

# Psychosocial Considerations In Breast Cancer

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# Learning Objectives

- **List psychological factors that affect breast cancer across the continuum, including screening, treatment and survivorship**
- **Describe strategies for providing sensitive breast cancer care to survivors of sexual violence**
- **Describe two Office of Maternal, Child and Family Health (OMCFH) cancer initiatives**

# Breast Cancer Screening



# How Appalachian Attitudes Affect Cancer Screening

- **Inadequate personal and community resources**
- **Fear of the procedures and screening outcomes**
- **Privacy concerns**
- **Embarrassment**
- **Attitudinal and knowledge barriers**
- **Competing demands**
- **Lack of health insurance, inadequate access to transportation**
- **Those experiencing major life events were significantly less likely to obtain Pap tests according to guidelines**

Schoenberg, Kruger, Bardach, & Howell (2013)



# Patient Navigation Pilot Project Overview



- **The Medicaid Managed Care Organizations (MCOs) have provided the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) with a list of African American women who have not been screened for breast cancer in the past two years.**
- **WVBCCSP patient navigators call and connect participating women with BCCSP screening providers to overcome barriers and complete screening services.**
- **Participating individuals are eligible for an incentive of a \$50 gift card if a mammogram screening is scheduled and completed.**
- **BCCSP Clinics are eligible for a \$50 incentive from BCCSP for each patient who completes screening and any follow-up diagnostic exams.**

# Barriers for Breast Screening in WV

- **Anxiety or fear of mammogram screening**
- **Family or friends have expressed negative experiences with mammography**
- **Discomfort**
- **Cancer may be found**
- **Lack of knowledge regarding screening procedures**
- **Many individuals do not feel comfortable telling patient navigators why they are refusing mammogram screening**

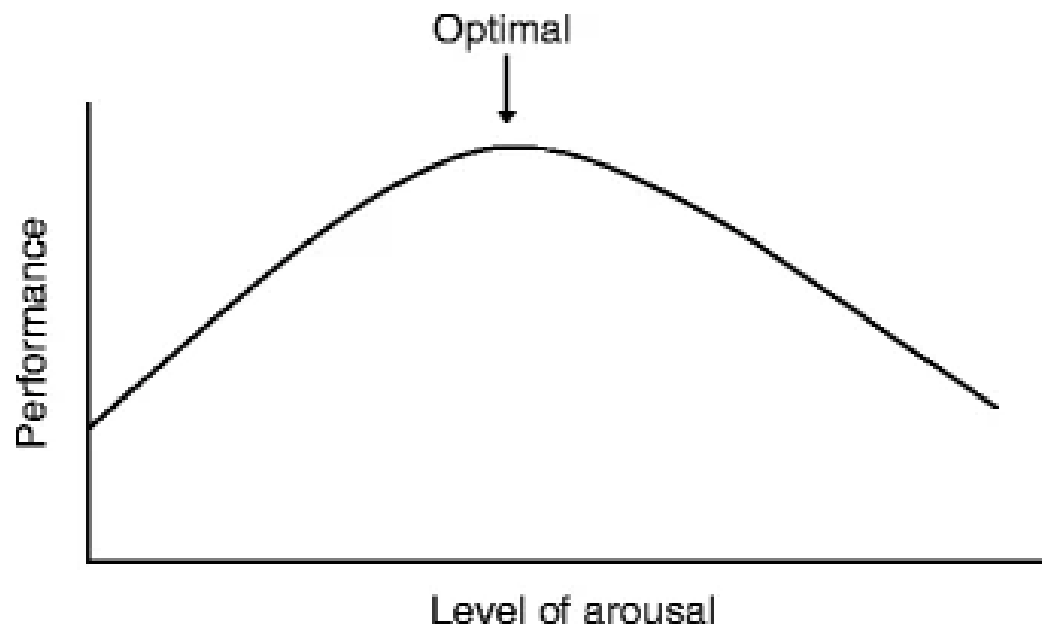


# Anticipatory Anxiety



**Worry about the future, the fear that bad things might happen, or that you might become unable to successfully accomplish what you set out to do**

# Yerkes-Dodson Law





# Breast Cancer Treatment



# Distress Screening in Cancer Care

- A multifactorial unpleasant emotional experience of a psychological (cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms and its treatment
- Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis
- In 2012, the American College of Surgeons Commission on Cancer (ACoS CoC) identified distress screening as an essential accreditation standard as of 2015

