
Specialist Certification in Health Coaching for Cancer Patients

Survivorship and Post-Treatment Care

Survivorship is the phase of a cancer journey that begins at the moment of diagnosis and extends through the end of active treatment into the long-term health and well-being of the individual. In the context of health coaching for cancer patients, understanding the language that describes this phase is essential for creating effective support strategies. Below is a detailed explanation of the most important terms and concepts that health coaches encounter when working with survivors and those in post-treatment care. Each entry includes a definition, an example of how the term is used in practice, practical applications for coaching, and common challenges that may arise.

Survivorship – The period from diagnosis onward, encompassing treatment, recovery, and ongoing health maintenance. A breast cancer survivor who has completed surgery, chemotherapy, and radiation enters survivorship while still managing fatigue and anxiety. Health coaches use survivorship as a framework to assess where a client is on the continuum and to tailor interventions that address both immediate and long-term needs.

Post-treatment care – The set of medical, psychosocial, and lifestyle services provided after the completion of curative-intent therapy. For a colon cancer patient who has finished adjuvant chemotherapy, post-treatment care may involve follow-up colonoscopies, nutrition counseling, and exercise programs. Coaches integrate post-treatment care into goal-setting sessions, ensuring that the survivor's plan aligns with scheduled medical appointments.

Late effects – Physical or psychological complications that appear months or years after treatment has ended. A common late effect of pelvic radiation is urinary incontinence. Coaches help survivors monitor for late effects by encouraging symptom diaries and facilitating communication with oncology teams.

Survivorship care plan (SCP) – A written document that summarizes the cancer diagnosis, treatments received, follow-up schedule, potential late effects, and recommended lifestyle modifications. A lung cancer survivor may receive an SCP that outlines annual CT scans, smoking cessation resources, and a referral to a pulmonary rehabilitation program. In coaching sessions, the SCP serves as a reference point for discussing upcoming tests and lifestyle goals.

Transition of care – The process of moving a patient from active oncology treatment to survivorship or primary-care management. A patient transitioning from the oncology clinic to a community health center may experience gaps in communication. Coaches play a role by reinforcing continuity, confirming that the patient has a copy of the SCP, and helping them prepare questions for their primary-care provider.

Recurrence – The return of cancer after a period of remission. For a prostate cancer survivor, a rising PSA level could indicate biochemical recurrence. Coaches discuss recurrence in a sensitive manner, focusing on early detection, emotional support, and the importance of adhering to surveillance protocols.

Secondary cancer – A new primary malignancy that develops distinct from the original cancer, often related to treatment exposure or genetic predisposition. A survivor of Hodgkin lymphoma who later develops breast cancer is experiencing a secondary cancer. Coaches should be aware of increased surveillance needs and tailor health-promotion strategies accordingly.

Surveillance – The systematic monitoring of a survivor for signs of recurrence, secondary cancers, or late effects. Surveillance may include imaging studies, laboratory tests, and physical examinations. A colorectal cancer survivor's surveillance schedule typically includes colonoscopy at one year, then every three years. Coaches can assist by reminding clients of upcoming appointments and preparing them for what to expect during each visit.

Patient-reported outcomes (PROs) – Information on symptoms, functional status, and quality of life that patients provide directly, without clinician interpretation. A survivor may report increased fatigue on a PRO questionnaire. Coaches use PRO data to identify areas where lifestyle interventions, such as sleep hygiene or activity pacing, could be beneficial.

Health literacy – The capacity to obtain, process, and understand basic health information needed to make appropriate health decisions. A survivor with limited health literacy may struggle to interpret medication instructions after chemotherapy. Coaches can enhance health literacy by using plain language, visual aids, and teach-back techniques.

Fatigue – A persistent sense of tiredness or lack of energy that is not relieved by rest and is common after cancer treatment. A patient who describes "feeling drained even after a short walk" is likely experiencing cancer-related fatigue. Coaching strategies include activity scheduling, graded exercise, and energy conservation techniques.

