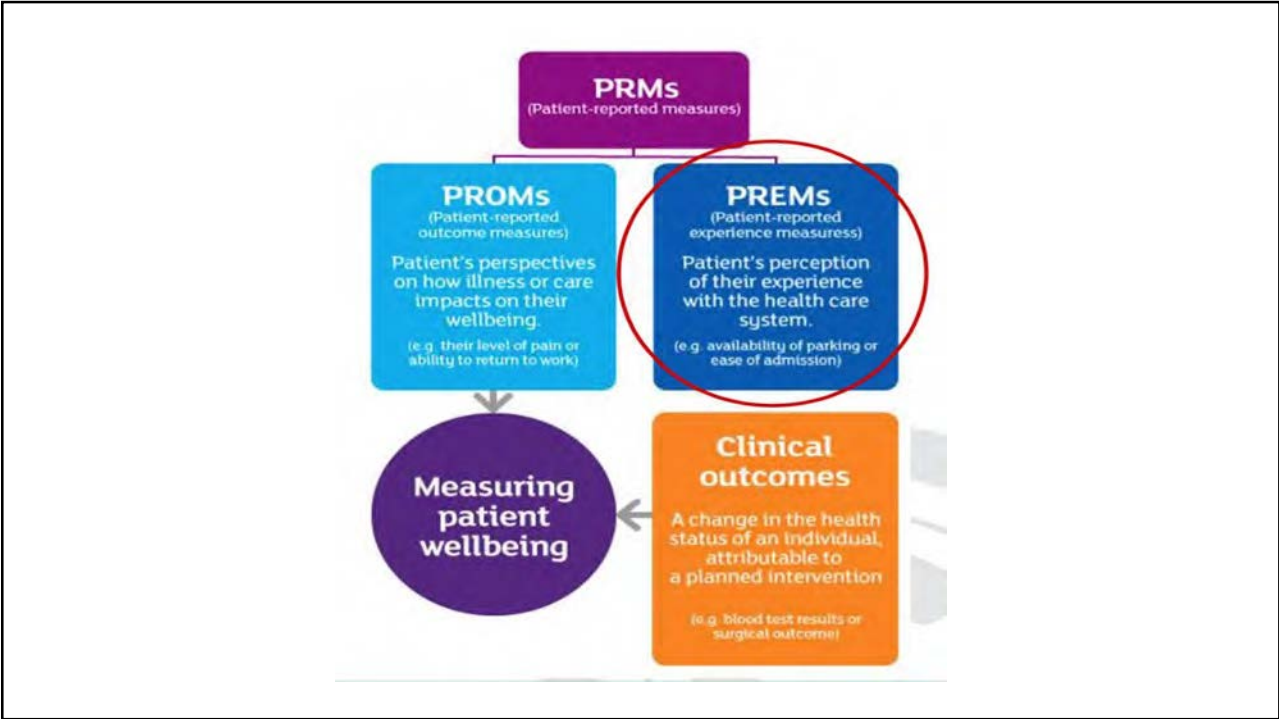
- What key red flags are critical to watch for and act upon in assessment
 - Psychological
 - Social
 - Physical
- Consider Your Scope of Practice-referral sources

Health Outcomes

Donabedian Model of Health Outcomes



Lawson E. et al. "Healthcare quality in systemic lupus erythematosus: using Donabedian's conceptual framework to understand what we know." *International journal of clinical rheumatology* 7 1 (2012): 95-107 .



Patient Reported Outcomes

- 1) Measurement of any aspect of a patient's HEALTH status directly from the patient
 - Not subject to interpretation of a professional (FDA, 2006)
 - Use of valid and reliable self-report measures for health status
- 2) An umbrella term covering a range of concepts relevant to the patient
 - ❖ “outcomes that matter to the patient”
 - ❖ “give voice to patient impact of cancer”



PROs & Patient Voice

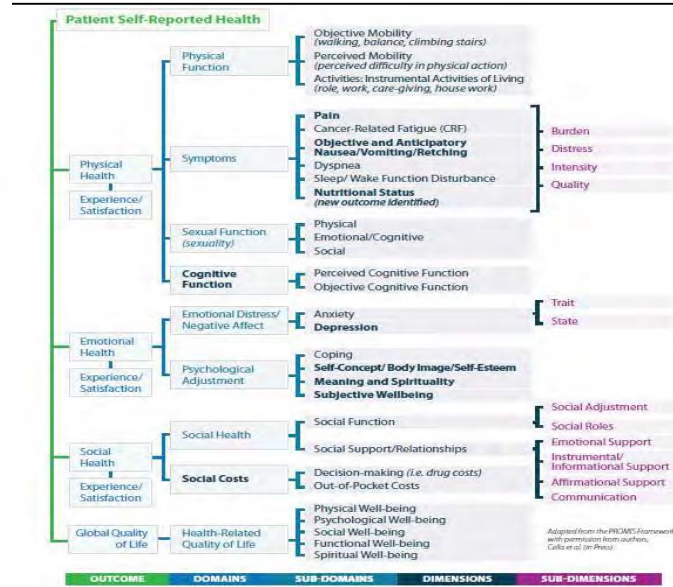
- Give patients a voice to communicate how they are feeling
- Assess the impact of cancer and effectiveness of clinical care on whole person outcomes
- Give providers data to understand and respond effectively to issues that “matter most” to patients
- Leads to better communication!



“Capturing the patient voice is a proxy for putting the patient at the center of our care—so it [means] capturing their goals and preferences. It’s also about capturing their data and orienting our care around outcomes that reflect a patient’s well-being.”



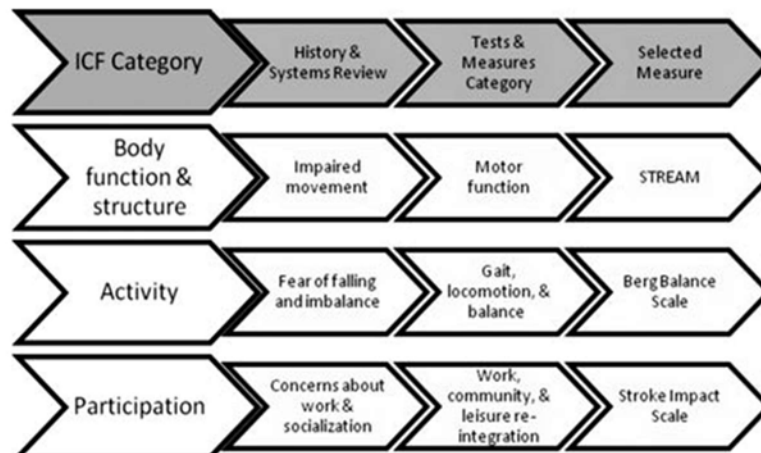
Multidimensional Impact of Cancer: PROMs Cancer Core Framework



Howell D, Molloy S, Wilkinson K, et al. Patient-reported outcomes in routine cancer clinical practice: a scoping review of use, impact on health outcomes, and implementation factors. *Ann Oncol*. 2015;26(9):1846-1858. doi:10.1093/annonc/mdv181



ICF Model of Health-Outcomes



Patient Concerns Checklist

Adapted with permission from the NCCN 1.2010 Distress Management Clinical Practice Guidelines in Oncology. © National Comprehensive Cancer Network, 2010

Very distressed

10
9
8
7
6
5
4
3
2
1
0
No distress

1 Using the thermometer, please circle a number that best describes how much distress you have felt in the past week, including today.

2 Please tick any concerns that have been a cause of distress for you in the past week, including today.

3 Rank your top 4 difficulties from 1st to 4th (with 1st being the biggest problem) and write this number in the "Ranking" column.

Ranking	Physical concerns	Physical concerns (continued)	Emotional concerns
1	<input type="checkbox"/> My appearance <input type="checkbox"/> Bathing or dressing <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Passing urine <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Eating or appetite <input type="checkbox"/> Fatigue, exhaustion or extreme tiredness <input type="checkbox"/> Feeling swollen <input type="checkbox"/> High temperature or fever <input type="checkbox"/> Getting around (e.g. walking) <input type="checkbox"/> Indigestion <input type="checkbox"/> Sore or dry mouth <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Pain <input type="checkbox"/> Dry, itchy or sore skin <input type="checkbox"/> Sleep problems <input type="checkbox"/> Tingling in hands and feet <input type="checkbox"/> Changes in how things taste <input type="checkbox"/> Hot flushes	<input type="checkbox"/> Memory or concentration <input type="checkbox"/> Wound care after surgery <input type="checkbox"/> Other medical condition or disability Practical/social concerns <input type="checkbox"/> Caring responsibilities <input type="checkbox"/> Housing or finances <input type="checkbox"/> Transport or parking <input type="checkbox"/> Work or education Family concerns <input type="checkbox"/> Relationship with my children <input type="checkbox"/> Relationship with my partner <input type="checkbox"/> Relationship with other relatives / friends	<input type="checkbox"/> Loneliness or isolation <input type="checkbox"/> Sadness or depression <input type="checkbox"/> Worry, fear or anxiety <input type="checkbox"/> Anger or frustration <input type="checkbox"/> Guilt <input type="checkbox"/> Hopelessness <input type="checkbox"/> Difficulty making plans <input type="checkbox"/> Sexual concerns Spiritual/religious concerns <input type="checkbox"/> Loss of faith <input type="checkbox"/> Loss of meaning/purpose in life <input type="checkbox"/> Feeling regret about the past

Other concerns:

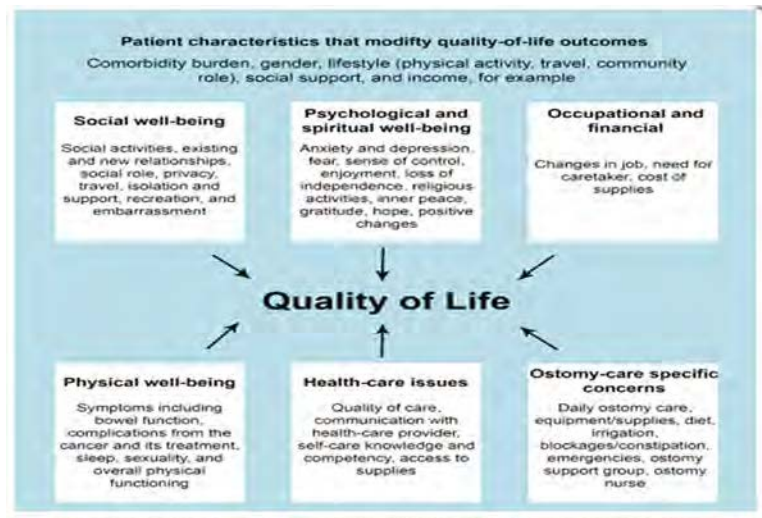
Example from Dartmouth

CHANGE IN HEALTH		OVERALL HEALTH	
How would you rate your overall health now (compared to 4 weeks ago)?		During the past 4 weeks... How would you rate your health in general?	
Much better	← ← ← → → →	Excellent	100
A little better	← → → →	Very good	90
About the same	← → → ←	Good	80
A little worse	→ → → ←	Fair	70
Much worse	→ → → ← ←	Poor	60
SOCIAL SUPPORT		QUALITY OF LIFE	
During the past 4 weeks... How often are you able to find time to do things you enjoy? For example, if you feel very busy, you may not have time to go out and see friends or family, or you may not have time to do things you enjoy. How often are you able to find time to do things you enjoy?		How have things been going for you during the past 4 weeks?	
Yes, as much as I wanted	100	Very well - much better than before	100
Yes, quite a bit	90	Pretty good	90
Yes, some	80	Good - I can still do most things I want to do	80
Yes, a little	70	Pretty bad	70
No, not at all	60	Very bad - much worse than before	60

© Trustees of Dartmouth College CO-OP Project, 2012

Source: Dartmouth CO-OP Project. <http://www.dartmouthcoopproject.org/>. Accessed March 23, 2012.

