

Wellness and Psychological Treatment for Women With Breast Cancer

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Kathleen Ashton, PhD, ABPP, FACHP, is a Board Certified Clinical Health Psychologist at the Cleveland Clinic since 2004, where she is the Director of Behavioral Health for the Breast Center and an Associate Professor of Surgery in the Lerner College of Medicine. Her clinical and research interests include psychosocial aspects of breast cancer and hereditary risk of breast cancer. She is a fellow of the American Psychological Association and Past President of APA Division 31.

Disclosures/Conflicts of Interest

- Kathleen Ashton, PhD, has no financial disclosures for this presentation.
- Generative AI was not used for generating content for this presentation

Learning Objectives

1. Describe the psychological impact of breast cancer across the lifespan.
2. Apply evidenced-based treatments to improve well-being in diverse patients.
3. Discuss diversity considerations for BIPOC and LGBTQ+ patients with breast cancer.

Psychological Aspects of Active Treatment for Breast Cancer

*Best Practice!

- Have a strong understanding of the medical condition

Psychosocial Issues for Women With Breast Cancer

Adjustment

Anxiety/distress/depressed
mood

Body Image

Coping with
relationships/children

Insomnia, pain and fatigue

Decision making

Breast Psychology

- Brief treatment: Average is 3 sessions
- Patients with comorbid anxiety/depression disorder: 6-12 sessions
- Integration with team includes space, EHR, coordinated appointments



Breast Cancer HEART

- Healing, Empowerment, Acceptance and Resilience Tools

- Allen, D., Ghose S., & Ashton (2025)

- 5 sessions

- Cancer & Identity
 - Anxiety
 - Managing Pain and Fatigue
 - Insomnia
 - Body image



Case Study: Ms. A.

- 32 y.o. AAF patient diagnosed with IDC scheduled for right mastectomy.
- Reports insomnia, fear about cancer spreading, difficulty with telling her children
- Strengths including family support, spirituality, healthy lifestyle
- Underwent HEART
 - CBTI
 - Anxiety tools
 - Diaphragmatic breathing
 - Body image processing regarding hair loss and importance to identity as a Black woman

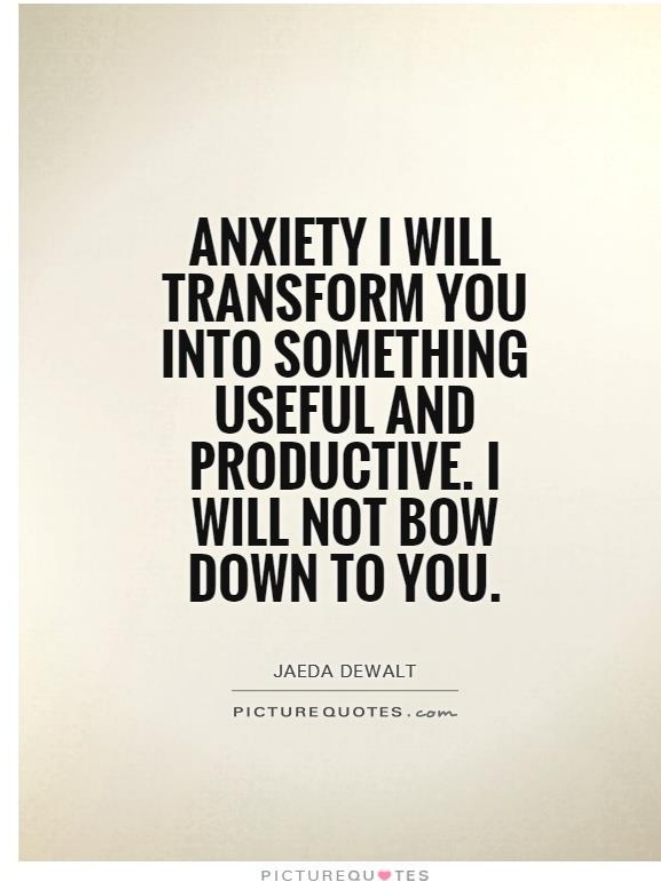
Anxiety & Depression and BC

- Women with breast cancer who subsequently had a recorded diagnosis of depression had a 45% higher risk of death from all causes
- Cognitive-behavioral stress management in breast cancer shown to improve long-term survival and lengthen time to recurrence in women diagnosed with breast cancer
- Breast cancer patients who participate in intervention sessions focusing on improving mood, coping effectively, and altering health behaviors live longer than patients who do not receive such psychological support.

