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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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Canada

Dr. Maya Obadia

PhD

Dr. Maya Obadia is a Registered Psychotherapist and MINT certified MI trainer. She is currently a Lecturer in Kinesiology and Psychology at the University of Guelph Humber, an affiliate of the ELLICSR Cancer and Survivorship Centre at UHN, and Director of Maya Obadia Training and Psychotherapy. Her expertise is in Motivational Interviewing for behaviour change in populations with chronic diseases. Dr. Obadia has received a doctorate from the Institute of Medical Science Faculty of Medicine, University of Toronto, and training at Sickkids in Toronto where she developed a MI training program for primary care physicians to use when treating children with obesity. Maya's post doctoral fellowship training with the Department of Psychiatry, University of Toronto, and at UHN, paved the way for use of MI as an integral part of Cancer Rehabilitation and Survivorship at the Princess Margaret Cancer Centre, Dr. Obadia continues to be involved in training and research in the program. Dr. Obadia continues to consult with various research institutions and non-profit supporting programs and curriculums in health behaviour change.

Cancer Coaching Certificate – Live Program Outline

Course 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://hlIn.info.yorku.ca/cancer-coach-certificate-course-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 13 - 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	TOPIC
August 4	Health History and Holistic Cancer Coaching Assessment and Case Conceptualization
August 5	Health History and Holistic Cancer Coaching Assessment and Case Conceptualization
August 6	Advanced Motivational Interviewing for Cancer Coaching Across the Cancer Continuum
August 7	Advanced Motivational Interviewing for Cancer Coaching Across the Cancer Continuum
August 8-9	WEEKEND BREAK
August 10	Behaviour Change and Working at the Interplay of Stress, Psychosocial Distress and Health in Cancer
August 11	Behaviour Change and Working at the Interplay of Stress, Psychosocial Distress and Health in Cancer
August 12	Putting it all Together - Simulated Practice of MI
August 13	Capstone Evaluation through Live Simulation with Actors

Advanced Motivational Interviewing for Cancer Coaching

Dr. Maya Obadia PhD RP

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Motivational Interviewing is...

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

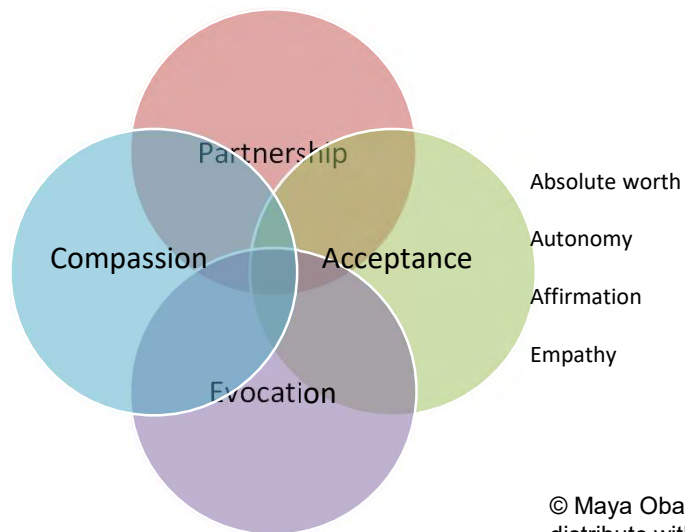
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Ambivalence

- Feeling two ways about something is a normal, non-pathological state
- Being stuck in ambivalence causes a problem to intensify and persist
- Exploring ambivalence means working at the heart of the problem