Health Related Quality of Life



Ferrell BR, Hassey Dow K (1997) Quality of life among long-term cancer survivors. *Oncology (Williston Park)* 11:

Health Behaviour Measures

Behavior	Questionnaire/example question	Categories/scales	Items	Item-range	Score-range
Physical Activity ^a	IPAQ Short last 7 days self-administered format	Walking	2		MET-min/week
		Moderate intensive activity	2		
		Vigorous intensive activity	2		
Smoking	"Do you currently smoke?"	Current smoking behavior	1	0-1	0-1
	"Did you smoke in the past?"	History of smoking (quit smoking before/ after cancer diagnosis)	1	0-1	0-1
Alcohol consumption	Dutch standard questionnaire on alcohol consumption	Number of days and glasses of alcohol on weekdays and weekends	4	0-6	0-4
		Binge drinking ^b	1	1-8	0-7
Vegetable and fruit consumption ^c	Dutch standard questionnaire on nutrition	Number of servings fruit/vegetable (spoons, pieces, glasses) per day and number of days per week	9	1-9	0-7

Note: IPAQ Short: International Physical Activity Questionnaire Short Form; MET: Metabolic Equivalent of Task

^a ≥ 600 MET-min/week corresponds to ≥ five days per week performing any combination of walking, moderate or vigorous physical activities

^b ≥ Six servings of alcohol during one day

The screenshot shows the website for the Canadian Centre for Advanced Practice Nursing Research (CCAPNR) at McMaster University. The top navigation bar includes links for McMaster University, Academics, Alumni, Discover McMaster, Future Students, Library, Research, and Current Students. A search bar is present with 'MUGSI' and 'Faculty & Staff Directory' options. Below the navigation, the 'APN Related Resources' section lists several links, including 'APN Literature Data Base', 'Canadian Centre of Excellence at Juravinski Cancer Centre, Oncology Advanced Practice Nursing', and 'Designing Innovative Cancer Services and Advanced Practice Nursing Roles: Toolkit'. The 'Canadian Nurse Practitioner Initiative (CNPI)' section provides information on integrating nurse practitioners into Canada's health systems and lists documents like 'Nurse Practitioners: The Time is Now' and 'Implementation and Evaluation Toolkit for Nurse Practitioners in Canada'. A 'Web-based Toolkits' section lists 'APN Data Collection Toolkit', 'APN Literature Database', and 'HS Scotland, Advanced Nursing Practice Toolkit'.

Potential Health Indicators

Six dimensions of health indicators, covering 32 aspects of health

<i>Bodily functions</i>	<i>Mental functions and perception</i>	<i>Spiritual/existential dimension</i>	<i>Quality of life</i>	<i>Social and societal participation</i>	<i>Daily functioning</i>
<ul style="list-style-type: none"> • Medical facts • Medical observations • Physical functioning • Complaints and pain • Energy 	<ul style="list-style-type: none"> • Cognitive functioning • Emotional state • Esteem/self-respect • Experiencing to be in charge/manageability • Self-management • Resilience, SOC (sense of coherence) 	<ul style="list-style-type: none"> • Meaning/meaningfulness • Striving for aims/ideals • Future prospects • Acceptance 	<ul style="list-style-type: none"> • Quality of life/well-being • Experiencing happiness • Enjoyment • Perceived health • Flourishing • Zest for life • Balance 	<ul style="list-style-type: none"> • Social and communicative skills • Meaningful relationships • Social contacts • Experiencing to be accepted • Community involvement • Meaningful work 	<ul style="list-style-type: none"> • Basic ADL • Instrumental ADL • Ability to work • Health literacy

ADL, activities of daily living.

It's not just about the data

- Patient experience of cancer cannot be reduced to a number on a scale.
- Patient care is more than just healing -- it's building a connection that encompasses mind, body and soul.
- It involves listening and hearing the patients' story-integrate outcome data in story



Exercise: Selecting of Outcome Measures for Your Practice

Take a sheet of paper and envision the outcomes for your coaching practice in each domain as follows:

Keep in mind physiological measures, clinical measures, quality of life measures (generic or condition specific), problem specific measures.

- Structure
- Process
- Outcomes

Tools and Technology

- Patient Reported Outcomes and Patient Experience measurement is standard of care in Canada.
- Standard administration of symptom rating or other instruments and use of the results to drive clinical decision-making or population health
- Measures are only a starting point and must be clinically actionable (“what matters most”); and psychometrically valid
- Measures can be used to monitor and track progress on agreed important outcomes with the client



Fortney et al. A tipping point for measurement based care. Psychiatric Services 2016, Psychiatry Online.

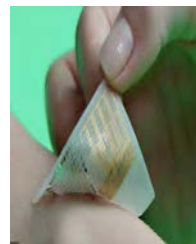
Managing Health is Going Digital

Tracking Health Indicators

% of adults who track the following...

All adults (n=3,014)	%
Track weight, diet, or exercise routine	60
Track any other health indicators like blood pressure, sleep patterns, headaches, etc.	33
Track any health indicators for a loved one	12
Total who track any health indicator for themselves or others	69

Source: Pew Internet/CHCF Health Survey, August 7-September 6, 2012. N=3,014 adults ages 18+. Interviews were conducted in English and Spanish and on landline and cell phones. Margin of error is +/- 2.4 percentage points for results based on all adults.



MD Anderson Cancer Center turns to Apple Watch for breast cancer treatment

The MD Anderson Cancer Center at Cooper is using the Apple Watch to improve the treatment alignment of breast cancer patients, taking the advantage of wearable in getting health to change from outside!



Real-Time PRO-Active Care -Canadian ASyMS Trial

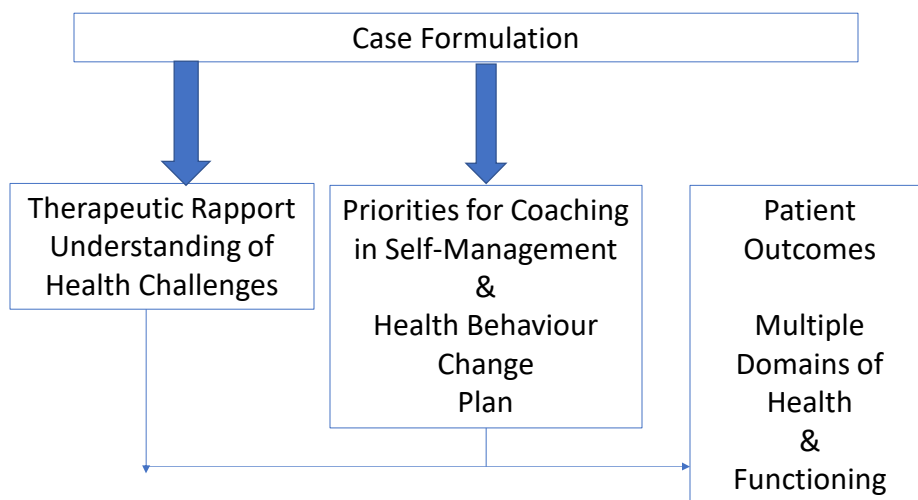


Outcome Measures for Monitoring and Evaluating Impact

- Why monitor?
- Enables evaluation to determine effectiveness of interventions.
- Provides information that can be used to motivate patients to continue with coaching.
- Provides an opportunity to review progress and adjust plan for coaching.

Case Formulation

Case Formulation



Adapted from: Lane D. et al. Does coaching psychology need the concept of formulation. International Coaching Psychology Review 2009; 4(2):193

What is case formulation?

- A report that is based on information gathered, organized and assessed to provide an explanation of a client's behaviour.
- Coaches look for emotional, stated, non-verbal, and behavioural information that will help develop a picture of the client's experience and will lead to collaboration with the client on goals for change.



Formulation asks what is wrong, how it got that way, and what can be done about it.

Collaborative Care Planning

- Care planning is the process of proactively developing a structured, comprehensive plan by the patient and their significant others, carers and health professionals.
- It defines problems, goals, actions, timeframes and accountability of all involved to prevent complications and deterioration of long-term health conditions.

Battersby, 2007.

Why Case Formulation?

- Identification of relevant issues and goals
- May enhance coach empathy and collaboration
- Co-construction of a narrative for focusing the coaching agenda short, intermediate and long term
- Your experience in coaching sessions and framework used?

Benefits of Case Formulation (1)

- Provides structure for a comprehensive and shared picture of the client's situation and needs
- Helps client and coach make sense of complex situations and identify contributing factors and potential solutions
- Aids the coach and client in recognising the links between behaviours, thoughts, emotions and situational elements
- Provides a framework for idea generation, particularly in unfamiliar spaces
- Identifies gaps in information and helps clarify questions and areas of exploration that may be optimally useful

Benefits of Case Formulation (2)

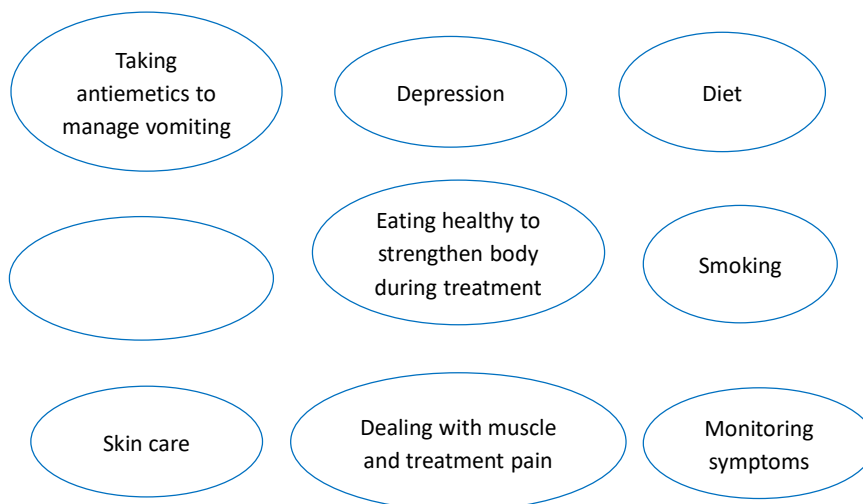
- Assists the coach to prioritise client issues and goals
- Identifies which elements of a situation to target and what coaching approaches may be most appropriate
- Enables decision-making about criteria for a successful outcome
- Supports the coach and client in untangling intertwined elements that may fall into different spaces therapeutic or coaching – and guides decision-making about which type of service might be optimally beneficial.