Lymphedema – Swelling caused by the accumulation of lymph fluid, often occurring after lymph node removal or radiation. A breast cancer survivor may develop arm lymphedema that limits daily tasks. Coaches can guide clients to compression therapy, manual lymphatic drainage referrals, and self-monitoring for changes in limb circumference.

Psychosocial distress – Emotional, social, or mental health challenges that arise during survivorship, including anxiety, depression, and fear of recurrence. A survivor who expresses "constant worry about the cancer coming back" is experiencing psychosocial distress. Coaching interventions may involve mindfulness practices, referral to counseling, and building a supportive network.

Fear of recurrence (FoR) – A specific type of anxiety centered on the possibility that cancer will return. FoR can interfere with sleep, relationships, and daily functioning. Coaches address FoR by normalizing the feeling, teaching coping skills, and encouraging participation in support groups.

Quality of life (QoL) – A multidimensional concept that includes physical, emotional, social, and functional well-being. A survivor who reports "enjoying time with family but struggling with pain" highlights the complex nature of QoL. Coaches assess QoL regularly to identify domains that need targeted support.

Nutrition – The intake of foods and nutrients that support health, recovery, and disease prevention. A

survivor who has completed head-and-neck radiation may have difficulty swallowing and require a modified diet. Coaches collaborate with dietitians, set realistic nutrition goals, and monitor weight changes.

Physical activity – Any bodily movement produced by skeletal muscles that requires energy expenditure, ranging from walking to structured exercise. Regular activity can reduce fatigue, improve cardiovascular health, and lower recurrence risk. Coaches help survivors develop personalized activity plans that consider current fitness level, treatment side effects, and personal preferences.

Exercise prescription – A tailored program of aerobic, resistance, and flexibility activities designed to meet a survivor’s health goals. An example is a 30-minute brisk walk three times per week combined with light resistance bands twice a week for a prostate cancer survivor. Coaches use exercise prescription to translate guidelines into actionable steps.

Integrative therapies – Complementary approaches that are used alongside conventional medicine to address physical and emotional symptoms. Examples include acupuncture for neuropathy, yoga for stress reduction, and meditation for anxiety. Coaches should assess the evidence base, safety, and patient preference before recommending integrative therapies.

Mindfulness-based stress reduction (MBSR) – A structured program that teaches mindfulness meditation, body scanning, and gentle yoga to reduce stress. Survivors participating in MBSR often report decreased anxiety and improved sleep. Coaches can refer clients to certified MBSR programs or incorporate brief mindfulness practices into coaching sessions.

Sleep hygiene – Practices that promote healthy sleep patterns, such as maintaining a consistent bedtime, limiting caffeine, and creating a dark environment. A survivor who experiences “waking up multiple times at night” may benefit from sleep hygiene education. Coaches can develop a sleep checklist and monitor progress.

Self-advocacy – The ability to speak up for one’s health needs, ask questions, and make informed decisions. A survivor who “asks the oncologist why a certain test is ordered” demonstrates self-advocacy. Coaching can strengthen self-advocacy by role-playing conversations, preparing question lists, and reviewing medical terminology.

Care coordination – The organization of patient care activities among multiple providers to ensure that the survivor’s needs are met efficiently. A survivor receiving chemotherapy, physical therapy, and nutrition counseling may experience fragmented care. Coaches facilitate care coordination by maintaining a master schedule, confirming referrals, and communicating with the care team.

Interdisciplinary team – A group of health-care professionals from various disciplines who collaborate to deliver comprehensive survivorship care. This team may include oncologists, primary-care physicians, nurses, social workers, dietitians, and physical therapists. Coaches act as a bridge between the survivor and the interdisciplinary team, ensuring that the survivor’s voice is heard.

Electronic health record (EHR) – A digital version of a patient’s paper chart that contains medical history, treatment details, and follow-up plans. Access to the EHR allows coaches to verify appointment dates,

review lab results, and track symptom trends. Coaches must respect privacy regulations and obtain appropriate consent before accessing EHR information.

Shared decision-making (SDM) – A collaborative process that allows patients and clinicians to make health decisions together, considering clinical evidence and patient preferences. When deciding whether to start a hormonal therapy, a survivor may weigh benefits against side effects. Coaches support SDM by clarifying values, summarizing options, and helping the survivor articulate preferences.