# Increased Risk Factors for Distress



- **History of psychiatric disorder/substance abuse**
- **History of depression or suicide attempt**
- **Cognitive impairment**
- **Severe comorbid illness**
- **Social Issues**
- **Family or caregiver conflict**
- **Inadequate social support**
- **Living alone**
- **Financial problems**
- **Limited access to medical care**
- **Young or dependent children**
- **Younger age; women**
- **History of abuse (physical, sexual)**
- **Other stressors**
- **Spiritual or religious concerns**
- **Uncontrolled symptoms**

# Periods of Increased Vulnerability

- Finding a suspicious symptom
- During diagnostic workup
- Finding out the diagnosis
- Awaiting treatment
- Change in treatment modality
- Significant treatment-related complications
- End of treatment
- Discharge from hospital following treatment
- Transition to survivorship
- Medical follow-up and surveillance
- Treatment Failure
- Recurrence/progression
- Advanced Cancer
- End of Life

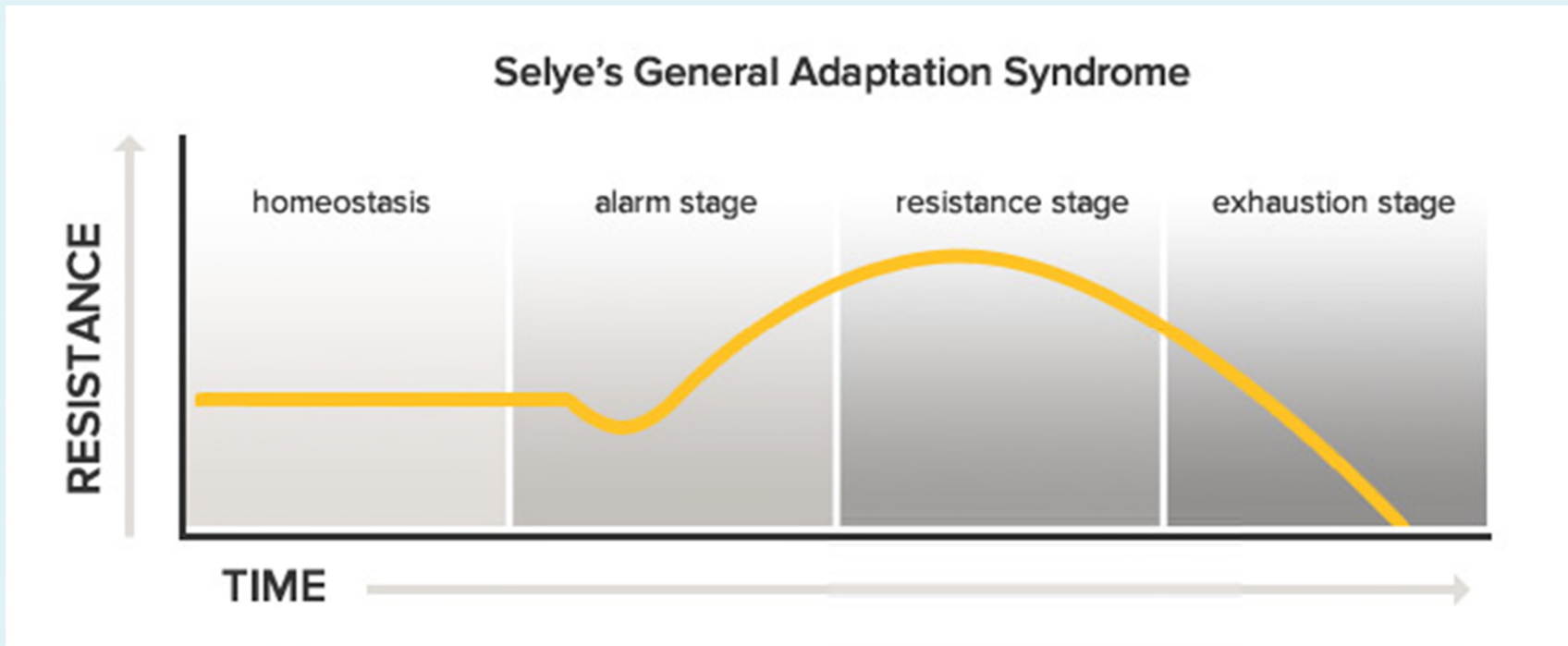




# Survivorship Needs



# Survivorship Needs





# Fear of Recurrence and the Sword of Damocles

**“The Roman philosopher Cicero wrote about Dionysus, the tyrant king of Syracuse. In one story, the courtier Damocles expresses his belief that Dionysus is the most fortunate man in the world. Wishing to teach him a lesson, Dionysus allows Damocles to sit on his throne, giving him all of his riches. In the midst of Damocles’ enjoyment, Dionysus suspends a sword over Damocles’ neck, dangling by a single horsehair. Preoccupied with the danger of the sword, Damocles is no longer able to enjoy the beauty around him. No longer wishing to be so fortunate, he begs Dionysus to take back his throne.”**