Case Formulation

- Start by Summarizing what you understand so far!
- Possible example questions:
 - What is the most important problem you want to solve?
 - What would make a lasting difference and not just a temporary one?
 - How does this connect with your overall objectives in life? With your values? Your dreams? (cancer may need to adjust).
 - What's behind this?
 - What makes it difficult to make this change?

Here are some things you can talk about with your coach

→ Choose to talk about changing any of these and add other concerns in the blank circles



Essential components of case conceptualization:

- It tells a story:
- identifying the key elements in a case (people, situations, behavior, internal processes, etc.)
- how they are related to problem origin,
- development of the problem,
- maintenance of the problem (resistance to change), and
- how it can be resolved (leverage points)



Elements of Case Formulation

Element	Description
Impairment/risk	<ul style="list-style-type: none"> • Primary Impairment/risk • Secondary Impairments/risks • Can involve danger to self, others, or severe impairments in functioning (such as inability to provide for one's food, clothing, or shelter). • Can involve impairments in well-being, such as depression or anxiety, impairments in relationships, or impairments in work or school.
Precipitants	<ul style="list-style-type: none"> • Biological (e.g. medical illness, neurobiological factors, major mental illness) • Psychological/Behavioral (e.g. substance abuse, medication noncompliance,) • Social (e.g. financial stresses, loss, relational conflict, trauma, abuse, neglect, unemployment, adverse living environment)
Vulnerabilities	<ul style="list-style-type: none"> • Coping (or lack of coping) strategies in response to precipitants • Self-care or social skills deficits • Character disorders • Physical and Biopsychiatric illness or predisposition to illness, and disabilities • Natural resource deficits (e.g., friends, family, housing, employment, financial, community)
Strengths and Resources	<ul style="list-style-type: none"> • Family, friends • Financial • Housing • Work • Social services • Treatment resources • Coping skills and positive character traits • Intelligence • Education
Agendas (overt and Covert)	<ul style="list-style-type: none"> • Of patient and their system (e.g. significant others, providers, social service professionals, insurance payers, legal, others)

McGee, MD. Contemporary Formulation-Based Assessment and Treatment J Psychol Psychotherapy 6(3).

	Biological	Psychological	Social
Predisposing	<ul style="list-style-type: none"> • Genetic • Birth trauma • Brain injury • Illness – psychiatric, physical • Medication • Drugs/alcohol • Pain 	<ul style="list-style-type: none"> • Personality • Modelling • Defences (unconscious) • Coping strategies (conscious) • Self-esteem • Body image • Cognition 	<ul style="list-style-type: none"> • Socio-economic status • Trauma
Precipitating	<ul style="list-style-type: none"> • Medication • Trauma • Drugs/alcohol • Acute illness • Pain 	<ul style="list-style-type: none"> • Stage of life • Loss/grief • Treatment • Stressors 	<ul style="list-style-type: none"> • Work • Finances • Connections • Relationships
Perpetuating	↓	↓	↓
Protective	<ul style="list-style-type: none"> • Physical Health 	<ul style="list-style-type: none"> • Engagement • Insight • Adherence • Coping strategies • Intelligence 	

Selzer R. Formulation for beginners. *Australasian Psychiatry* 2014;22(4):397-401

Considerations in Case Formulation

- Based on the account of the factors involved, where are you likely to get the most effective results?
- What approaches are most appropriate?
- What barriers to success can you anticipate and what strategies will you use to help the client overcome them?
- Looking at the factors you have identified, are there elements that require a therapeutic approach? If so, how will you address these? (This may include recommending that the client seeks the services of another kind of professional.)
- What measures or feedback mechanisms will assist in monitoring progress?
- How much of your account will you share with the client? How involved will the client be in designing the coaching process?

Breakout: Case Formulation

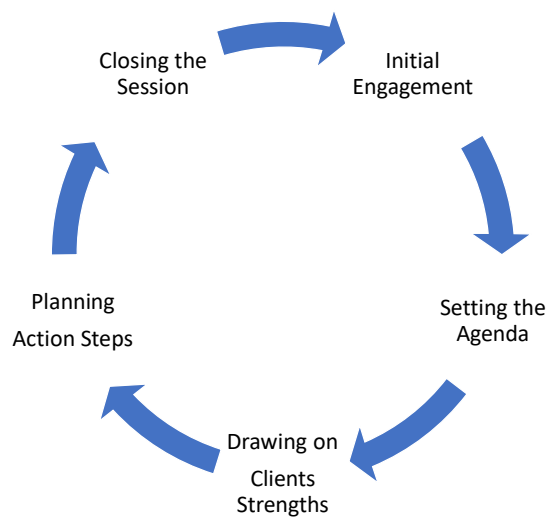
- Following up with Case Anna and your holistic assessment
- Divide into Pairs-Role play
- Practice sharing back your assessment and prioritizing with Anna possible areas of focus for coaching short, intermediate, and long term
- Take the next Steps going from assessment to case formulation
- Document your case formulation on the work sheet

International Coach Federation

- An objective of coaching is for the client to be well-informed of the status of his/her health and well-being.
- What does the client understand? About their health?
- Coach assists client to find and integrate multiple sources of health information
 - Health care provider input
 - Health and wellness assessments (self-assessment)
 - Health risk assessments
 - Basic biometrics

Structure of Coaching Sessions

Structure of Coaching Sessions



Ongoing Coaching

In Theory

1. Establishing the Relationship and Identifying Readiness for Change
2. Identifying Opportunities, Issues, and Concerns
3. Establishing Client-Determined Goals
4. Creating an Action Plan
5. Assisting Clients to Determine the Extent to which Goals were Achieved
6. Empowering and Motivating Clients to Attain Goals

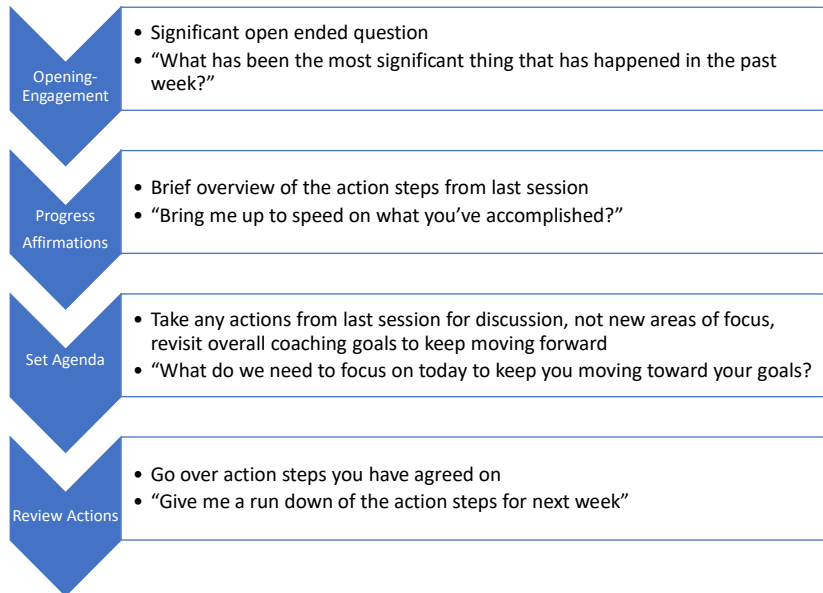


Source: Ottawa Cancer Coaching Program

Initial Coaching Session Examples

- Summarize from case formulation
 - Areas of priority may have changed
- How can I help you today?
- How would you like things to be different?
- What have you tried before?
- What has been happening?
- How has cancer affected your daily life?
- What is involved in managing your....?
- What are you most concerned about...?

Follow-up Coaching Sessions



Summary

- Tools can be used and integrated within assessment process for outcome measurement
- Selecting tools-consider for tailoring of coaching or for performance measurement in a practice.
- Case formulation an important part of planning for coaching
- A structured approach can be used to guide each and ongoing coaching session



Day 3, Aug 6 2020
5As & Brief Motivational
Interviewing for Facilitating
Behavior Change
Acute Cancer Phase

Doris Howell, RN, PhD,
Princess Margaret Cancer Centre

Pre-Reading and Handouts

Article:

1. A systematic review of motivational interviewing in cancer patients and survivors
2. Communication skills for self-management
3. MI for medication management

- Handouts
- Shared Agenda Setting Tool
- Oars Model-Essential Communication Skills

Day 3, Aug 6 2020 Session Outline

Time	Lesson/Topic	Content	Instructional Method	Media/Source
1400-1410	Motivational Interviewing	Principles and Practice of Motivational Interviewing	Review of MI Spirit-OARS Core MI Processes & Skills	Slides
1410-1430	How do people change	Prochaska Stages of Change Intersection of 5As and Brief MI for Acute Phase of Cancer	Instructor Led and Interactive	Slides
1430-1515	MI processes- Engaging and Focusing/5As Assessing and Advising	Engaging and Focusing Techniques of Ask-Tell-Ask, Open Questions/Advising with Permission/Agenda Mapping Medication Self-Management	Instructor Led and Interactive	Slides
1515-1530	BREAK			
1530-1545	Focusing	Demonstration of Focusing	Self-Directed, Followed by Discussion	Focusing Video https://youtu.be/b4xqR_gzVXo
1545-1615	MI Processes- Evoking Change Talk & Commitment to Change	Types of Change Talk Responding to Change Talk Readiness Rulers	Instructor Led	Slides
1545-1645	Micro Skills Practice	Practice-Engaging, Ask-Tell-Ask, Focusing and Evoking Change Talk	Case Scenario-Practice with case Vignette: John	Breakouts
1645-1700	Wrap-up	Summarization-Final Slide	Instructor Led and Students Key take away	Round Robin

Learning Objectives

- At the end of this session you will be able to:
 - Define the spirit of MI and core components
 - Describe how people change based on the stages of change theory
 - Apply the ask-tell-ask technique when providing specific cancer treatment information to patients/clients
 - Apply focusing skills when having conversations with multisymptomatic clients
 - Apply evoking change talk (DARN-CAT) and commitment to change using case vignette.



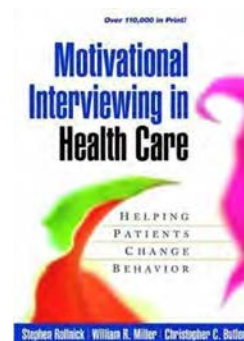
Motivational Interviewing and 5As

Motivational Interviewing

‘a collaborative conversational style for strengthening a person’s own motivation and commitment to change’

‘a person-centered counseling style for addressing the common problem of ambivalence about change’.