Risk-reduction strategies – Lifestyle or medical interventions aimed at lowering the chance of recurrence or secondary cancers. Examples include smoking cessation, regular physical activity, and adherence to screening guidelines. Coaches develop risk-reduction plans that are realistic, measurable, and aligned with the survivor’s motivations.

Screening guidelines – Evidence-based recommendations for tests that detect cancer or other conditions at an early stage. For colorectal cancer survivors, guidelines may suggest colonoscopy every 3–5 years after the initial post-treatment colonoscopy. Coaches keep the survivor informed about timing and preparation for each screening.

Health behavior change – The process of adopting new habits that improve health outcomes, often guided by behavior-change theories such as the Transtheoretical Model or Self-Determination Theory. A survivor moving from “I know I should exercise” to “I schedule three workouts per week” demonstrates progression through the stages of change. Coaches employ motivational interviewing, goal-setting, and self-monitoring to facilitate behavior change.

Motivational interviewing (MI) – A client-centered counseling style that helps individuals resolve ambivalence about change. In MI, the coach asks open-ended questions, reflects feelings, and summarizes the survivor’s own reasons for change. A coach might say, “What would be different in your life if you could walk without pain?” to explore intrinsic motivation.

Goal-setting – The practice of establishing specific, measurable, achievable, relevant, and time-bound (SMART) objectives. A goal such as “Walk 20 minutes without stopping three times per week for the next month” is clear and actionable. Coaches review goals regularly, celebrate achievements, and adjust targets as needed.

Self-monitoring – The systematic recording of behaviors, symptoms, or outcomes, often using journals, apps, or wearable devices. A survivor tracking daily steps, pain levels, and mood can identify patterns that inform coaching adjustments. Coaches encourage consistent self-monitoring to increase awareness and accountability.

Barriers – Obstacles that hinder the implementation of health-promotion strategies. Common barriers include fatigue, transportation issues, financial constraints, and lack of social support. Coaches identify barriers through open dialogue and develop problem-solving strategies, such as arranging telehealth visits or connecting the survivor with community resources.

Facilitators – Factors that enable successful adoption of health behaviors, such as strong family support,

access to safe walking paths, or personal values aligned with health. Recognizing facilitators allows coaches to leverage them, for example, by scheduling walks with a supportive friend.

Health coaching relationship – A collaborative partnership characterized by trust, empathy, and mutual respect. The relationship is built over multiple sessions, where the coach listens actively, validates experiences, and co-creates action plans. A strong coaching relationship enhances adherence and satisfaction.

Self-efficacy – The belief in one’s ability to execute actions required to achieve specific outcomes. A survivor who believes “I can manage my fatigue by pacing activities” demonstrates high self-efficacy. Coaches boost self-efficacy by setting small successes, providing positive feedback, and modeling coping strategies.

Social support – The perception and reality of assistance received from family, friends, peers, or support groups. Social support can buffer stress and improve adherence to health recommendations. Coaches may facilitate connections to survivor groups, online forums, or community programs.

Community resources – Local services that support survivorship, such as transportation vouchers, exercise classes, nutrition workshops, or counseling centers. A coach can create a resource map for a survivor, listing options for low-cost fitness programs and mental-health services.

Financial toxicity – The financial burden and stress associated with cancer treatment and ongoing care. Survivors may face high out-of-pocket costs for medications, follow-up scans, or supportive care. Coaches can screen for financial toxicity, refer to financial counselors, and discuss cost-saving strategies like generic medication options.

Patient navigation – Assistance provided to patients to help them overcome healthcare system complexities, such as scheduling appointments, understanding insurance coverage, and accessing supportive services. A patient navigator may work alongside the coach to ensure the survivor’s appointments are coordinated and paperwork is completed.

Telehealth – The delivery of health care services via electronic communication technologies, often used for follow-up visits or counseling. Telehealth can increase access for survivors living in rural areas. Coaches can incorporate telehealth into the survivorship plan by preparing the survivor for virtual visits, testing technology, and reviewing how to share self-monitoring data remotely.