Kanani et al 2015; Stagl 2015; Andersen 2008; Bergstrom, 2001; Calle 2003; Beran 2008

Depression & Anxiety in BC patients

- Individual CBT for breast cancer patients shows a large effect size for improvement in depression
- 18-20% of breast cancer survivors show clinically significant anxiety



Diversity and Cultural Considerations



- CBT interventions for breast cancer supported in diverse populations
- Communication and advocacy are important roles for psychologist

Psychological Issues in Survivorship

*Best Practice

Listen to the needs of the patients and team to help inform where to build programs tailored to the population.

Psychosocial Issues for Breast Cancer Survivors

- Fear of recurrence
- “Scanxiety”
- Lifestyle change
 - Weight, smoking, alcohol intake
- Symptom management
 - Sleep, fatigue, pain
- Changes in family relationships
- Body image and sexual health



*“I don’t just want a new normal,
I want a new, good normal.”*

Case Study: Ms. B

- 47 y.o. Caucasian woman with premorbid GAD, diagnosed with ILC
- Completed bilateral mastectomy followed by chemotherapy, radiation
- Anxiety symptoms exacerbated with strong fear of recurrence
- Referred by psychiatrist in oncology center—on Lexapro and Tamoxifen
- Completed Breast Cancer STAR (Survivorship Tools and Resources)- 5 session CBT group for young breast cancer survivors
- Treatments included activity pacing, cognitive restructuring, assertiveness training, relaxation training, group processing
- Significant reduction in GAD7 (20 to 9), IES (46 to 20).

Breast Cancer STAR-Survivorship Tools And Resources

- **Session 1: Symptom management skills**
 - Pain, fatigue, cognitive changes, behavioral activation, pacing, sleep, relaxation training: deep breathing
- **Session 2: Lifestyle Skills**
 - Stress response, stress management, eating habits, exercise, alcohol/tobacco risk, relaxation training: progressive muscle relaxation
- **Session 3: Emotional skills**
 - Coping with anxiety & uncertainty, fear of recurrence, acceptance & commitment, relaxation training: mindfulness meditation
- **Session 4: Thinking skills**
 - Coping with depression, identifying automatic thoughts and resulting emotions, cognitive restructuring, problem solving skills and action plans, relaxation training: autogenic relaxation
- **Session 5: Family and interpersonal skills**
 - Family communication skills, assertive communication, communication with health providers, coping with work, sexual health and intimacy, body image, relaxation training: guided imagery

Psychiatry and Breast Cancer

- Medication interactions
 - Antidepressants may decrease efficacy of SERM (tamoxifen)
 - Celexa, Lexapro, and Effexor generally recommended
- Managing cognitive changes, fatigue