‘a collaborative, goal-oriented style of communication with particular attention to language of change...by eliciting and exploring the person’s own reason for change within an atmosphere of acceptance and compassion’

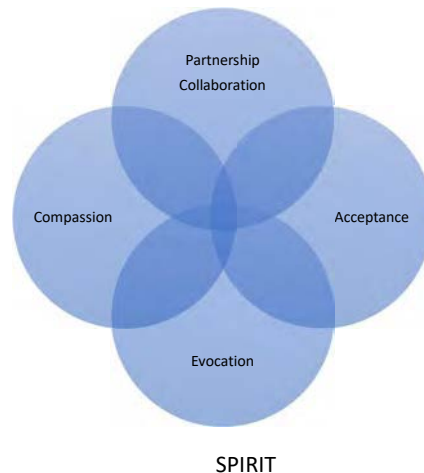


Miller & Rollnick, 2012

Motivational Interviewing Approach

Includes:

- SPIRIT
- Four processes
 - Engaging
 - Focusing
 - Evoking
 - Planning
- Five principles
 - R.U.L.E.R.S
- Five core counseling skills
 - OARS plus offering information and advice (Ask-Tell-Ask)
- Combination of guiding and directing in acute cancer phase



Miller WW, Rollnick S (2013) Motivational Interviewing: Helping People Change, 3rd Edition

Class: Define the Acronyms

• O

• A

• R

• S

• R

• U

• L

• E

• R

• S

Acronyms

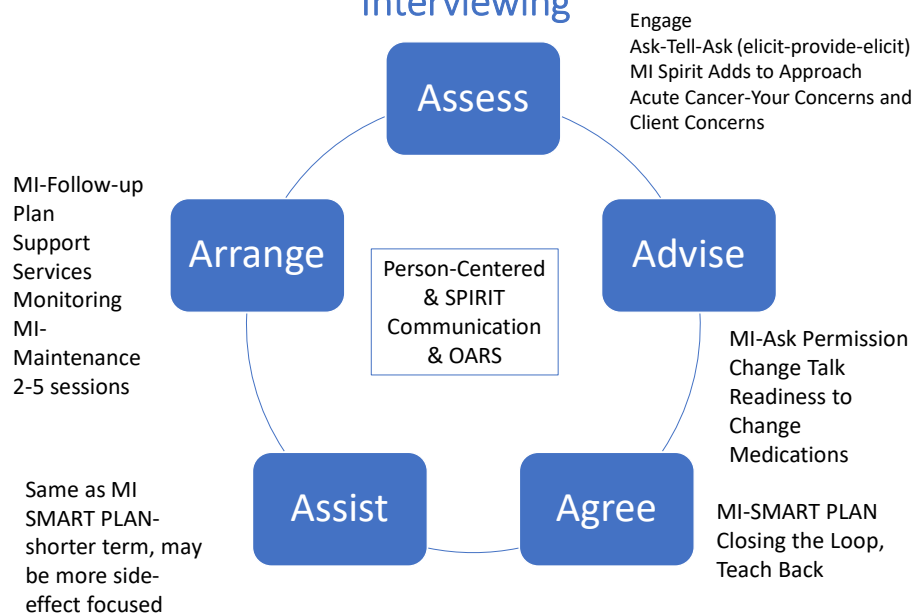
- O-open ended questions
- A-affirmations
- R-reflections
- S-summarization
- R-resist the righting reflex
- U-understand the persons situation, dilemma, motivations, concerns
- L-listen with empathy
- E-empower, inspire optimism and hope
- R-roll with resistance
- S-support self-efficacy

What words typify closed questions; and open?

Tools and Strategies

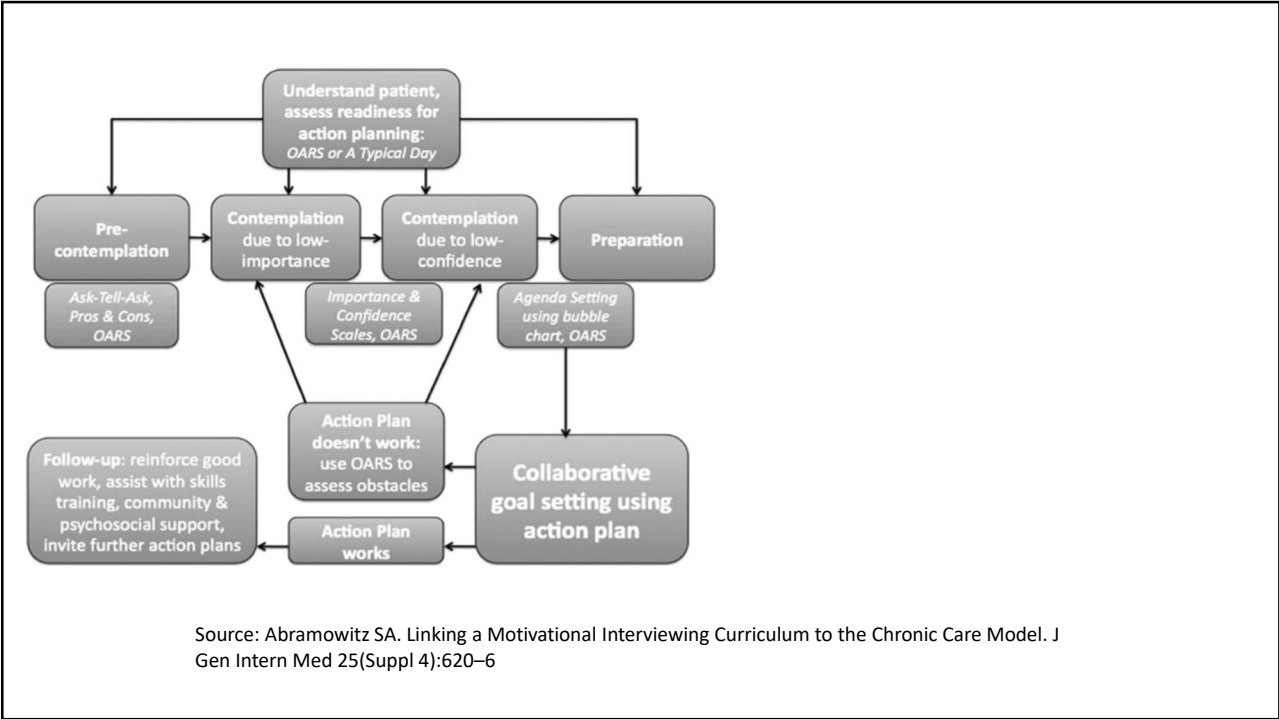
- Knowing the person and life circumstances
- Typical day
- Importance and confidence scaling
- Two possible futures
- The key question
- Anticipatory coping
- Creating a plan
- Using social support
- Agreeing on the agenda
- Decisional balance
- Readiness scaling
- Exploring options
- Looking forward
- Goal setting
- Using feedback
- Problem-solution
- Solution-finding

Intersection of 5 As and Motivational Interviewing



Goals for Acute Cancer Phase

- Develop self-management skills; and for medication
- Side-effect management, prevent life threatening complications
- Adjustment to change and stress
- Coping with emotional reactions
- Guide behaviour change related to lifestyle and activities
- Develop knowledge and able to monitor changes in disease and symptoms
- Mobilize social support
 - Effective use of community resources
 - Engage significant social network



How do people change?

Traditional Approach

- Health care provider as expert
- Assess and prescribe approach
 - Explain why change should be made
 - Give advice how to do it
 - Convince them-threaten worse health or even death
 - Get consensus on a plan-not necessarily the clients
 - Assess compliance
 - Tell them everything to keep them "safe"

Motivational Interviewing Approach

- Health care provider role is to understand and collaborate-person is expert
- Elicit Change Talk and build Intrinsic Motivation for change (informed by self-determination theory)
 - Listen, probe, understand and reflect back understanding
 - Ask thought provoking questions that elicit desire, ability, reasons and need to change
 - Find out what works and what doesn't for this individual
 - Build on strengths
 - Summarize and elicit plan of action

Transtheoretical Model (TTM) Stages of Change



Source: Adapted from DiClemente and Prochaska, 1998

STAGE	CHARACTERISTICS	STRATEGIES
Precontemplation	The person is not even considering changing. They may be "in denial" about their health problem, or not consider it serious. They may have tried unsuccessfully to change so many times that they have given up.	Educate on risks versus benefits and positive outcomes related to change
Contemplation	The person is ambivalent about changing. During this stage, the person weighs benefits versus costs or barriers (e.g., time, expense, bother, fear).	Identify barriers and misconceptions Address concerns Identify support systems
Preparation	The person is prepared to experiment with small changes.	Develop realistic goals and timeline for change Provide positive reinforcement
Action	The person takes definitive action to change behavior.	Provide positive reinforcement
Maintenance and Relapse Prevention	The person strives to maintain the new behavior over the long term.	Provide encouragement and support

Client Verbalization of Stages

- | | |
|--------------------|----------------|
| • Precontemplation | I won't... |
| • Contemplation | I might... |
| • Preparation | I will... |
| • Action | I am... |
| • Maintenance | I have been... |

Processes of Motivational Interviewing

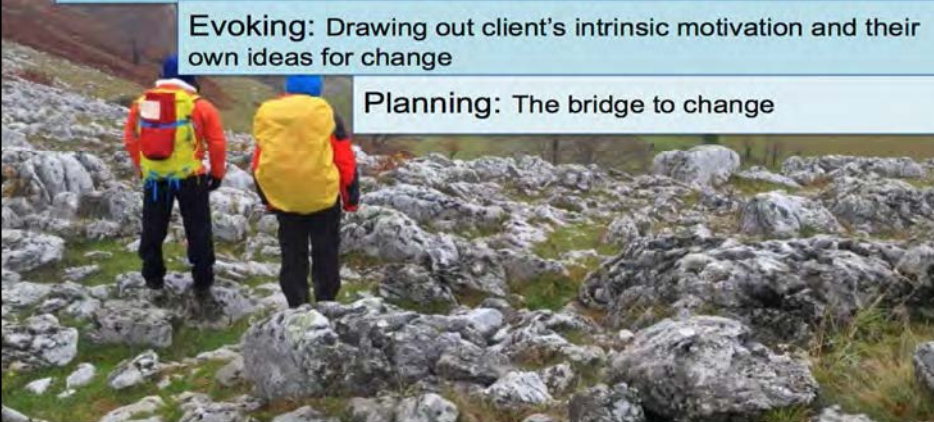
Four Processes of Motivational Interviewing

Engaging: The relational foundation

Focusing: Guiding client to a target behavior that is important to them

Evoking: Drawing out client's intrinsic motivation and their own ideas for change

Planning: The bridge to change



Source: Student Access to Mental Health-SAMHS

1st MI Process: Engaging

- Building rapport will lead to:
- Trust and collaborative working relationship-therapeutic alliance
- Agreement in coaching direction and priorities for behaviour change
- Collaboration on mutually negotiated plans to reach these goals
- Person feeling heard and listened to and the coach “knows me” and “challenges I am facing”
 - (SPIRIT and Whole Person Assessment).



Class Discussion

- What are potential disengagement traps?