Digital health tools – Mobile apps, wearable devices, and online platforms that track health metrics, provide education, or facilitate communication. An app that records daily activity, sleep, and pain scores can be integrated into coaching sessions. Coaches must assess the reliability, privacy, and usability of digital tools before recommending them.

Evidence-based guidelines – Recommendations derived from systematic reviews of research that inform best practices. For survivorship, guidelines from organizations such as the American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN) guide screening, symptom management, and lifestyle counseling. Coaches stay current with guidelines to ensure advice aligns with the latest evidence.

Clinical practice guidelines (CPG) – Formal statements that provide recommendations for clinicians on the care of specific patient populations. A CPG for breast cancer survivorship may outline the frequency of mammograms, bone density testing, and counseling on weight management. Coaches reference CPGs when discussing surveillance schedules with survivors.

Risk stratification – The process of categorizing survivors based on the likelihood of recurrence, late effects, or other outcomes, often using clinical factors such as stage, treatment type, and comorbidities. High-risk survivors may require more intensive monitoring. Coaches use risk stratification to prioritize interventions and allocate resources effectively.

Comorbidity – The presence of one or more additional diseases or conditions co-occurring with the primary cancer. A survivor with hypertension and diabetes may need coordinated management to avoid medication interactions. Coaches consider comorbidities when designing nutrition and exercise plans, ensuring they are safe and appropriate.

Health promotion – Activities that enable individuals to increase control over, and improve, their health. In survivorship, health promotion includes encouraging physical activity, balanced nutrition, tobacco cessation, and stress management. Coaches act as health promoters by delivering education, modeling healthy behaviors, and reinforcing positive changes.

Behavioral health – The field that addresses mental health, substance use, and related behaviors. Survivors may experience depression, anxiety, or substance misuse as coping mechanisms. Coaches should be able to recognize signs of behavioral health concerns, provide brief interventions, and refer to qualified mental-health professionals when needed.

Mind-body connection – The relationship between mental processes and physical health, recognizing that thoughts, emotions, and attitudes can influence physiological outcomes. Practices such as guided imagery or progressive muscle relaxation leverage the mind-body connection to reduce pain and stress. Coaches incorporate mind-body techniques to enhance overall well-being.

Physical rehabilitation – Structured therapy aimed at restoring function, strength, and mobility after treatment. A survivor who has undergone lung resection may need pulmonary rehabilitation to improve breathing capacity. Coaches coordinate with rehabilitation specialists to align exercise goals and monitor progress.

Occupational therapy (OT) – Interventions that help survivors perform daily activities safely and efficiently, often focusing on energy conservation and adaptive strategies. An OT may teach a head-and-neck cancer survivor how to use assistive devices for eating. Coaches can reinforce OT recommendations in everyday life.

Nutrition counseling – Professional guidance on dietary intake tailored to the survivor's medical condition, treatment side effects, and personal preferences. A survivor experiencing taste changes after chemotherapy may benefit from flavor-enhancing strategies. Coaches complement nutrition counseling by tracking food intake and celebrating adherence.

Weight management – Strategies to achieve or maintain a healthy body weight, crucial for reducing

recurrence risk and managing comorbidities. A survivor who gained weight during treatment may set a goal of losing 5% of body weight through diet modification and exercise. Coaches provide accountability, education, and behavior-change tools.

Smoking cessation – The process of quitting tobacco use, a key factor in preventing recurrence and secondary cancers. A lung cancer survivor who continues to smoke is at higher risk for new tumors. Coaches use evidence-based cessation methods, such as nicotine replacement therapy, behavioral counseling, and relapse-prevention planning.

Alcohol moderation – Limiting alcohol intake to reduce cancer risk and improve overall health. Guidelines often recommend no more than two drinks per day for men and one for women. Coaches discuss alcohol use openly, assess patterns, and set realistic reduction goals.

Stress management – Techniques that reduce the physiological and psychological impact of stress, including deep breathing, progressive relaxation, and time-management strategies. Survivors may experience heightened stress during follow-up visits. Coaches teach stress-reduction practices and integrate them into daily routines.