Spirit of MI



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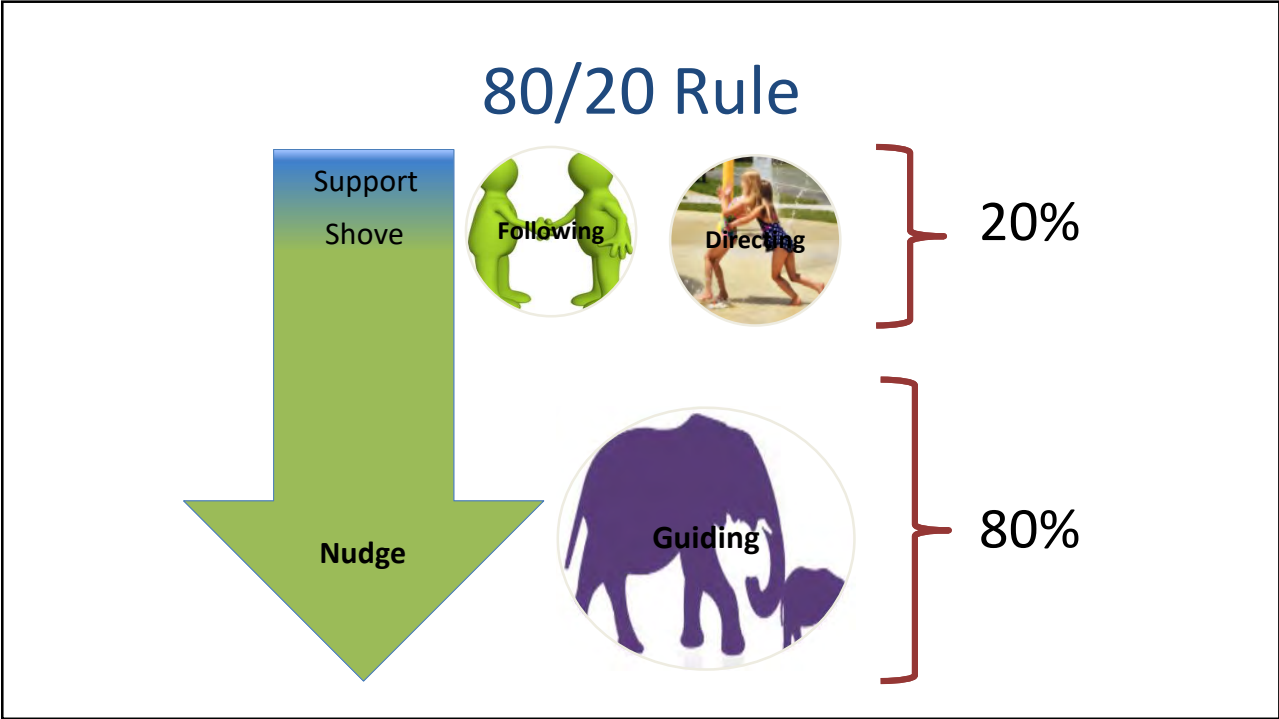
8 Stages of Learning MI (Moyers et al.)


1. Getting the spirit of MI
2. Using client-centered skills (OARS)
3. Recognizing change talk
4. Eliciting and reinforcing change talk
5. Rolling with resistance
6. Developing a change plan
7. Consolidating client commitment
8. Integrating MI with other intervention methods

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Health Counseling Practice Styles





- ### 5 Principles of MI: RULERS
- **R**esisting the righting reflex
 - **U**nderstand the person's situation and motivation
 - **L**isten with empathy
 - **E**mpower (encouraging optimism and hope)
 - **R**olling with resistance
 - **S**upport self-efficacy
- 

The Righting Reflex

- Human beings seem to have a built in desire to set things right
- This “fix-it” need is particularly strong in the helping professions
- The righting reflex does not work for resolving ambivalence
- Learning to inhibit the RR

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Remembering to Resist

- Act like a referee between the two conflicting aspects of ambivalence
- Be fair but keep the target in mind
- Follow the cons but guide towards the pros
- Spirit, spirit, spirit

Stop, collaborate and listen!

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Importance Scale

1. How **important** is it for you right now to change?
On a scale of 0 to 10, what number would you give yourself?

0	10
not at all	extremely
important	important

A. Why are you there and not at **0**?

B. What would need to happen for you to raise your score a couple of points?

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Confidence Scale

1. If you decided to change how **confident** are you that you could do it?
On a scale of 0 to 10, what number would you give yourself?

0	10
not at all	extremely
confident	confident

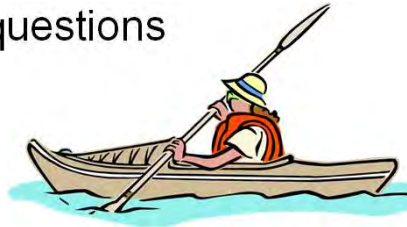
A. Why are you there and not at **0**?

B. What would need to happen for you to raise your score a couple of points?

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OARS of MI

- Open ended questions
 - Affirmations
 - Reflections
 - Summaries
-
- Offering information and advice



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Why use open ended questions?