2nd MI Process: Focusing

- Person may have multiple concerns for the focus of his/her change
 - Multimorbidity
 - Overwhelmed in the acute phase-not sure where to focus
- Finding direction comes through a purposeful conversation
- Ongoing process of seeking and maintaining direction
- An agenda to promote change-use of bubble diagram
- Example: Case Vignette John
 - Told to quit smoking
 - Shortness of breath
 - Pain
 - Not sure what to do about work
 - Pre-existing COPD
 - Living with uncertainty-fear of dying
 - Multiple medications to sort out and schedule
 - Self-monitoring of immunotherapy-early recognition of complications
 - Managing emotions
 - Family distress



“The process by which you develop and maintain a specific direction in the conversation about change”

Millner & Rollnick, 2102, p.27

Possible Scenarios

- Focus and direction are clear
 - Confirm mutual understanding of focus-mobilize change talk-proceed to evoking and planning
 - May be obvious and simple solutions needed-affirmation
- Unsure or unclear or what options to choose
 - Affirmation
 - You might say: There is a lot on your mind today, summarize how challenging to address all of these concerns and action potentials
 - Draw out, or share, the range of options-explore and help choose
- There is no clear focus
 - Provide a summarized coherent summary of your assessment back to the patient
 - Identify several areas of focus you identified in the assessment
 - Use agenda mapping-what would you like to focus on today
 - Can also elicit-provide-elicite
 - “do nothing, and think about it for next time”

Agenda Setting Chart



Clarify what person wants to get out of the session; for this session or future

Self-Directed Learning

- View the Focusing Video
 - Pick out key points of focusing for class discussion-round robin
- https://youtu.be/b4xqR_gzVXo

3rd Step in MI: Evoking

- Process of understanding individual's change influences
- Evoking intrinsic motivation by enhancing both **importance of change** and **confidence in the ability to change**
- Recognize various types of ambivalence, change talk and sustain talk
- How to respond to reinforce change toward action versus instructing
- Recognizing and reinforcing or eliciting change talk



Recognizing & Reinforcing Change Talk

- Change talk
 - Any self-expressed language that is an argument for change
 - Verbal behaviour signaling movement towards change
- Two main types of change talk
 - Preparatory Change Talk
 - Mobilizing Change Talk

Preparatory Change Talk

Mobilizing Change Talk



• **DARN**

- **Desire-**
 - Provides a window of opportunity for exploring ambivalence
 - *I wish, I want, I'd like...*
- **Ability**
 - Self-perceived ability to succeed at changing
 - *I can, I could, I'm able...*
- **Reason**
 - Specific arguments for change
 - *I would probably feel better if...*
- **Need**
 - Communication of a sense of obligation or urgency to change-powerful motivator for change
 - *I really need to quit smoking...*

CAT

Signals movement toward resolution of ambivalence

Commitment

- Statements about likelihood of change
- *I will, I am going to...*

Activation

- Movement toward action
- *I'm ready, able, willing...*

Taking Steps

- Taking action in the direction of change
- *I bought some shoes...*

Preparatory Change Talk

- Ask open ended question around the DARN
 - **Desire:**
 - How would you like for things to change?
 - **Ability:**
 - Of these various options you've considered, what seems possible?
 - **Reasons:**
 - Why would you want to quit smoking?
 - **Need:**
 - What do you understand about your health if you do not quit smoking?
 - How serious is this to you?

Respond to Change Talk

- When you hear it, respond to it
- Techniques
 - Open-ended Questions: Ask for more detail, examples
 - Affirmation: Comment positively about what you heard
 - Reflections: Simple or complex
 - Summarizing: Include change talk by summarizing

Example for Exercise in Cancer

INTERVENTION	NON-DIRECT INTERVENTIONS EXAMPLES
Simple reflection	"It sounds like physical activity/exercise is something you think is important to improve your health".
Probing priorities	"So what do you like most about PA? At the same time what concerns you most about exercising? What concerns you the most? What do you think would be the most important benefit of exercising?"
Double-sided reflection	"On the one hand, you think exercising will help you to manage fatigue, but on the other hand, you're concerned about how fatigued you are".
Timeline questions	What do you think will happen if you wait until your treatment is finished to start exercising.
Acknowledge ambivalence	You seem to be concerned about the effects of physical activity; and how to exercise safely.
Emphasize personal responsibility	What if anything, might you choose to do about this situation?



Eliciting and Strengthening Change Talk

- Ruler for assessing importance and confidence or readiness
- Querying extremes
- Goals and values
- Eliciting negative consequences

Querying Extremes

- What are the worst things that could happen if you don't make this change?
- What's the best thing that could happen if you make the change?

Goals and Values

- Reconnect with person's values and goals.
- Examples:
 - "Let's for a moment, move away from this issue and focus on the things that are most important to you. Your life dreams, goals, values. Tell me the most important area for you."
 - Listen then say: "So being healthy is really important to you" How does your behaviour fit in with that?"
 - Could prompt values (spirituality, etc).

Eliciting Motivation-Negative Consequences

- What difficulties have you had from.....?
- What do you see happening if you continue to...?
- In what ways are other people affected by....?
- What do you think will happen if you don't make a change?

Case Vignette

- John is a 70-year old patient with lung cancer, a supportive wife and a smoker of 25 years with a history of COPD. He initially had a lung resection but his cancer has returned and he is now receiving targeted therapy and immunotherapy.
- He has been told by his doctor that he needs to quit smoking because if he continues to smoke his lung cancer will worsen and his survival time will be less.
- You hear that he is winded while talking with you on the phone. When you ask him about his shortness of breath he states I am not short of breath just when I am out walking or when I walk up the stairs into my house. He does tell you he must stop to rest every block to catch his breath. He is continuing to smoke and states what is the point in stopping smoking my whole family smokes at home (wife and 2 older sons when they visit) and I already have lung cancer.
- He has some diarrhea and is not sure how to manage the medications for this or balance with his COPD medications.

Breakout Practice

- Case Vignette: John
- Practice Skills: establish rapport, focusing (use bubbles tool) and evoking change talk using DARN-CAT
- In groups of 4; two role playing coach with one observer and a note taker
- Observer and note taker-affirmations, any place to use more open-ended questions; and suggestions for evoking change talk using ask-tell-ask

4th Process: Planning

- A process of negotiating and collaboration drawing on the clients expertise
- Moving from talking about change to conceiving of a way of implementing change-commitment and setting a plan
- Successful change depends on readiness and appropriate timing-eliciting clients own solutions
- Collaboratively construct a change plan that is realistic and effective and support patients in implementation

Summary

- MI is a fundamental to effective coaching-based on SPIRIT conversational style
- Four key processes: Engaging, Focusing, Evoking Planning
- Goal of MI is to evoke change talk and motivate behaviour change
- SMART goal setting and action plans facilitates implementation

Day 4, Aug 7 2020
Advanced Motivational Interviewing
Skills for Facilitating Behaviour
Change-Chronic Pain & Fatigue

Doris Howell, RN, PhD,
Princess Margaret Cancer Centre

7/30/2020

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Pre-Reading and Handouts

Article:

1. Systematic review of the effectiveness of self-initiated interventions to decrease pain and sensory disturbances associated with peripheral neuropathy
2. Intensifying and Igniting change talk

- Handouts
- Blog on Role of Empathy
- Decision-Balance Tool
- Readiness Rulers
- Action Plan

Day 4, Aug 7 2020 Session Outline

Time	Lesson/Topic	Content	Instructional Method	Media/Source
1400-1415	Long Term and Late Effects of Cancer and Treatment	Long Term Chronic Symptoms in Cancer Survivorship	Lecture and Interactive Discussion	Slides
1415-1500	Chronic Symptoms	Applying Processes of MI to Chronic Pain and Fatigue	Instructor Led	Slides
1500-1530	Sustain Talk and Rolling with Resistance	Rolling with Resistance Responding to Sustain Talk	Instructor Led Class Discussion	Slides
1530-1545	BREAK			
1545-1600	Rolling with Resistance Demonstration	Demonstration with Dr. Peter Selby	Self-Directed Followed by Discussion	Video https://youtu.be/b4xqR_gzVXo
1600-1650	Practice-Case Application	Micro-Skills Practice Practice Reflections to Evoke Change Use Decision-Balance Scale Set a Goal and Plan	Practice-Role Play Practice Actual Session Case Scenario-Mary	Breakout
1650-1700	Summary	Summarization-Final Slide	Instructor Led-Students Key Takeaway Round Robin	Slides

Learning Objectives

- At the end of this session you will be able to:
 - Recognize and respond to sustain talk
 - Discuss application of empathy in managing change
 - Recognize and demonstrate rolling with resistance
 - Discuss application of Motivational Interviewing to chronic symptoms-peripheral neuropathy and cancer fatigue
 - Apply decisional balance scale
 - Develop a SMART Goal and Plan in case vignette



Adding to YOUR MI Toolbox

- Responding to Sustain Talk
- Rolling with Resistance
 - Developing Discrepancy
 - Expressing Empathy
- Support Self-Efficacy
- Applying MI to Chronic Symptoms-Pain and Fatigue

Chronic Problems in Cancer

Long-Term Effects

- Lymphedema or swelling of arms or legs
- Nutritional problems
- Cognitive problems such as trouble focusing or memory loss
- Changes in sexual function or fertility
- Pain that may be chronic or long term
- Fatigue
- Occupational or social
- Depression, fear of recurrence

Late Effects

- Early menopause
- Heart & Endocrine
- Reduced lung capacity
- Kidney, urinary, bowel problems
- Nerve problems such as numbness and tingling
- Bone and joint problems
- Muscle weakness
- Hearing loss
- Secondary cancers

Gegechkori N, Haines L, Lin JJ. Long-Term and Latent Side Effects of Specific Cancer Types. *Med Clin North Am.* 2017;101(6):1053-1073. doi:10.1016/j.mcna.2017.06.003

Peripheral Neuropathy

Journal of Cancer Survivorship (2020) 14:444–463
https://doi.org/10.1007/s11764-020-00861-3

REVIEW



Systematic review of the effectiveness of self-initiated interventions to decrease pain and sensory disturbances associated with peripheral neuropathy

Theodora Ogle¹ • Kimberly Alexander¹ • Christine Miskowski^{1,2} • Patsy Yates¹

- Common acute side-effect of systemic chemotherapy in up to 40% of patients
- Tingling, numbness, burning or shooting pain
- Can persist as a chronic problem in survivorship with significant pain.
- Self-initiated strategies-mindfulness meditation, physical activity, heat, TENS may help
- Opiates are less effective for chronic pain
- Other factors may worsen-weight, diabetes, etc.

Cancer Fatigue

- “Distressing, persistent, subjective sense of tiredness or exhaustion related to cancer or treatment not proportional to recent activity and interferes with usual functioning”.
- Universal symptom with chemotherapy up to 90% of population: persists in 60% after treatment.
- Not like “normal” tiredness you feel after working hard or exercising;
- Extreme tiredness that does not go away after you sleep or rest.



Patient description:
“overwhelming”, “isolating”,
“bone tired”, “draining”,
“paralyzing”, “unrelenting
exhaustion”

National Comprehensive
Cancer Network, 2015

Case Vignette

- Mary is a 58 year old patient attending the survivorship follow-up clinic. She worked as a nurse prior to her breast cancer diagnosis. She received systemic chemotherapy that caused peripheral neuropathy and acute pain during treatment, but the neuropathy and pain in her feet has continued.
- She is pre-diabetic and slightly overweight, also has persistent fatigue.
- She has been taking opiates for managing the pain but stopped them for a few weeks as worried about effect on her body.
- She would like to stop the analgesic and become more active and travel with her husband-but she feels she must continue the analgesic to deal with pain

What is Mary's Stage of Change?