Resilience – The capacity to recover from adversity, adapt to change, and maintain mental health despite challenges. Resilience can be cultivated through positive coping strategies, supportive relationships, and purpose-driven activities. Coaches assess resilience levels and incorporate resilience-building exercises, such as gratitude journaling.

Purpose-driven living – Engaging in activities that provide meaning and direction, which can improve quality of life. A survivor who volunteers at a cancer support center may experience a renewed sense of purpose. Coaches explore values and interests to help survivors identify purpose-driven activities.

Spirituality – An individual's search for meaning, connection, and values, often expressed through religious or philosophical beliefs. Spiritual distress can arise after a cancer diagnosis. Coaches respect spiritual beliefs, provide space for discussion, and facilitate referrals to chaplaincy services when appropriate.

Body image – Perception and attitudes toward one's physical appearance, which may be altered by surgery, radiation, or treatment-related changes. A breast cancer survivor who feels self-conscious about scarring may experience body-image concerns. Coaches support body-image healing by encouraging self-compassion and connecting survivors with peer support groups.

Sexual health – Aspects of sexuality, intimacy, and reproductive function that may be impacted by cancer treatment. Hormonal therapy, pelvic radiation, or surgery can affect libido and fertility. Coaches address sexual health by normalizing conversations, providing resources, and recommending specialist referrals.

Fertility preservation – Strategies to protect reproductive potential before treatment, such as egg or sperm banking. While primarily relevant before treatment, survivors who regret not preserving fertility may experience distress. Coaches can discuss options for family building post-treatment, including assisted reproductive technologies.

Survivor advocacy – Involvement of survivors in policy-making, research, and community education to improve cancer care. A survivor who participates in a hospital advisory board exemplifies advocacy. Coaches encourage advocacy as a means of empowerment and social connection.

Peer support – Assistance provided by individuals who share similar experiences, offering empathy, information, and encouragement. Peer support groups can reduce isolation and provide practical coping tips. Coaches may recommend reputable peer-support organizations and facilitate introductions when appropriate.

Caregiver support – Resources and interventions aimed at individuals who provide unpaid care to survivors. Caregivers often experience burnout, stress, and health decline. Coaches address caregiver needs by offering education, respite-care referrals, and strategies to maintain the caregiver's own well-being.

Advanced care planning (ACP) – The process of discussing and documenting preferences for future medical care, including end-of-life wishes. Survivors with advanced disease may engage in ACP to ensure their values guide treatment decisions. Coaches can introduce ACP conversations, clarify terms, and help locate appropriate legal documents.

Do-Not-Resuscitate (DNR) order – A medical order indicating that cardiopulmonary resuscitation should not be performed in the event of cardiac or respiratory arrest. Discussing DNR orders requires sensitivity and alignment with the survivor's goals. Coaches facilitate communication between the survivor, family, and healthcare team.

Palliative care – Specialized medical care focused on relieving symptoms, improving quality of life, and supporting patients with serious illness, regardless of prognosis. Palliative care can be integrated early in survivorship to address pain, fatigue, and emotional distress. Coaches collaborate with palliative-care teams to align supportive interventions.

End-of-life (EOL) care – Care provided during the final phase of life, emphasizing comfort, dignity, and support for both the patient and family. EOL planning includes hospice referral, pain management, and spiritual support. Coaches recognize when a survivor transitions to EOL care and adjust their role to provide compassionate accompaniment.

Hospice – A program that offers comprehensive comfort care for individuals with a life expectancy of six months or less, focusing on symptom control and family support. Survivors entering hospice benefit from interdisciplinary services. Coaches may remain involved by offering emotional support and assisting with legacy projects.

Legacy projects – Activities that help survivors create lasting memories or messages for loved ones, such as letters, videos, or memory books. Engaging in legacy work can provide a sense of closure and meaning. Coaches can guide survivors in selecting appropriate projects and allocating time for completion.

Health policy – Laws, regulations, and initiatives that shape the delivery of health services, including insurance coverage for survivorship care. Understanding health policy helps coaches advocate for patients and navigate insurance barriers. Coaches stay informed about policy changes that impact survivorship

services.