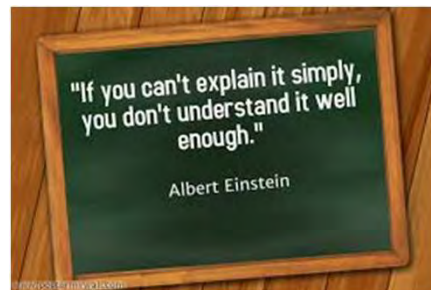
- Open-ended questions
 - Encourages client speech
 - Elicits the client's story
 - Seeks elaboration
 - Allows the client to chose the answer



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Summarizing

- Offering a bouquet
- Drawing a more complete picture
- Transitions



Reflective Listening

- The greatest gift
- The mirror allows a shift in perspective
- Demonstrates the desire for understanding
- Builds the therapeutic relationship

- Allow the client to tell their story in their own words, with their own feelings

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Reflections

- Are statements rather than questions
- Make a guess about the client's meaning (rather than asking)
- Yield more information and better understanding
- Often a question can be turned into a reflection

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Reflective listening

- A statement that shows you understand another's meaning
- You generate a hypothesis of another person's meaning and then share it
- The process that checks the perceived meaning against the speaker's own meaning
- More reflections = less resistance and more change talk

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Level of Reflections

- Repeating
 - Targets elements of what patient has said
- Rephrasing
 - Substitutes synonyms or slight reword
- Paraphrasing
 - Infers meaning or saying the next sentence
- Reflection of feeling
 - Emphasizes emotion or feelings

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Simple reflection

Who are you to give me advice? How
do you know what it's like to have
cancer?

**It's hard to imagine how I could
understand.**

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Simple Reflection

Repetition or rephrase

Client: I try but it's really hard to do my swallowing exercises when I am out in public. Something that others take for granted I have to do all the time.

Listener: It is hard for you to do exercises in public

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Further levels of reflective listening

FEELING - reflecting affect

FEELING AND CONTENT - linking thoughts,
feelings and events

MEANING - reflecting the experience as a
whole, personal, human, spiritual,
universal and existential

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More reflections

Emphasizing personal choice and control

Explicitly reinforcing autonomy

Double-sided reflection

Reflect back the resistance with their 'other side' using "AND"

Summaries

Link together, selective reinforcement, guiding

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Personal control

What if I tell you I don't care if cancer comes back I don't want to start exercising.

Ultimately, it is your decision whether you decide to use a condom or not.

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Double –sided reflections

Double-sided reflection

Reflect back the resistance with their 'other side' using "AND"

End with the positive that might suggest, or lead to future change talk.

The last thing we say is what people remember, and are most likely to respond to.

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Double-sided reflection

Okay, maybe I've gotten carried away on some occasions with meth, but it's not like I'm an addict. I've had some great experiences.

You've enjoyed times that you've used AND you've experienced some problems too.

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Client: I try but it's really hard to do my swallowing exercises when I am out in public. Something that others take for granted I have to do all the time.

Listener:

Paraphrase:

It is hard for you to keep at it when others take it for granted.

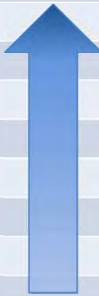
Added meaning;

You really want to succeed in keeping to your schedule even when in public

You face some obstacles and yet you keep trying at it

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Amplifying Reflections

	HAPPINESS	ANGER	SADNESS	FEAR	
STRONG	delirious	outraged	despondent	petrified	
	overjoyed	incensed	hopeless	terrified	
	delighted	furious	depressed	panicked	
	cheery	irate	gloomy	alarmed	
	chipper	angry	blue	frightened	
	happy	mad	downhearted	scared	
	glad	irked	low	nervous	
	pleased	bothered	down	worried	
	content	irritated	unhappy	startled	
	WEAK	okay	annoyed	a little down	uneasy

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DARN-CATS

Preparing for change:

- Desire
- Ability
- Reason
- Need for change

Mobilizing change talk

- Commitment to changing
- Activation
- Taking steps

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Questions for eliciting change talk...

- **D**: Why would you want to make this change?
- **A**: How would you do it if you decided
- **R**: What are the three best reasons?
- **N**: How important is it? 0-10 and why?
- **C**: What do you think you'll do?

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Commitment Language

5	4	3	2	1
I guarantee	I am devoted to	I look forward	I favor	I mean to
I will	I pledge to	to	I endorse	I foresee
I promise	I agree to	I consent to	I believe	I envisage
I vow	I am prepared to	I plan to	I accept	I assume
I shall	I intend to	I resolve to	I volunteer	I bet
I give my word	I am ready to	I expect to	I aim	I hope to
I assure		I concede to	I aspire	I will risk
I know		I declare my intention to	I propose	I will try
			I anticipate	I think I will
			I predict	I guess I will
			I presume	

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Using our EARS

- **E**laboration
- **A**ffirmations
- **R**eflecting back
- **S**ummarizing



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“I learn what I believe as I hear myself speak”

- Goal is to have the person hear him - or herself say, “Something has to change!”