- Patients may expect a cure
 - I am sure there must be a medication to deal with this pain.
- Not even thinking about changing
- Open to thinking about changing but...
- Believing change is possible
- Ready to make changes



Change and Sustain Talk

- **Common to hear two kinds of talk**
- **CHANGE TALK**
 - The person's own statements that favor change, self-motivating statements
- **SUSTAIN TALK**
 - The opposite of change talk, the person's own argument for not changing, for maintaining the status quo

Sustain Talk

- Arguments to preserve the status quo
- Shared arguments against an action-natural occurrence
 - **D-I don't want to**
 - **A-I've always failed at change**
 - **R-I am really comfortable with the way things are**
 - **N-My health will be okay, if I just cut back on the analgesics**

Discussion of Case Vignette

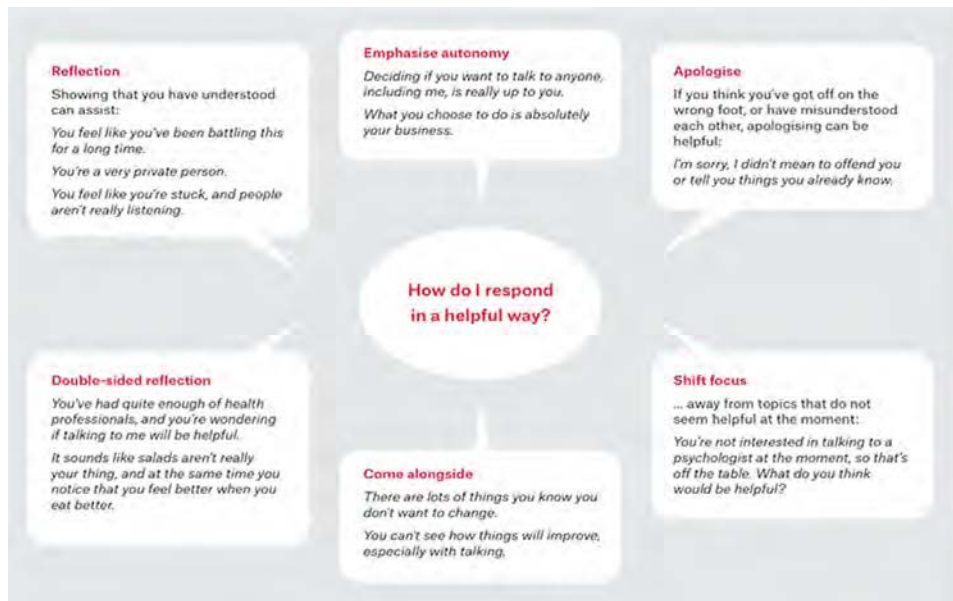
- Do you recognize the ambivalence to change?
- Do you hear change talk or sustain talk?
 - Give example
- What is the internal motivation to change?

Motivation is a fire from within. If someone else tries to light that fire under you, chances are it will burn very briefly.

Stephen Covey

Responding to Sustain Talk

- Reflections (straight, amplified, double-sided reflection)
 - Class examples?
- Emphasizing autonomy
 - **I am not ready to stop the analgesics**
 - That's your choice, only you can choose to stop
- Reframing
 - **I tried to stop the analgesics, but then I was in pain**
 - You stopped analgesics for a few weeks, that's impressive
- Agreeing with a twist
 - **Cancer recovery has been so stressful. It's just not a good time.**
 - Cancer recovery can be stressful. But worrying about the effects of analgesics on your body can be stressful.
- Running head start-if change talk is scarce
 - What may be some disadvantages?
- Coming alongside

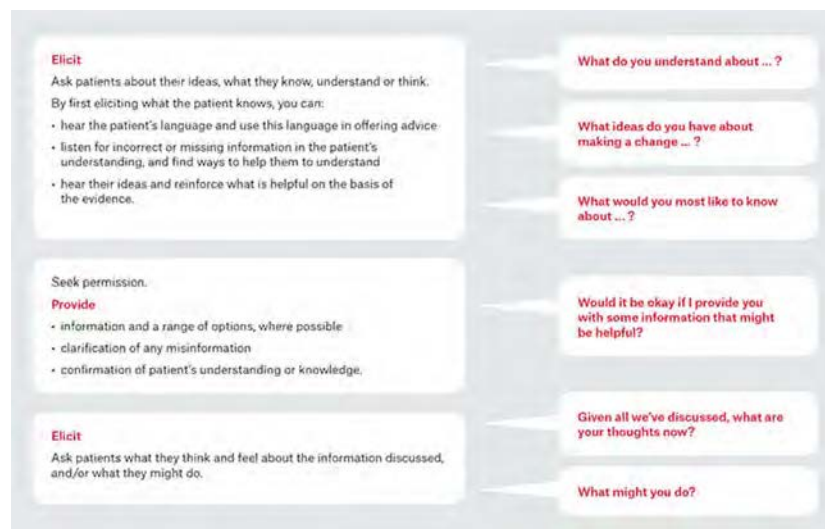


Source: Susan Deport, Are you responding in a helpful way

Engage

- What has it been like for you living with persistent pain?
- What do you think can be done?
- What strategies have you been tried so far? How do they help?
- Ask Permission
 - Would it be okay to share some information with you about opiates?

Elicit-Provide-Elicit



Source: Susan Deport, Are you responding in a helpful way

Use Check-In Questions

- What's your reaction to that information?
- Would it be helpful if I went over some options that are effective?
- What do you make of that?

Evoking Change Talk

- Magic Wand Strategy
- Class member finish this sentence
- If you had a magic wand...

Rolling with Resistance

Rolling with Resistance

- Influenced by your behaviour:
 - if you confront it, tends to increase
 - arguing for change
 - assuming the expert role
 - criticizing, blaming, shaming
 - labelling
 - being in a hurry
 - your agenda
- When you hear resistance:
 - A signal to change your approach

Four Guiding Principles (RULER)

- **R: Resist the Righting Reflex**
 - We often have a powerful desire to set things right, to heal, to prevent harm and promote well-being-automatic and reflexive
- **U: Understand Your Patient's Motivations**
 - It is the patient's reason for change, not yours that most likely trigger behaviour change.
 - Evoking and exploring patient perceptions about their current situation and motivations for change.
- **L: Listen to Your Patient**
 - More listening than informing.
 - When it comes to behaviour change, though the answers are most likely with the patient finding them requires careful listening.
- **E: Empower Your Patient**
 - Outcomes are better when patients take an interest and active role in their own health care.
 - Empowerment is helping patients explore how they can make a difference in their own health. You are the facilitator for bringing patients expertise into the consultation.
- **R: Assess Readiness**
 - Use a readiness ruler to assess readiness to change

Readiness Ruler-Scaling



- Change talk is elicited through the following questions:
 - What does it mean to be a 5
 - What makes you a 7 and not a 1
 - What would have to happen to move you from a 5 to a 7.

When Someone Is **Not Ready**

DON'T

- Lecture about the need for change (you should...)
- Argue or confront to break down 'denial'
- Ignore the behaviour or just give up

DO

- Ask **open-ended questions**, listen to the patient's story
- Change your approach when faced with resistance
- Elicit self-motivational statements (e.g., what are your worries about...)
- Look for discrepancy between the patients behaviour & where she/he wants to be (use assessment feedback)
- Support the patient's **right to choose**

When Someone Is **Unsure**

DON'T

- Give advice to change (jump ahead)
- Expect agreement about change
- Get impatient

DO

- Explore the patient's **ambivalence**, pros & cons of change (Decision Balance)
- Have the patient **imagine** or 'paint a picture' or their changed state
- Provide feedback...ask if information is needed
- Be **optimistic**, relate the successes of other patients

When Someone Is Ready

DON'T

- Jump in with simple bits of advice
- Underestimate the difficulties in maintaining change

DO

- Help the patient make a **clear plan**
- Emphasize options, other's success, "you are the best judge"
- Be **realistic**, help the patient identify attainable goals and rewards
- Have the patient identify risk situations and how to deal with them...learn **NEW** behaviours
- Convey **optimism** and willingness to re-examine

Managing Resistance

- **Simple reflection**
 - Reflecting back, or paraphrasing, what you've heard
- **Amplified reflection**
 - Amplifying, or emphasizing, what you've heard
- **Double-side reflection**
 - "On one hand you feel _____, but on the other hand you feel _____."
- **Shifting focus**
 - Side stepping, or pivoting, in a different direction
- **Reframing**

Source: Ottawa Cancer Foundation, York Course for Cancer Coaching

Affirmations

- Acknowledge individuals personal strengths, efforts, resources, and abilities
- Promotes optimism in change
- Examples:
 - You tried really hard last week!
 - You did really well at!
 - Reframing what worked...!

Rolling with Resistance: Using Empathy

- Empathy
 - "a specifiable and learnable skill for *understanding* another's meaning through the use of reflective listening. It requires sharp attention to each new client statement, and the continual generation of hypotheses as to the underlying meaning" (Miller and Rollnick, 1991, p. 20).
- An empathic style
 - Communicates respect for and acceptance of clients and their feelings
 - Encourages a nonjudgmental, collaborative relationship
 - Allows you to be a supportive and knowledgeable consultant
 - Sincerely compliments rather than denigrates
 - Listens rather than tells
 - Gently persuades, with the understanding that the decision to change is the client's
 - Provides support throughout the recovery process

Stuck in Resistance

- Summarize content of all change talk so far
 - I've heard you say you want to feel better, live a longer life, be able to do more things with your grandchildren, you think you can quit smoking you have done it before, but your not sure you can do it when under this stress.
- Present the summary to the patient----Pause
- Given all this? How would you like to proceed from here?
- What concerns you most?
- Do you remember when it went well?
- What is your hope for the future?
- If you did not make a change what does your future look like?
- Explore broader goals and values

Self-Directed Learning

- Watch a Demonstration of MI principles in action with Dr. Peter Selby
- https://youtu.be/C02a_rAlho0

Breakout-Micro-Skills Practice

- Case Vignette-Mary
- Complete an actual coaching session from start to finish
- Practice using reflections to deal with resistance
- Use decisional balance
- Set a goal and action plan

Actual Health Coaching Session

The initial engagement:

- What's on your mind today?
- What has gone well since we last spoke?

Setting the agenda:

- What's one thing that's really important for you to discuss today?
- What about that is important to you?

Evoking:

- What would need to change to make this happen?
- What would it mean to you to make this happen?

Drawing on the client's strengths:

- What has helped you make changes in the past?

Planning action steps:

- What's emerging for you as the next step you might take?
- Who or what could support you in this?
- What will progress look like? What will make it stick?

Closing the session:

- What have you learned about yourself today as we unpacked this?

Change Planning and Collaboration

IF	Patient has formulated a plan	Patient has some ideas for a plan	Patient has no idea where to begin
THEN	Provide support Hone specifics Keep goals consistent with SMART	Use path mapping Clarify end goal Explore pros and cons of each option	Collaboratively brain storm Offer advice with permission

You can still provide information and advice to the patient—as long as done in the SPIRIT of MI. Coach must have permission from the client.

Client may ask or “Is it okay if I offer you some advice”.