Insurance navigation – The process of understanding and utilizing health insurance benefits, including coverage for follow-up visits, medications, and supportive services. Survivors may encounter denial of a physical-therapy referral. Coaches can assist by reviewing benefit summaries, preparing appeal letters, and connecting survivors with insurance specialists.

Outcome measurement – The systematic evaluation of changes in health status, behavior, or quality of life resulting from an intervention. Tools such as the Functional Assessment of Cancer Therapy (FACT) questionnaire provide quantitative data. Coaches track outcomes to demonstrate progress and adjust coaching strategies.

Data collection – The systematic gathering of information, whether through surveys, wearable devices, or clinical records. Accurate data collection enables evidence-based coaching. Coaches ensure data are collected consistently, stored securely, and interpreted correctly.

Continuous quality improvement (CQI) – An ongoing effort to improve services and outcomes through systematic measurement and feedback. CQI cycles may involve reviewing survivor satisfaction surveys, identifying gaps, and implementing changes. Coaches contribute to CQI by providing frontline insights and testing new approaches.

Program evaluation – The assessment of a survivorship program's effectiveness, efficiency, and impact on participants. Evaluation methods can include pre- and post-intervention surveys, focus groups, and cost-analysis. Coaches may be involved in data collection and interpretation for program evaluation.

Ethical considerations – Principles that guide professional conduct, including respect for autonomy, beneficence, non-maleficence, and justice. Coaches must maintain confidentiality, obtain informed consent for data collection, and avoid conflicts of interest. Ethical practice builds trust and ensures safe, effective coaching.

Confidentiality – The obligation to protect personal health information from unauthorized disclosure. Coaches safeguard confidentiality by using secure communication platforms, obtaining written consent, and adhering to privacy regulations such as HIPAA. Maintaining confidentiality is vital for survivor trust.

Informed consent – The process of providing clear information about coaching services, risks, benefits, and alternatives, allowing the survivor to make a voluntary decision. Informed consent documents should be written in plain language and reviewed with the survivor. Coaches obtain consent before initiating any data-driven interventions.

Professional boundaries – Limits that define the appropriate relationship between coach and survivor, preventing role confusion or dependency. Boundaries include maintaining a focus on health-related goals, avoiding dual relationships, and refraining from providing medical diagnoses. Coaches uphold boundaries by adhering to scope-of-practice guidelines.

Scope of practice – The defined range of activities that a health coach is qualified to perform based on

training, certification, and regulatory standards. Coaching may include lifestyle counseling, goal setting, and referral, but not prescribing medication. Coaches stay within their scope to ensure safe, ethical practice.

Cultural competence – The ability to understand, respect, and effectively interact with individuals from diverse cultural backgrounds. Survivors may have cultural beliefs influencing diet, family roles, or attitudes toward treatment. Coaches develop cultural competence through ongoing education, self-reflection, and seeking cultural consultation when needed.

Health disparities – Differences in health outcomes and access to care among population groups, often driven by socioeconomic status, race, ethnicity, or geography. Survivors from underserved communities may experience delayed follow-up or limited supportive services. Coaches work to reduce disparities by advocating for equitable resources and tailoring interventions to meet specific needs.

Social determinants of health (SDOH) – Non-medical factors that influence health, such as housing stability, education, employment, and food security. A survivor who lacks reliable transportation may miss follow-up appointments. Coaches assess SDOH during intake and connect survivors with community assistance programs.

Motivation – The internal drive that initiates and sustains behavior change. Intrinsic motivation (e.g., “I want to feel stronger for my grandchildren”) often predicts better adherence than extrinsic motivation (e.g., “I need to lose weight for my doctor”). Coaches explore sources of motivation to personalize coaching approaches.

Self-determination theory (SDT) – A psychological framework that emphasizes autonomy, competence, and relatedness as essential for intrinsic motivation. Applying SDT, a coach might empower a survivor to choose their own activity schedule (autonomy), provide skill-building resources (competence), and foster supportive relationships (relatedness). This approach enhances sustained engagement.