Hereditary Risk for Breast Cancer and Presurgical Evaluations

*Best Practice

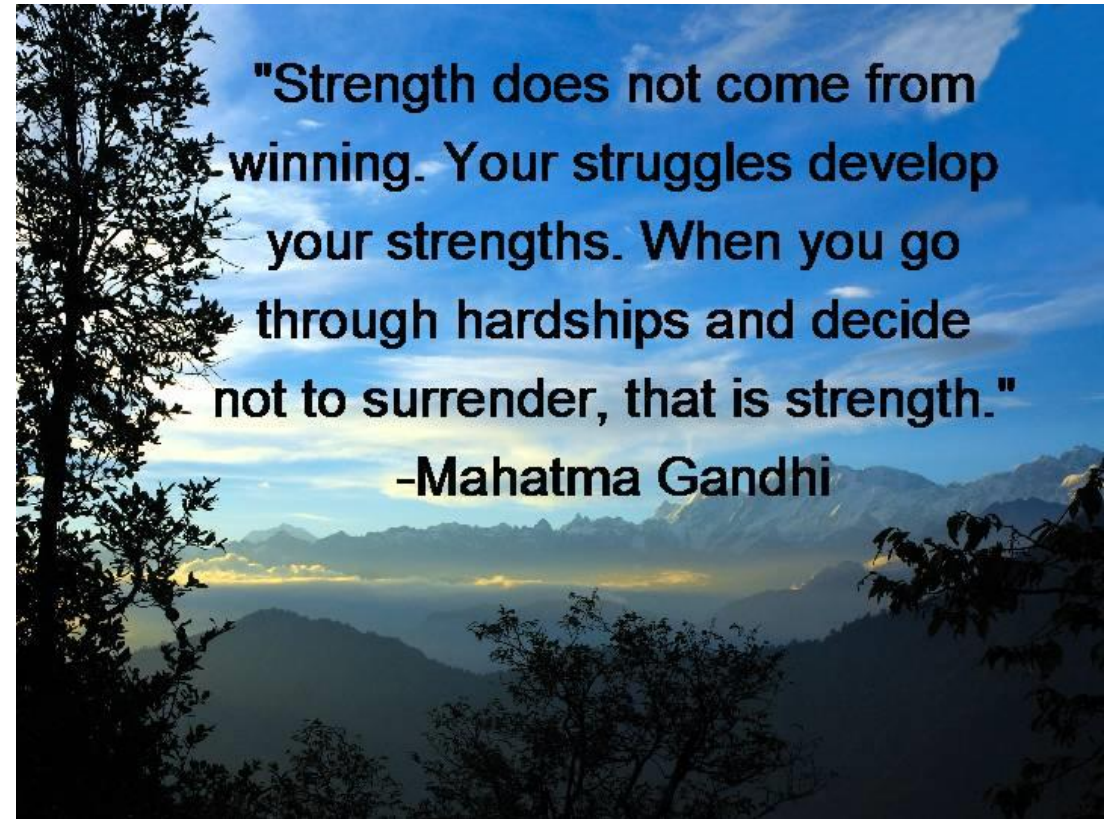
- Stay connected with the team through team meetings, common workspaces, warm handoffs, and electronic communication.

Hereditary Breast Cancer Risk (HBCR)

- Patients who carry genes that increase risk for breast cancer
 - BRCA1/2
 - PALB-2, CDH-1, PTEN, P53, ATM
- May choose surveillance, chemoprevention, risk reducing mastectomy (RRM)

Psychosocial Areas for HBCR/RRM

- Decision making
- Coping with body image, sexual health
- Coping with family issues
- Managing anxiety
- Managing pain and healing
- Lifestyle changes



Presurgical Evaluations



- Understanding of surgery/hereditary risk
- Motivation
- Emotional stability
- Lifestyle
- Family support
- Body image
- Stressors/Coping

Collateral Data

- Consult with outside mental health providers
- Consider engaging support person or partner in sessions
- Psychological testing for high risk cases
- Discuss cases in tumor board or team meetings



EMPOWER

- Empowering Women Engaging in Risk Reducing Surgery
- 4 session CBT skills group for pre or post op RRM patients/gene carriers
 - Decision Making
 - Coping with Emotions and Family
 - Body Image and Sexuality
 - Goal Setting and Empowerment

Case Study: Ms. C

- 49 y.o. white female seeking RRM
- Genetic testing negative
- Lost mom at age 15 to BC
- Has a 15 y.o. daughter currently
- No mental health hx
- Daily MJ use
- Limited understanding of surgery risk/benefit
- Recommendations
 - Referral medical breast increase understanding personal risk of breast cancer and options
 - Smoking cessation/tox screen
 - Psychotherapy to process grief/anxiety about cancer and leaving her child