**Cupit-Link, M., Syrjala, K. L., & Hashmi, S. K. (2018)**

# Language Matters and It's Personal



**“Definitely thriver! I’m stage 4, so not sure I’m surviving cancer, but I am thriving!” - Amanda L., a woman with triple-negative breast cancer.**

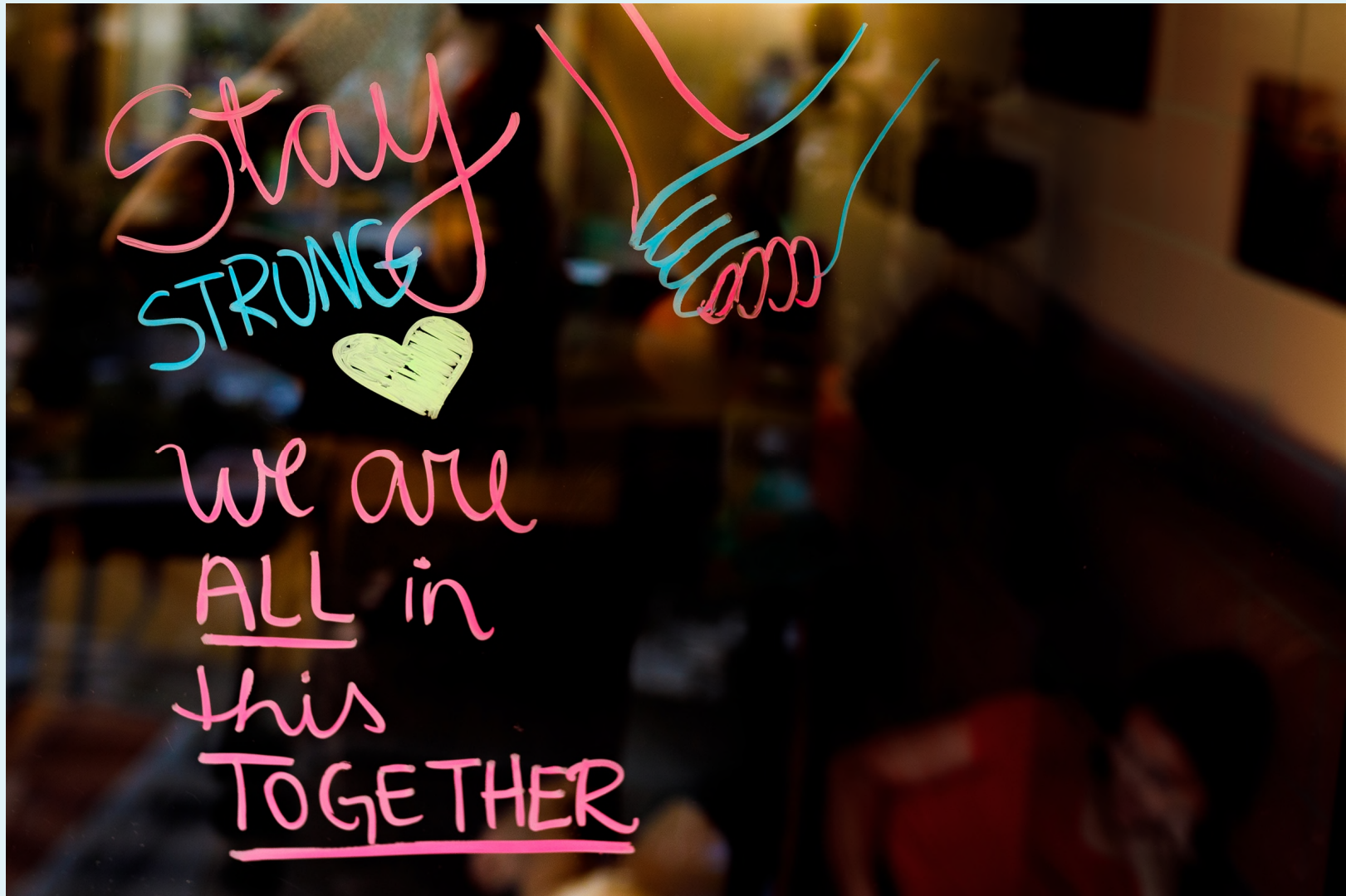
**“I prefer thriver. Immediately upon diagnosis with invasive ductal carcinoma two years ago, I was determined I would not just survive but conquer and thrive (life).” - Susan**