Transtheoretical Model (TTM) – Also known as the stages of change model, it describes five stages: precontemplation, contemplation, preparation, action, and maintenance. Understanding a survivor’s stage helps the coach select appropriate strategies. For example, a survivor in the preparation stage may benefit from detailed action planning and resource gathering.

Health belief model (HBM) – A theory that predicts health behavior based on perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy. A survivor who believes their risk of recurrence is low may be less motivated to attend surveillance scans. Coaches can address HBM components by providing education, highlighting benefits, and reducing perceived barriers.

Behavioral economics – The study of how psychological, social, and emotional factors affect decision-making. Techniques such as “nudging” (e.g., sending reminder texts for appointments) can improve adherence. Coaches may incorporate behavioral-economics principles to design prompts that encourage healthy choices.

Goal hierarchy – Organizing goals from broad, long-term objectives to specific, short-term actions. A survivor’s overarching goal might be “maintain remission for five years,” supported by intermediate goals

like “complete all surveillance scans on schedule” and daily actions such as “walk 30 minutes.” Coaches help survivors construct and navigate goal hierarchies.

Action planning – The process of specifying when, where, and how a behavior will be performed. An action plan for physical activity might read, “Monday, Wednesday, and Friday at 7 am, walk the neighborhood park for 20 minutes.” Clear action plans increase the likelihood of execution.

Implementation intentions – Mental strategies that link situational cues with goal-directed responses (e.g., “If it is 7 am on a weekday, then I will put on my shoes and go for a walk”). Implementation intentions strengthen habit formation. Coaches teach survivors to formulate these statements for key health behaviors.

Feedback loops – Ongoing processes in which information about performance is used to adjust behavior. Monitoring step counts and receiving weekly progress reports creates a feedback loop that can reinforce activity. Coaches design feedback mechanisms to keep survivors informed and motivated.

Relapse prevention – Strategies to anticipate and manage setbacks, reducing the chance of returning to previous unhealthy behaviors. A relapse-prevention plan for smoking cessation might include identifying high-risk situations, having alternative coping skills, and establishing a support network. Coaches discuss potential obstacles before they occur and develop coping plans.

Self-compassion – Treating oneself with kindness, recognizing shared humanity, and maintaining mindful awareness of personal shortcomings. Survivors who judge themselves harshly for “missing” a workout may benefit from self-compassion techniques. Coaches model self-compassion and encourage its practice to reduce guilt and sustain motivation.

Mindful eating – An approach that involves paying full attention to the experience of eating, including taste, texture, and hunger cues. Mindful eating can improve nutrition, especially for survivors dealing with altered taste or appetite. Coaches can guide survivors through short mindful-eating exercises before meals.

Energy conservation – Techniques that help survivors manage fatigue by prioritizing tasks, pacing activities, and delegating when possible. An example is breaking a house-cleaning task into 15-minute intervals with rest periods. Coaches teach energy-conservation strategies to enable participation in desired activities without exacerbating fatigue.

Adaptive coping – Positive coping strategies that reduce stress and promote problem solving, such as seeking information, using humor, or engaging in physical activity. Adaptive coping contrasts with maladaptive coping (e.g., substance use). Coaches assess coping styles and reinforce adaptive strategies through skill-building.

Maladaptive coping – Behaviors that may provide short-term relief but worsen long-term health, such as excessive alcohol use, denial, or avoidance. Identifying maladaptive coping allows coaches to intervene, offering healthier alternatives and referrals to mental-health specialists when necessary.

Resilience training – Structured programs designed to strengthen the ability to bounce back from adversity, often incorporating cognitive-behavioral techniques, optimism training, and stress-reduction practices.

Survivors may attend resilience workshops that teach reframing negative thoughts. Coaches can incorporate resilience-building exercises into regular sessions.

Positive psychology – The scientific study of factors that contribute to flourishing and well-being, such as gratitude, optimism, and strengths identification. Applying positive-psychology principles, coaches might ask survivors to list three things they are grateful for each day. This practice can enhance mood and outlook.