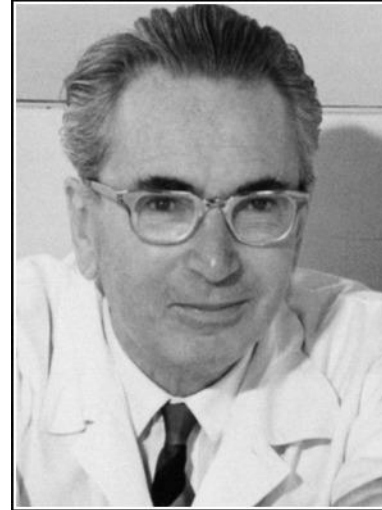
Psychological Treatment of Patients With Metastatic Breast Cancer

*Best Practice:

- Establish protocols and best practices for common treatment issues as your team expands for quality assurance

Common Psychological Issues

- Existential issues
- Symptom management
- End of life and legacy planning



Between stimulus and response
there is a space. In that space is our
power to choose our response. In
our response lies our growth and
our freedom.

— Viktor E. Frankl —

AZ QUOTES

Meaning Centered Psychotherapy for Advanced Breast Cancer (MCT-ABC)

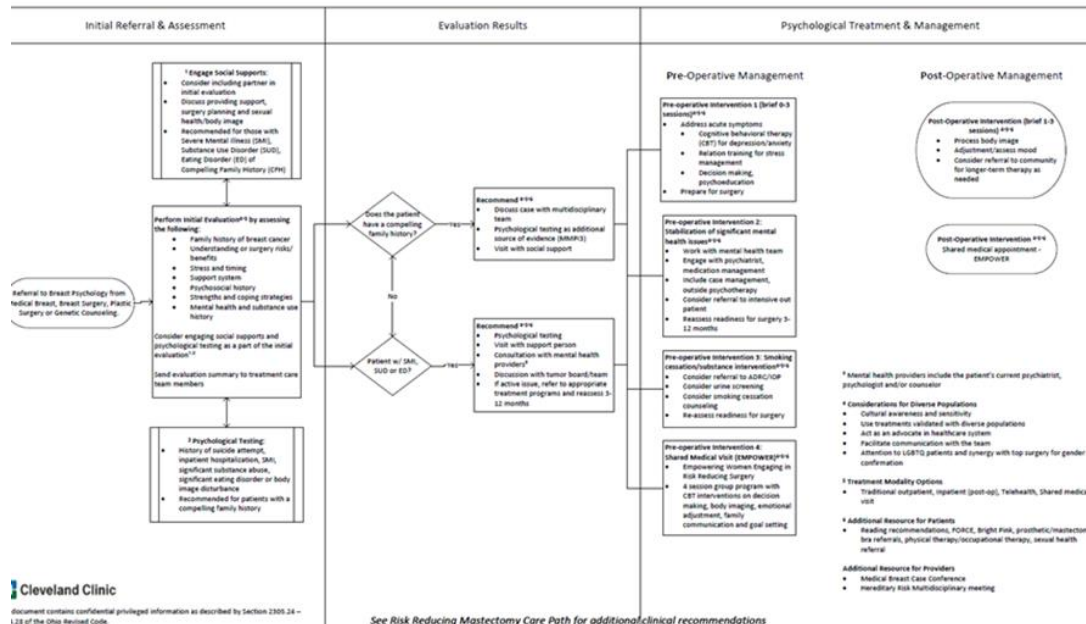
- Session 1: Concepts and Sources of Meaning
- Session 2: Cancer and Meaning
- Session 3: Historical Sources of Meaning (past legacy)
- Session 4: Historical Sources of Meaning (present and future legacy)
- Session 5: Attitudinal sources of meaning: Encountering life's limitations
- Session 6: Creative sources of meaning: Engaging in life fully
- Session 7: Experiential sources of meaning: Connecting with life
- Session 8: Transitions: Reflections and hopes for the future



Psychology Carepaths

- Review of literature and evidenced based treatments
- Common understanding of treatment options for team
- Standardize treatments for quality of care

Reducing Mastectomy Psychology Care Path



Case Study: Ms. D

- Ms. D was a 45 y.o. White married lesbian woman with three children under 5, diagnosed with MBC.
- Sources of meaning included her work as a teacher, family holidays
- Completed 8 session individual Meaning Centered Protocol