Goal Setting - Helping clients Set Reasonable Goals

- Think “SMART” – **S**pecific, **M**easurable, **A**ttainable, **R**esults-focused, **T**imely
 - **SPECIFIC:** Goals should be simplistically written and clearly defined.
 - **MEASURABLE:** Goals should be able to be evaluated. Can you define progress and success?
 - **ACHIEVABLE:** Goals should be challenging, but doable.
 - **RESULTS FOCUSED:** Goals should measure outcomes, not activities.
 - **TIME-BOUND:** Goals should have a timeline and clear end.

Consolidating Client Commitment

- Set the goal
- Summarize plan
- Reaffirm commitment
- Assess confidence
- Adjust plan to address barriers if needed
- Affirm plan
- Accountability-plan for follow-up

Building Self-Efficacy

Building Self-efficacy

If the client scored low on the self-efficacy scale and feels resigned and unable to change, increasing optimism about the possibility of change and focusing on internal strengths are some of the effective methods to encourage change talk and increase belief in one's ability to change.

This can be done through the following questions:

- Tell me about a time you made changes in your life. How did you do it?
- What personal strengths do you have that would help you succeed?
- Imagine you decided to change, what about you would enable you to do it?
- What encourages and inspires you?
- Who could offer you support in making this change?

Summary

- MI focuses on an interpersonal process in coaching communication
- Resistance to change can be reduced or increased
- MI works well for chronic symptoms such as pain and fatigue
- SMART goal setting and action plans facilitate behaviour change and build self-efficacy

Day 5, Aug 10 2020
Behaviour Change & the Working
at the Interplay of Stress, Distress
& Health in Cancer

Doris Howell, RN, PhD,
Princess Margaret Cancer Centre

7/30/2020

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Pre-Reading and Handouts

- Articles:
- White Paper on Client Referral
- Howell Distress the 6th Vital Sign
- Reducing distress in cancer patients: a preliminary evaluation of short-term coaching by volunteers

- Handouts
- Personal Strengths Domains and Questions
- Coping Checklist
- GROW Model

Day 5, Aug 10 2020 Session Outline

Time	Lesson/Topic	Content	Instructional Method	Media/Source
1400-1415	Definitions of Health	What is Psychosocial Health	Lecture and Interactive Discussion	Slides
1420-1500	Psychosocial Health and Distress	Effects of Stress on Health Building Coping Strategies and Self-Efficacy	Instructor Led and Interactive	Slides
1500-1520	Use of MI for Distressed Clients	Example of MI with a Patient Experiencing Depression	Self-Directed Exercise Discussion	https://youtu.be/3rSt4KlaN8I
1520-1535	BREAK			
1535-1555	Strength-Based Coaching	Identify strengths Building coping skills Coping-Grow Model Using Coping Checklists	Instructor Led and Interactive	Slides
1555-1630	Problem-Solving	Application of Problem-Solving Identification of Strengths	Work with Case-Scenario for Nigel	Breakout in Pairs 40 minute practice, 20 minute share back
1630-1650	Uncertainty in Cancer	Tolerance of Uncertainty Reframing Negative Thoughts	Instructor led	Slides
1650-1700	Summary	Summarization-Final Slide	Instructor Led-Students Key Takeaway Round Robin	Slides

Learning Objectives

- At the end of this session you will be able to:
 - Identify psychosocial risk factors in cancer populations
 - Differentiate between normative emotions and mental health
 - Recognize mental health disorders and know how to refer for treatment
 - Differentiate between therapy and coaching
 - Coach clients in positive coping skills and problem solving to manage emotions and stress
 - Know and foster patients strengths-to build resilience
 - Support reframing of negative emotions.

Warm-Up Exercise

- How would you define psychosocial health?
- Key elements or components?
- Coaches role in facilitating psychosocial health?



What is psychosocial health?

- Psychosocial health encompasses the mental, emotional, social, and spiritual dimensions of what it means to be healthy.
- Psychosocial health is the result of complex interaction between a person's history and his or her thoughts about and interpretations of the past and what the past means to the person.



Canadian Association of Psychosocial Oncology, Psychosocial Assessment Guideline

Emotions and Mental Health

EMOTIONS AND MENTAL HEALTH

Normative Emotions in Cancer

Anxiety
Fear
Worry
Disgust



Melancholy
Sadness
Despair
Hopeless
Worthless
Anger
Shame
Guilt



Adjustment Disorders (Cancer)

- Low mood
- High anxiety
- Mixed mood and anxiety

Anxiety Disorders

- Phobias
- Panic Disorder
- Agoraphobia
- Social Anxiety Disorder
- Generalized Anxiety Disorder

Obsessive Compulsive Disorder

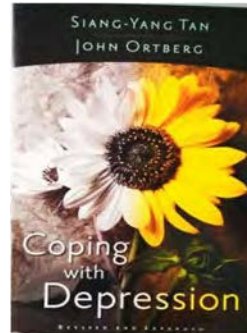
Mood Disorders

- Depression
- Bipolar Disorder
- Dysthymia

Substance Use Disorders

Definition of Emotional Distress

- **Distress** is a multifactorial unpleasant **emotional** experience of a **psychological** (ie, cognitive, behavioral, **emotional**), social, spiritual, and/or spiritual physical nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment....”



NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Distress Management These NCCN Guidelines® are currently available as Version 1.2017.

Stress

- STRESS is a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize; and endangering his or her well-being.”
- Psychological stress is defined as the cognitive, behavioral, psychological and physiological reactions experienced when an individual faces a real situation, in which the demands go beyond one’s psychological endurance.



Not all stress is negative—eustress (Selye)
= action enhancing stress

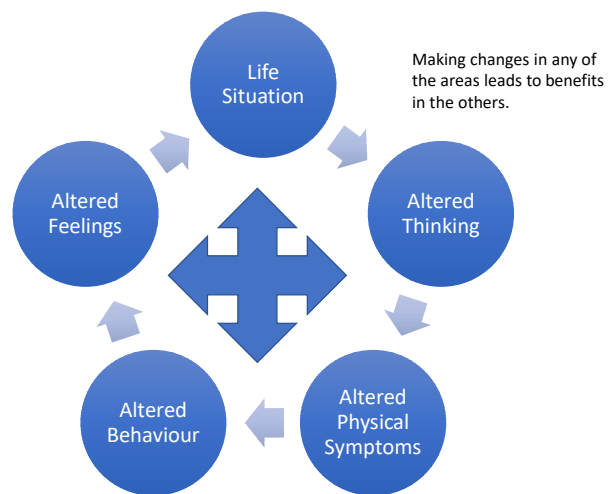
Kasparian NA. Psychological stress and melanoma: are we meeting our patients’ psychological needs? Clin Dermatol. 2013; 31: 41–46.



Inability to

- Respond
- Learn
- Process

Mind Body Connection



Reference: The Five Areas Model, Williams 2001.

Impact of stress on the immune system

Stress may have a general impact on the immune system, e.g. **Immunosuppression**. Alternatively it may affect natural or specific immunity or even alter the balance between cellular and humoral immunity.

Sergerstrom & Miller (2004) conducted meta-analysis and concluded that stress can strengthen natural immunity.

Acute stressors can lead to an upregulation (increased strength) of natural immunity

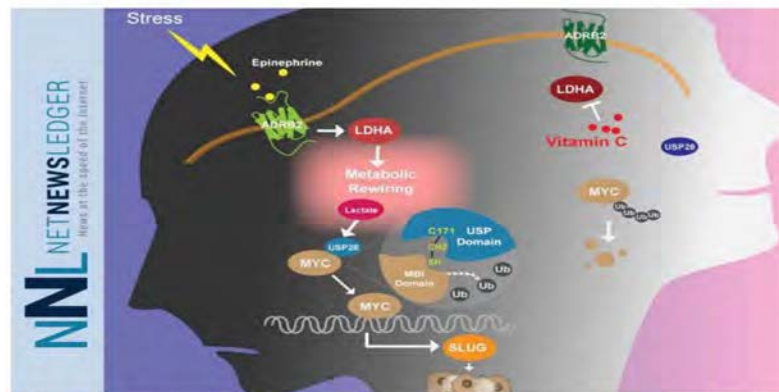
Chronic stressors can lead to downregulation of the immune system



Stress can boost Cancer Growth

Medical Research News

By NNL Staff - February 21, 2019



In a new mouse study, scientists show epinephrine sets off a cascade of reactions that promote cancer spread in chronically stressed breast cancer patients. CREDIT: Quentin Lu, via the Journal of Clinical Investigation

IDENTIFYING & MANAGING CO-EXISTING MENTAL HEALTH ISSUES

- Conversation topics with clients:
 - **History of current issues:** Inquire about onset, frequency, duration, progression (has it gotten better or worse over time?), and course (what makes it better or worse?)
 - **Affective Status:** Seeing, smelling, or hearing unusual things? Changes in motivation? Fatigue/decreased energy? Difficulty concentrating? Difficulty making decisions? Irritability/frustration over little things?
 - **Anxiety:** Excessive worry, uncontrollable fear, restlessness, fidgeting, muscle tension/aches, agitation, sweating, shortness of breath/difficulty breathing, tightness of chest, dizziness
 - **Depression:** Sadness, frequent crying spells, excessive guilt, hopelessness, helplessness, worthlessness, fatigue, anhedonia, dysphoria
 - Current suicidal ideations, plan, intent?
 - History of suicidal ideations, plan, intent?

Self-Directed Exercise Video on Coaching & Depression

Identify what is in your scope of practice and what is out (two columns)

Building Coping Skills

What is coping?

- “Constantly changing cognitive and behavioural efforts to manage (master, tolerate, reduce, minimize) specific external and/or internal demands (and conflicts among them) that are appraised as taxing or exceeding the resources of the person”.
- “A process of dealing with stressful events by means of cognitive appraisal, purposeful efforts, use of available supports and resources in order to achieve physiological and psychological adjustment” (Yang, 2018).

(Lazarus, R. and Folkman, S. Stress, Appraisal and Coping. New York: Springer Publishing Company, 1984; Yang. Coping: a concept analysis in the cancer context. 3TMR Integrative Nursing, 2018, 2(1): 27-33.

Dominant Coping Strategies

Problem-Focused

- Doing something active to alleviate the stressful situation
- Define the problem, generate solutions, choose an alternative, take action
- Usually more effective than emotion-focused coping-long term
- Used primarily when a person appraises a stressor as within his or her capacity to change.

Emotion-Focused

- Efforts to regulate emotional consequences of stressor
- Avoidance, minimization, distancing, positive-comparison, reappraisal
- Used primarily when a person appraises a stressor as beyond his or her capacity to change.