Strengths-based approach – Focusing on an individual's existing abilities, resources, and successes rather than deficits. A strengths-based coach might highlight a survivor's previous success in completing a marathon, using that confidence to encourage a new walking goal. Emphasizing strengths fosters empowerment and self-efficacy.

Motivation interviewing – A conversational style that elicits behavior change by exploring ambivalence and reinforcing personal motivations. Core techniques include open questions, reflective listening, affirmations, summarizing, and eliciting change talk. Coaches use these techniques to guide survivors toward self-identified health goals.

Therapeutic alliance – The collaborative bond formed between coach and survivor, characterized by trust, agreement on goals, and mutual respect. A strong therapeutic alliance predicts better adherence and satisfaction. Coaches cultivate the alliance through active listening, empathy, and consistent follow-up.

Empathy – The ability to understand and share the feelings of another. Demonstrating empathy involves acknowledging the survivor's emotions, such as saying, "I hear that you feel overwhelmed by the number of appointments you have." Empathy strengthens rapport and encourages openness.

Active listening – Fully concentrating on what the survivor says, reflecting back content and emotions, and confirming understanding. Active listening helps the coach uncover underlying concerns and tailor interventions. For instance, a survivor may say, "I'm scared of the scan," and the coach reflects, "It sounds like the scan brings up a lot of worry for you."

Reflective statements – Paraphrasing or summarizing a survivor's words to demonstrate understanding and encourage deeper exploration. Reflective statements can be simple ("You feel anxious about the future") or complex ("You're concerned that the fatigue may limit your ability to care for your grandchildren"). Coaches use reflection to validate feelings and guide discussions.

Boundary setting – Establishing clear limits regarding communication frequency, topics, and availability. For example, a coach may state, "I will respond to messages within 24 hours on weekdays." Setting boundaries protects both coach and survivor from burnout and maintains professionalism.

Documentation – Recording session notes, goals, progress, and referrals in a secure system. Accurate documentation ensures continuity of care, facilitates communication with the interdisciplinary team, and supports outcome measurement. Coaches must balance thoroughness with confidentiality considerations.

Referral pathways – Established routes for directing survivors to specialized services, such as psychology,

nutrition, or physical therapy. Having clear referral pathways reduces delays and improves access. Coaches maintain an up-to-date list of vetted providers and understand insurance requirements for each service.

Intervention fidelity – The degree to which a coaching intervention is delivered as intended. Monitoring fidelity ensures that evidence-based techniques are applied consistently. Coaches may use checklists or peer review to assess fidelity and make adjustments when deviations occur.

Professional development – Ongoing learning activities that enhance a coach’s knowledge, skills, and competence. Attending survivorship conferences, completing continuing education credits, and staying abreast of new research are examples. Continuous professional development maintains high-quality coaching practice.

Research literacy – The ability to understand, evaluate, and apply scientific findings to practice. Coaches with research literacy can critically appraise new studies on survivorship interventions and integrate relevant evidence into coaching plans. This skill supports evidence-based practice and improves client outcomes.

Outcome metrics – Specific measures used to assess the impact of coaching, such as changes in physical activity minutes per week, reduction in fatigue scores, or improvements in health-related quality of life. Defining clear outcome metrics at the start of a coaching relationship enables systematic evaluation.

Program sustainability – The capacity of a survivorship coaching program to continue delivering services over time, often dependent on funding, staff, and organizational support. Strategies for sustainability include demonstrating cost-effectiveness, integrating services into existing workflows, and securing stakeholder buy-in. Coaches contribute by documenting outcomes and advocating for resources.

Cost-effectiveness – An analysis that compares the costs of an intervention with its health benefits, often expressed as cost per quality-adjusted life year (QALY) gained. Demonstrating cost-effectiveness can support funding decisions. Coaches may collect data on resource utilization and health outcomes to contribute to cost-effectiveness studies.

Stakeholder engagement – Involving individuals or groups who have an interest in survivorship care, such as patients, families, clinicians, administrators, and payers. Engaging stakeholders ensures that programs meet real-world needs and gain support. Coaches can participate in stakeholder meetings, provide survivor perspectives, and help shape program priorities.

Quality of life assessment tools – Standardized instruments used to