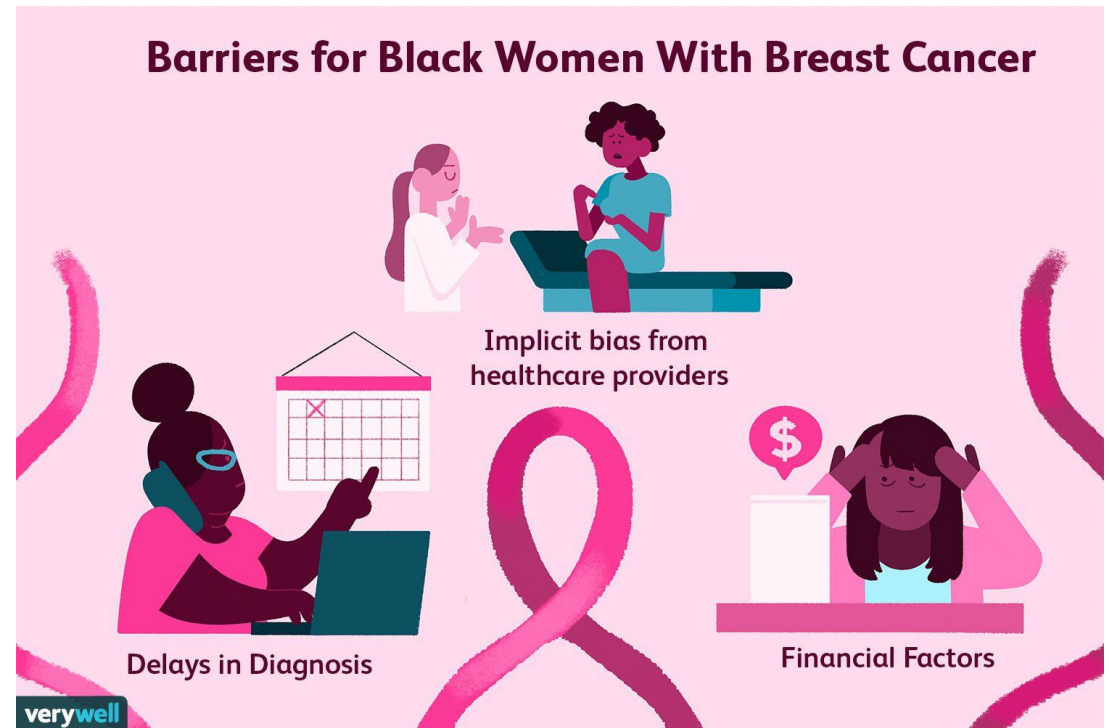
Adult Hand Casting

Special Populations: Young Women, BIPOC, and LGBTQ Patients with Breast Cancer

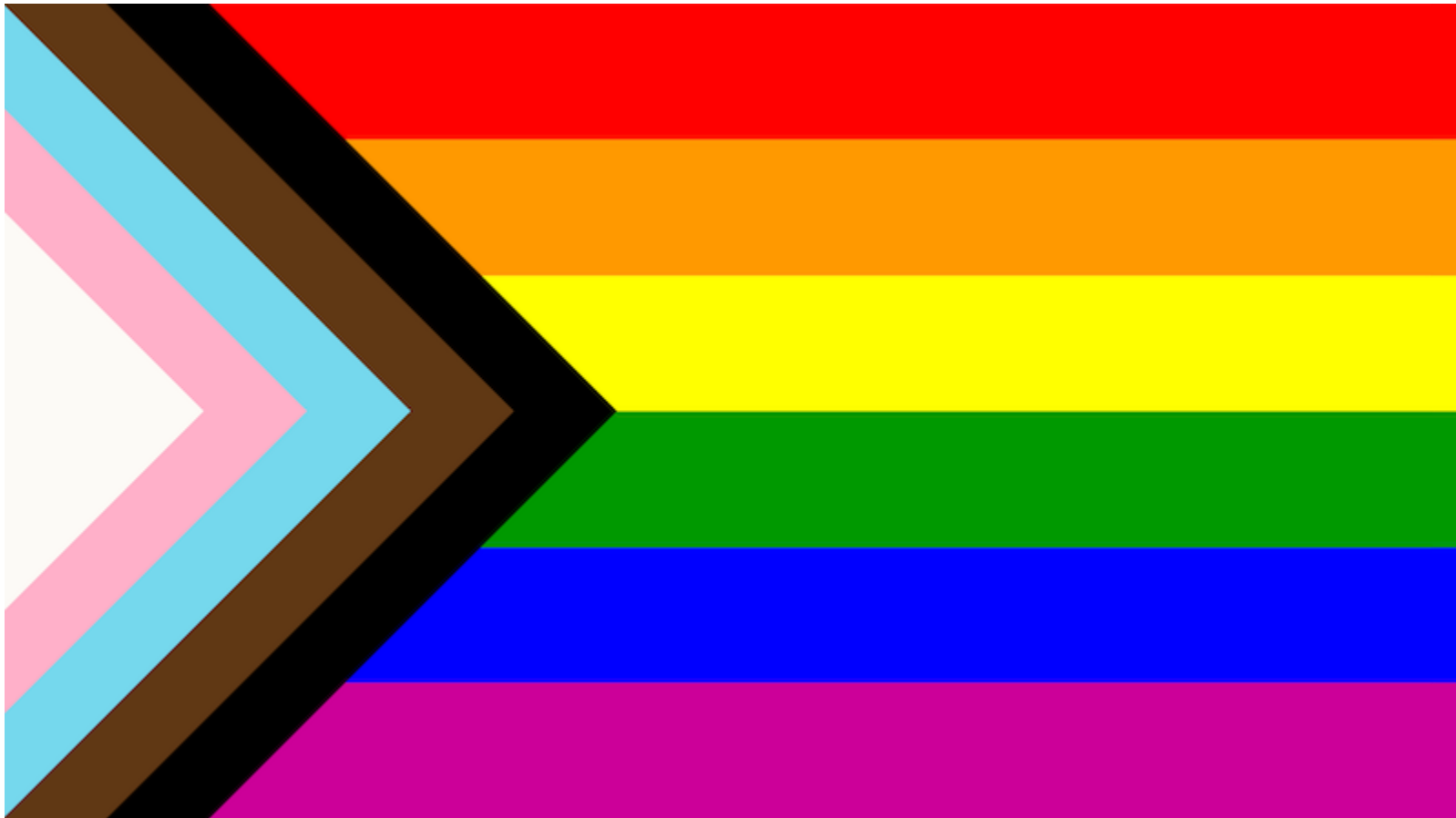
*Best Practices

- Make spaces welcoming to diverse patients both visually and interpersonally