**“Thriver for me — it’s much more accurate to how I live my life with stage 4 cancer.” - Bethany W., a woman with metastatic breast cancer.**

**“Thriver. To me, thriving means doing well. Surviving means, just getting by.” - Cara S., a woman with metastatic triple-negative breast cancer.**

**“Warrior! That's what you need to be when you're in the thick of (a) battle with cancer. I'm now fortunate to be able to also like the term thriver! No matter what stage you're at, no matter how hard, keep going!” - Sheila M.**

# Metastatic Breast Cancer Thrivers



# SAVE the Situation with Ms. Smith



**Ms. Smith is here for a 1-year follow-up appointment for breast cancer treatment. She is status post-lumpectomy, post radiation, and on hormone suppression medication. You request permission to do a clinical breast exam and she consents. You notice her facial expression which seems out of proportion to situation. She grimaces, closes her eyes, makes a fist with her hands, and appears to be holding her breath. You ask if she is okay, and she responds “yes.”**



# Sexual Violence



**A sexual act that is committed or attempted by another person without freely giving consent of the victim or against someone who is unable to consent or refuse**

# U.S. Sexual Violence Statistics

Population	Lifetime Unwanted Sexual Contact	Attempted or Completed Rape	Being Made to Penetrate
All Women	1 in 2	1 in 4	
Lesbian Women	3 in 5	1 in 4	
Bisexual Women	4 in 5	2 in 4	
All Men	1 in 4	1 in 26	1 in 9
Gay and Bisexual Men	3 in 5	1 in 4	1 in 4 (Gay Men) 1 in 5 (Bisexual Men)

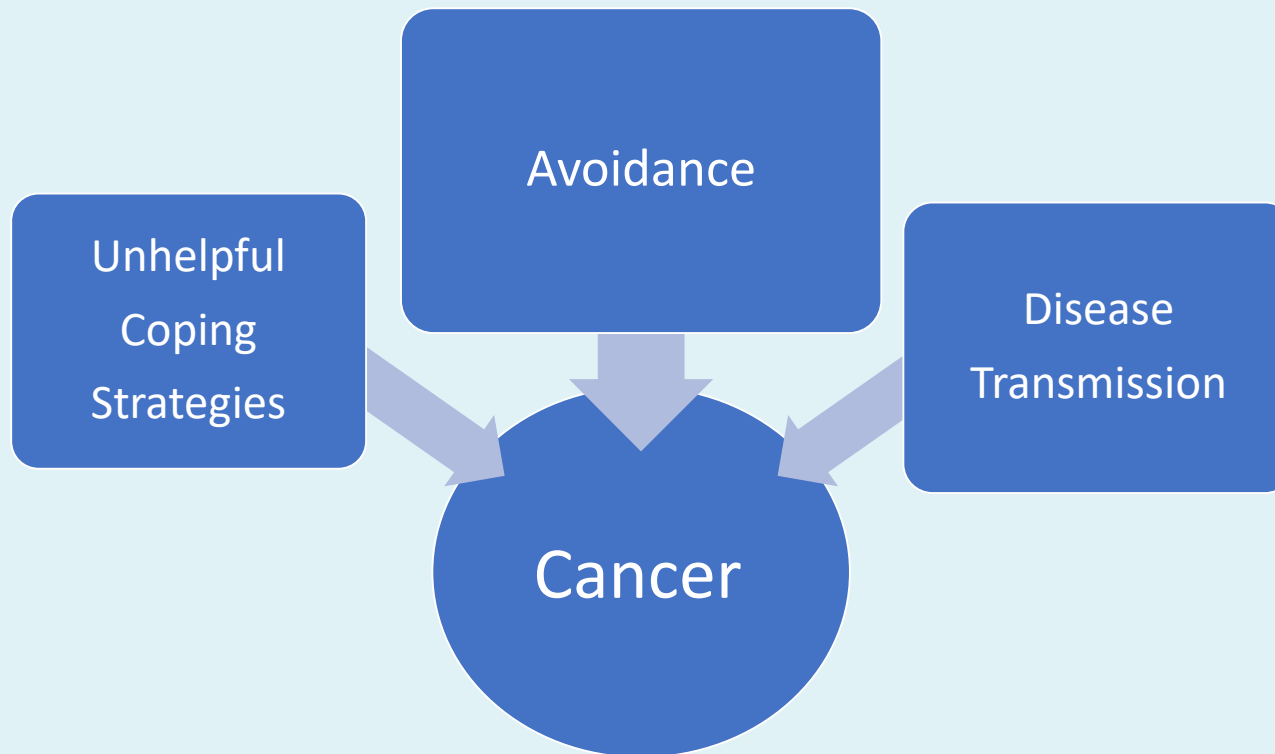
Basile, Smith, Breiding, Black, & Mahendra (2014) & Chen, et al. (2023)