New Additions: Meaning Based Coping and Proactive Coping

Coaching is not Therapy

Therapy

- Therapist requires professional degrees, qualifications, and accreditations
- Reflect on past experiences and how they influence the present
- Less outcomes-focused, emphasis on 'inner' subconscious and conscious personal development, to support client overcome challenges and barriers in life
- Takes place over many years, for as long as the individual feels they require it or for as long as the relationship is helping them

Coaching

- You must also obtain registration with professional bodies and relevant professional licenses to practice
- Coaching more focused on the 'here and now' and supporting behaviors in the now to generate positive change for the future
- Coaching tends to focus on more attainable and measurable goals within the coaching process, so clients are working towards tangible outcomes
- Coaching tends to be shorter-term due to the outcomes focus of the relationship

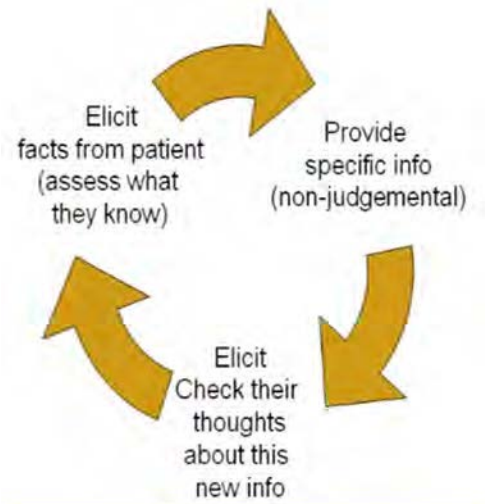
Stephens, 2018

Role of Cancer Coach

- Recognize emotional distress
 - Acknowledge
 - Active Listening-reflections, affirmation
 - Normalize
- Exploration
 - Acknowledge Validate Feelings
 - Assess how is the illness is being appraised-accurate or not
 - Identify and refer for mental health issues
 - Coping skills and strengths
- Managing
 - Provide information with permission
 - Identify therapeutic resources (coping skills, support systems)
 - Use coaching skills to facilitate actions
 - Referrals/interventions to lessen distress

Exploration

- Tell me more?
- You mentioned that you really want to handle these emotions! Can you say more about that?
- Give me some more background, can you tell me what led up to this situation?
 - How have you coped in the past? Tell me a situation!
- You mentioned that you always feel _____, give me a time when you feel like that?
- What is behind that?
- What are the most important factors or players in this situation?
- It sounds like _____ is really important to you. Can you explain.



Meaningful questions that will combat the relentless pursuit of pathology, and ones that will help discover hidden strengths that contain the seeds to construct solutions to otherwise unsolvable problems.

- Graybeal C. Strength-based social work assessment: Transforming the dominant paradigm. *Families in Society: The Journal of Contemporary Human Services*. 2001; 85(3): 326-335, p. 235.

Structured Approach

Open-Ended Inquiry	<ul style="list-style-type: none"> • What are you feeling right now? • How have you been coping? 	Broad questions may be too vague. One question at a time. Avoid "why" questions. Allow extra response time.
Affirmations	<ul style="list-style-type: none"> • You've been persistent in finding a solution. • Forgiveness is important to you. 	Concrete. Verbal and non-verbal affirmations. Don't exaggerate. Growth comes from affirmations and recognizing successful experiences.
Reflections	<ul style="list-style-type: none"> • You're really frustrated with the process. • A lot of things have happened and you want to be able to trust again. 	Develops insight. Pause to allow processing. Helps client with organization and structure of language, helps to verbalize feelings.
Summary	<ul style="list-style-type: none"> • Sometimes the stress is too much. • It's been really hard to stay sober and you want your kids back. • Where should we go from here? 	Use frequently especially in between topics. Ask client to give summary.

Frielink, et al. J of Intel & Dev Dis, 2013

The GROW model

GOAL

What do you want to move forward on...?
What can we achieve in the time available...? What would be the most helpful thing for you to take away from this session?

REALITY

What is happening now that tells you...? Describe the current situation... What made you realise that you need to do something different?

OPTIONS

What could you do to move yourself just one step forward...? What are your options...? How far towards your objective will that take you...?

WILL

What will you do next...?
What could stop you moving forward?
How will you overcome this?
How can you keep yourself motivated?
When do you need to review progress?
Daily, weekly, monthly?
What do you need from me?

TOPIC

Tell me about...
What would you like to think/talk about...?











Source: Skills for Life Improvement Program/(C)IBT

Options

- What could you do here to move yourself toward your goal?
- What other options can you think of?
- Lets shoot for five possible solutions. What else could you do?
- You mentioned earlier that you _____. Does that suggest any other ways you could approach this?
- What obstacles might keep you from reaching your goals? How could you remove them?
- What have you done in the past?

STOP **What will help?**

<p>breathe</p> 	<p>walk</p>  <p>& walk away</p>	<p>exercise</p> 	<p>talk</p>  <p>& self-talk, e.g. "it will pass"</p>
<p>relax</p> 	<p>friends</p> 	<p>focus of attention</p>  <p>imagery</p>	<p>music</p> 

Decision

- Could do-want to-will do.
- The options you mentioned are _____ (read through the list of options). What stands out to you in the list?
- Which options do you want to pursue?
- Which of these options will most effectively move you toward your goal?
- Make a choice, what's the best solution?

Action

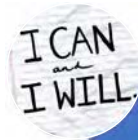
- Lets turn it into an action step. What exactly will you do?
- What else will you do by when?
- You mentioned that you (could, should, might, out to) Would you like to make that into an action step?
- You mentioned that you will _____. What can you commit to doing?
- Is that a realistic timetable? Are there any other obstacles we need to address before you move forward?

Strength Based Approach

Strengths-Based Approach



Identify solutions in collaboration-co-producers of support; other supports



Helps person identify how they are already coping-affirmations, daily self-care



Values capacity, skills, potential-not pathology; nor ignoring challenges



Acknowledge overwhelming nature-clarify problem from patient's perspective

Outcomes: Strength-Based Approach

- Build self-esteem, self-efficacy, reinforce a positive sense of self-worth and competence
- Empower clients to take ownership and responsibility-use own and other resources (i.e. peer support)
- Enhance well-being and quality of life (through development of hope)
- Active involvement of clients in identifying and implementing resources, strategies to support them to achieve goals
- Enhance motivation and likelihood of positive behavior change
- Reduces the power differential between coach and client.

- Each person holds so much power within themselves that needs to be let out. Sometimes they just need a little nudge, a little direction, a little support, a little coaching, and the greatest things can happen.

• Pete Carroll

STRUCTURED PROBLEM-SOLVING



Case Example: Nigel

Nigel is a 49-year old divorced male with two teenage children with shared custody and has metastatic colorectal cancer. He just returned to work as a civil engineer. When you ask him how he is doing today, he gives a detailed description about how he is not feeling well at all. He states, "I can't handle this stress. I am not sleeping. I am worried all the time about my latest scan results, which I will get at my next appointment in a month. I know I am supposed to be taking the antidepressants I was prescribed but I just don't think they are helping; and I just can't cope with how terrible I feel, my emotions are all over the place" (he sounds like he is struggling not to cry on the phone). He has not been following the doctor's recommendations for taking antidepressants. "My doctor told me I should also try some exercise because it helps depression and I think if I can get stronger I will be able to get more treatment if my scan is bad. I know it will help but I just feel too tired." He says that he knows his situation is also having an effect on his two children. Lastly, he tells you that he has had a discussion with his boss who thinks he should consider taking sick leave until he can get everything in order, but the decision needed to be his.

Breakout Practice

Reflective Listening & Summaries

- Divide into Groups of Four-two role players and one observer.
- Practice: Reflective Listening and Using MI Communication Skills
- Try out the Grow Model
- Practice Problem Solving

- Examples:
 - Reflective Listening
 - Paraphrase, "it sounds like... "If I understood you correctly"
 - Amplification, "exaggerate the underlying message"
 - Double-sided reflection, "on one hand you, and on the other hand"
 - Affective Reflective, "focus on the emotion..."
 - Summaries
 - What you have told me so far?
 - Can I check out what you are experiencing?

Uncertainty

Uncertainty in Cancer

- Dealing with uncertainty is an unavoidable part of life
- Uncertainty prominent feeling for individuals dealing with cancer and treatment-can change along the trajectory (i.e. early fears re: staging)
 - Inability to determine the meaning of illness event.
- Uncertainty about the future may create or exacerbate anxiety.
- Individuals who are anxious tend to have less tolerance for uncertainty = avoid uncertainty may not be successful
 - Example:
 - Young adult with cancer that does not adhere to chemotherapy

DEVELOPING UNCERTAINTY TOLERANCE

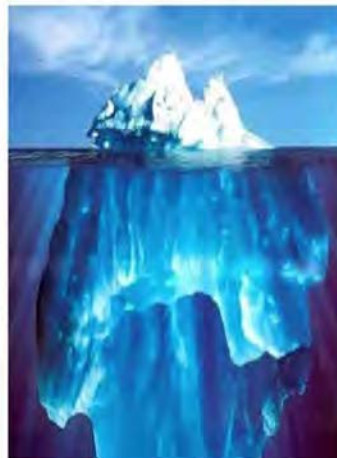
- If we can't get rid of uncertainty, how can we learn to tolerate it?
- Cognitive behavioral therapy offers strategies that address interrelated thoughts, feelings, and actions surrounding uncertainty
 - Assess real versus perceived probability of possible outcomes
 - Identify negative/unhelpful thoughts related to unrealistic expectations or unlikely outcomes (e.g., "I'm never going to feel like I used to"; "I'm always going to be sick")
 - Challenge these cognitions, particularly those not evidence-based
 - Identify realistic thoughts that are often neutral/positive (helpful)
 - Work with the clients to develop adaptive coping statements when faced with uncertainty of cancer, recurrence, and the future (e.g., "This too shall pass"; "I've made it through hard times before, just give it some time")
 - Encourage clients to practice acting "as if" he or she is tolerant of uncertainty
 - Record the consequences
 - Remember: things may not go perfectly and that's okay!

Other Strategies for Managing Distress & Quality of Life, cont.

- **Cognitive Restructuring**
 - Teaches clients to recognize how their thoughts can negatively influence their pain and their ability to cope with their pain
 - Discuss with clients how negative thoughts not only impact their pain, but also their psychological well-being
 - Work through common examples of negative thinking having a detrimental impact on clients with pain
 - Encourage the client to think of an example from his or her own life that would apply
 - Work collaboratively with the client to identify the negative thought, define its negative consequences, and generate a more neutral or positive thought that will have better consequences
 - Cognitive restructuring is a well-established method for increasing mood; it is also part of numerous behavioral pain interventions that have shown efficacy for reducing pain in clients with cancer or other chronic diseases

THOUGHTS

- Thoughts are automatic (words, mental images)
- Tend to be negative and catastrophic (thinking errors)
- Influence feelings (sensations) and behaviours
- Focus on negatives overshadows positive (or neutral thoughts and experiences)



Types of anxious thoughts

Thinking the worst	Predicting the future
Jumping to conclusions	Self-criticism
Mind reading	Over-generalizing
Discounting the positive	Pressuring language



CONCERNED ABOUT SOMEONE?

- Create a safe and open space/environment
- Speak with this person about your concern
- Explain what you have noticed, and why you are concerned
- Allow a person a chance to process information
- May not immediately trigger change, but a seed may be planted
- Ask permission to revisit conversation in the future

Summary

- Emotional distress and stress are difficult aspect of managing emotional consequences of cancer
- Coaches play an important role in facilitating patients coping and self-care strategies to manage-build on patients strengths
- Coaches teach patients the process of problem-solving and set plans for success