Your role is to organize the discussion so that the person confronts him - or herself

The person **should convince you** that there are problems to be addressed

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Advice Giving

- Miller & Rollnick suggest asking yourself the following questions: :
 - “Have I elicited the client's own ideas and knowledge on this subject?”
 - “Is what I am going to convey important to the client's safety, or likely to enhance the client's motivation for change?”
- When you answer yes to both then ask for permission

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The Faces of Resistance

- Importance
 - *“Soda’s not the worst thing for your health.”*
- Confidence
 - *“I’ve tried everything.....”*
- Independence
 - *“I’ll keep smoking ‘til my dying day.”*



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Dancing with the Devil

- Simple reflection
 - Content
 - Meaning
- Amplified reflection
- Double sided reflection



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Quality Questions:
Eliciting change talk

Asking evocative questions
Using the importance ruler
Exploring the decisional balance
(pros and cons)
Elaborating
Explore the emotional dimension
Concern or optimism

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Quality Questions:
Eliciting change talk - 2

Querying extremes
Looking back (before the 'problem'
emerged)
Looking forward (with or without
change)
Exploring goals and values

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Giving Information

- Sometimes (rarely) it is necessary to share information with our patients, in an MI framework we use the following process:
 - Elicit
 - Provide
 - Elicit

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Elicit-Provide-Elicit

- Elicit: first we make sure to evoke what the patient knows already, then if it is necessary to add to this or correct it then we elicit permission
- Provide: we provide the necessary information (correction or additional perspectives)
- Elicit: we ask how this relates to their situation from their perspective

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Affirmations

- Instill hope and belief that the client can change
- A way of reorienting client to resources that he/she has available
- Statements of appreciation for the client and his/her strengths

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Affirming with Purpose

- Reinforces something the person has done or intended to do
 - “It seems like that will work for you”
 - “You’re doing nice work on keeping your food diaries”
- Calls attention to something admirable or interesting about the person, i.e. a strength
 - “You care a lot about your kids and want to make sure you have time with them”
 - “Your willingness to respond to the hard questions shows that you’re really thinking about this”



Affirmations are not...

- Compliments... those have judgment
- I statements...think 'you'
- Evaluations...focus on descriptions
- Ways to highlight problem areas

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Affirmations and MI

- Closely tied to values
- A in OARS, sometimes overlooked
- An accurate affirmation can support self-efficacy and enhance therapeutic rapport
- Goals:
 - Agree
 - Support
 - Emphasize personal control

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Formulating Affirmations

- Should be positively stated
- Focus on strength or attribute, **not** on the lack of something

“you were able to make decisions to use your coping strategies even though you were feeling down.” versus

“You managed to avoid drinking”

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Affirmation practice

- You are...
- You feel...
- You believe...
- Focus on attitudes, decisions and goals

“You used your time well in prison, and got a diploma.

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Affirmations practice

- Exercise on suspending our judgments, being curious about a person even if they annoy you.
- Goal to express empathy through affirmations

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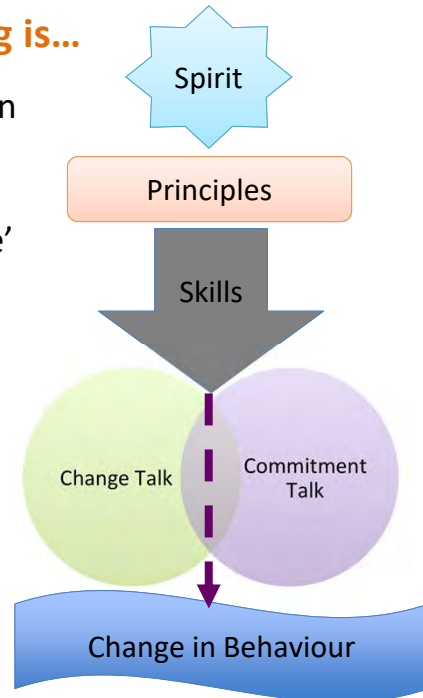
Affirmation exercise at end of day

- Notice each other's attitudes, decisions, goals throughout the day

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Motivational Interviewing is...

A collaborative conversation style for strengthening a person's own motivation and commitment to change'



MI Online Resources

- www.motivationalinterview.org
- www.youtube.com/user/MerloLab/videos
- www.motivationalinterview.net
- www.motivationalinterviewing.org

MI Books

Miller, W.R. & Rollnick, S. (2013). *Motivational Interviewing: Preparing people for change (3rd Ed.)*. New York: Guilford Press.

Miller, W.R., Rollnick, S., & Butler, C. (2007). *Motivational Interviewing in Health Care: Helping Patients Change Behaviour*. New York: Guildford Press.

“I’ve learned that people will forget what you said,
people will forget what you did, but people will never
forget how you made them feel.”

-Maya Angelou