# Teen Sexual Violence Statistics

Question	WV	US
Were ever physically forced to have sexual intercourse (when they did not want to)	13.8%	8.5%
Experienced sexual violence by anyone (counting such things as kissing, touching, or being forced to have sexual intercourse that they did not want to do, one or more times during the 12 months before the survey)	10.7%	12.0%
Experienced sexual dating violence (being forced to do sexual things (counting such things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	7.7%	11.0%
Experienced physical dating violence (being physically hurt on purpose (counting such things as being hit, slammed into something, or injured with an object or weapon) by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	4.2%	9.6%

# Sexual Violence and Cancer Risk Factors



# Sensory Triggers

- **Sight**
- **Sounds**
- **Smells**
- **Touch**
- **Taste**



# Relational Triggers

- **Power Imbalance**
- **Health Care Provider Same Gender as Perpetrator**
- **Patient as Object**
- **Uncertain/Surprised about What to Expect**
- **Submissive Body Positioning**



# Principles of Sensitive Practice

Principle	Explanation
<b>Respect</b>	<b>Acknowledging the inherent value of clients as individuals with unique beliefs, values, needs, and histories means upholding and defending their basic human rights and suspending judgment of them</b>
<b>Taking Time</b>	<b>Taking adequate time with patients ensures that they do not feel depersonalized or objectified</b>
<b>Rapport</b>	<b>Developing and maintaining an interpersonal style that is professional, yet conveys genuine caring, promotes trust and a sense of safety</b>
<b>Sharing information</b>	<b>Informing patients of what to expect on an ongoing basis and inviting them to ask questions and offer information and feedback helps reduce anxiety and promotes active engagement in their health care</b>
<b>Sharing control</b>	<b>Seeking consent and offering choices enables the clinician to work with rather than on patients and ensures that patients become full active participants in their own health care</b>

# Principles of Sensitive Practice

Principle	Explanation
Respecting boundaries	Paying ongoing attention to boundaries and addressing difficulties that arise reinforces patients' right to personal autonomy
Fostering mutual learning	Fostering an environment in which information sharing is a two-way process encourages survivors to learn about their health and how to become active participants in their own health care. It also assists clinicians to learn how best to work with individuals who have experienced interpersonal violence
Understanding nonlinear healing	Checking in with patients throughout each encounter and over time and being willing to adjust their actions accordingly, enables caregivers to meet the needs of individuals whose ability to tolerate health care examinations and procedures vary over time
Demonstrating awareness and knowledge	Showing that they are aware of interpersonal violence helps professionals foster a sense of trustworthiness and promotes an atmosphere in which patients are willing to work alongside their health care providers



# SAVE the Situation with Ms. Smith

Skill	Explanation/Application
<b>Stop the Exam</b>	<b>Ongoing Consent? She said yes, but her nonverbals communicate distress.</b>
<b>Appreciate</b>	<b>“You are having a hard time with this. This seems to be bringing stuff up for you.”</b>
<b>Validate</b>	<b>“A lot of people have difficulty with clinical breast exams. It is uncomfortable to have unwanted touch.”</b>
<b>Explore</b>	<b>“What can we do to make this easier for you?”</b>

# Psychosocial Oncology Scholarship Project Goals

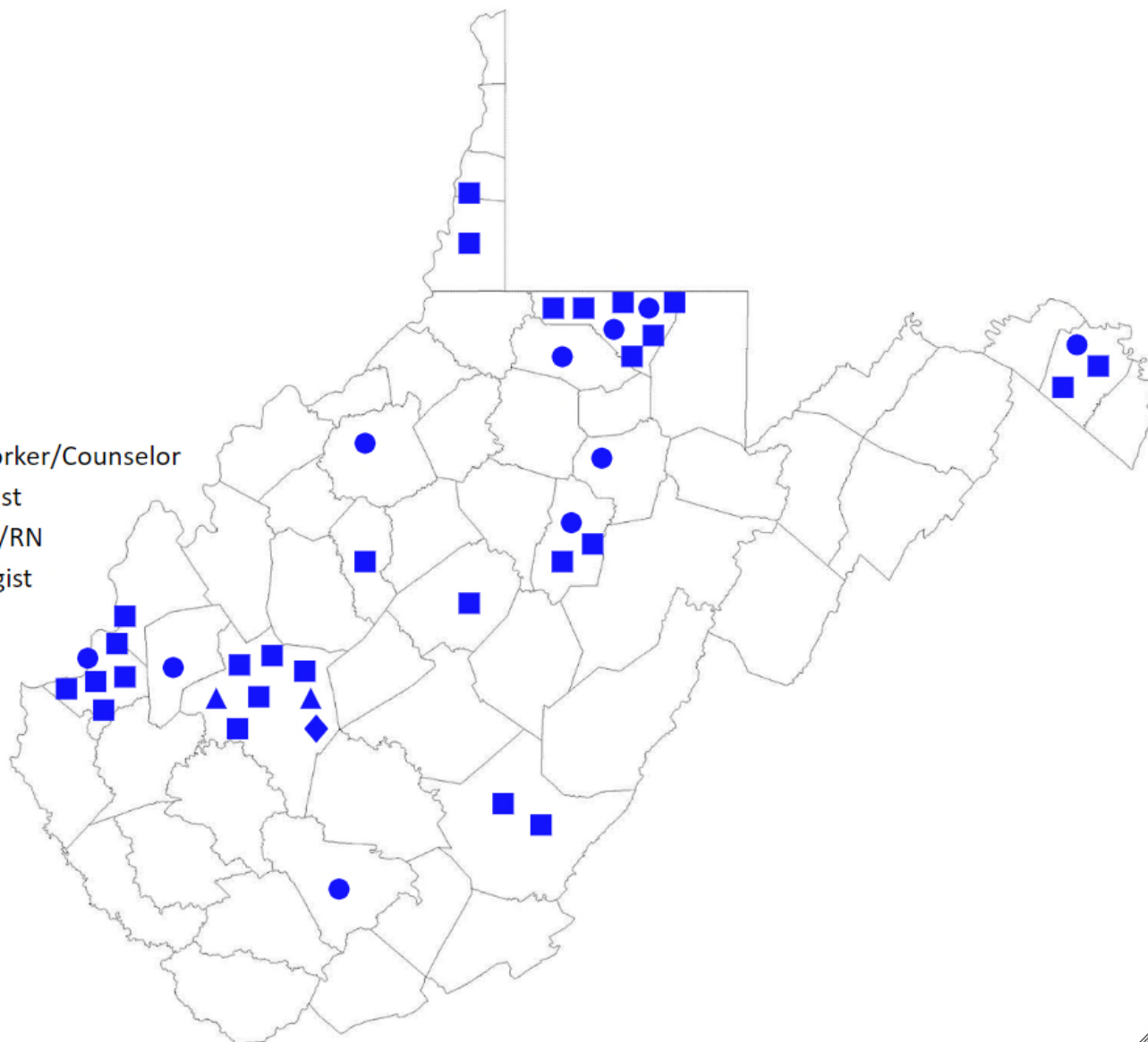


- **Increase access to behavioral health services for cancer patients and survivors**
- **Build West Virginia's psychosocial oncology workforce**
- **Expand referral directories for cancer patients, survivors, and health care providers**
- **Provide 45 American Psychosocial Oncology Society (APOS) memberships to enroll in the Basic Psychosocial Oncology Certificate Program**

**\*This project was funded by OMCFH and Mountains of Hope, the West Virginia Cancer Coalition**

# Psychosocial Oncology Scholarship Progress

- = Social Worker/Counselor
- ◆ = Psychiatrist
- ▲ = Physician/RN
- = Psychologist



# Take Aways

- **All stages of the breast cancer continuum present psychological challenges**
- **Empathy and validation can go a long way in helping individuals cope with these challenges and continue to show up for appointments**
- **Sexual Violence is common and health care professionals use Sensitive Practice strategies to help patients feel more at ease**
- **Be on the lookout for the Psychosocial Oncology Referral Directory on the Mountains of Hope website <https://wvmountainsofhope.org/>**

# References

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## High School Youth Risk Behavior Survey, 2021

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