Black Women and Breast Cancer

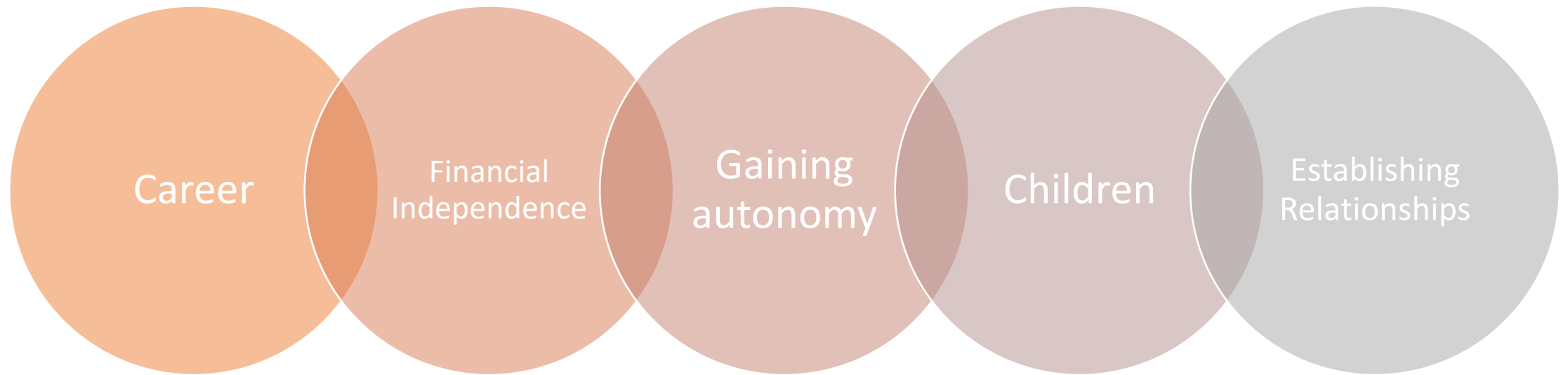


Considerations for LGBTQ Patients

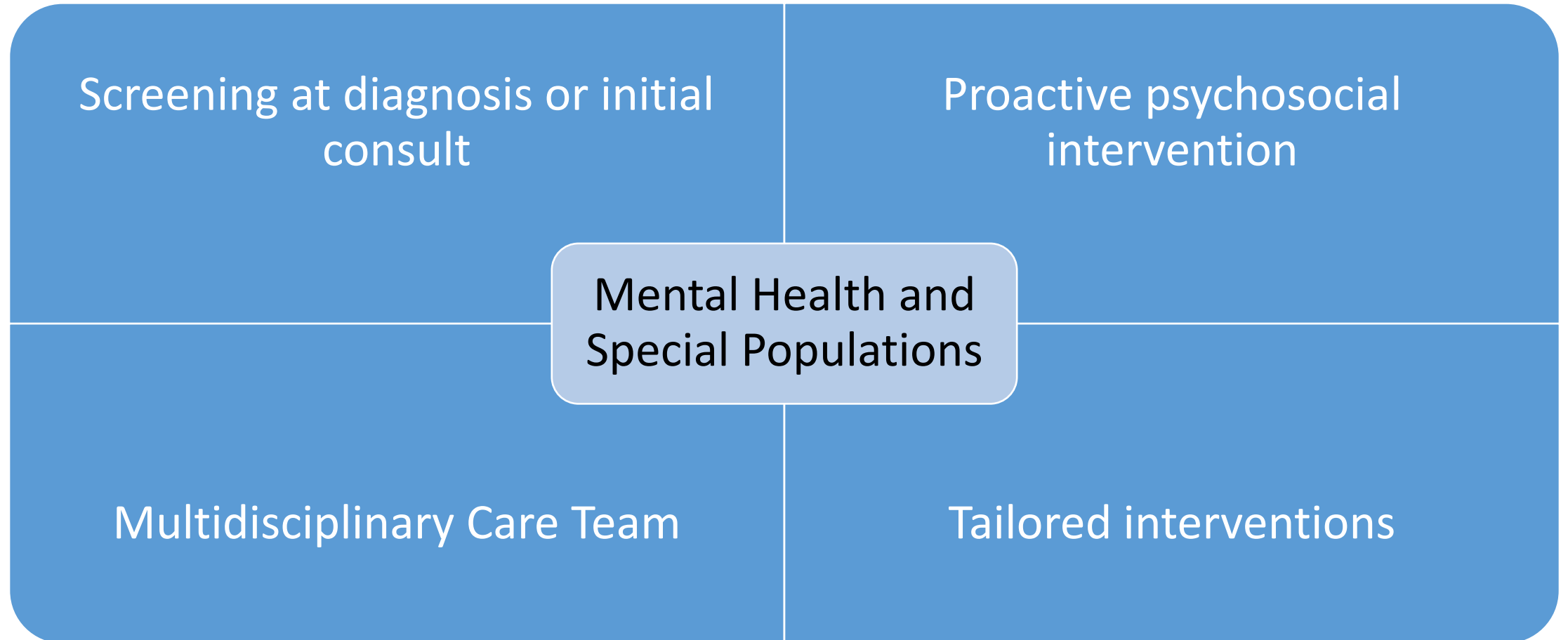


Wheldon et al., 2019; Conley 2020

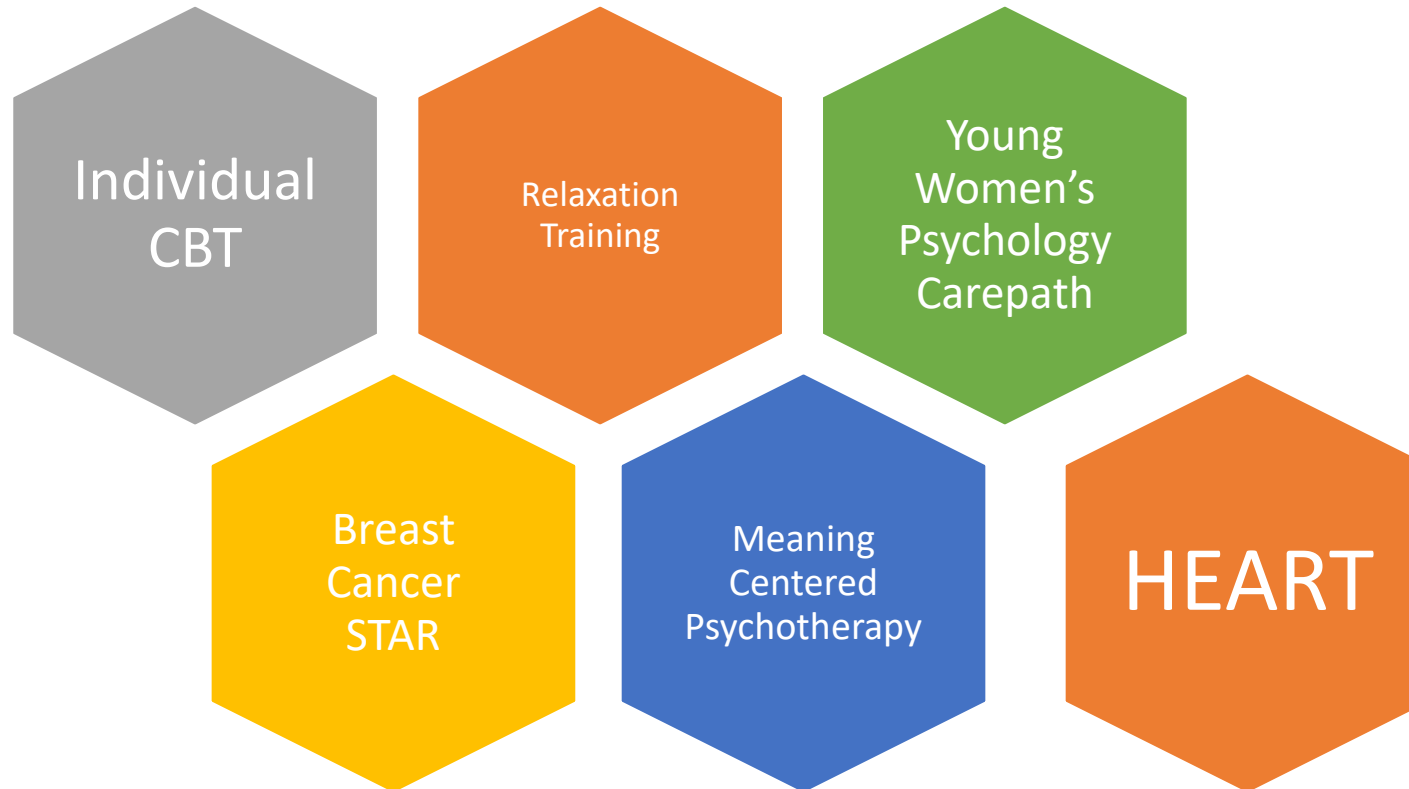
Impact of Breast Cancer on the Life Roles of Young Women



Clinical Recommendations



Psychosocial Interventions Targeting Young Women



Benefit Finding and Post Traumatic Growth

- “Glimmers”
- Meaning finding
- Values reassessment
- Positive changes in work, relationships



Key Takeaways

- Distress and psychosocial issues are common in HBCR, BC, BCS, and MBC
- Best practices include team integration, developing evidenced based treatment protocols, recognizing patient and team needs
- Cultural considerations and tailored treatments are important to effective treatment

Clinical Resources

- Relaxation tracks including diaphragmatic breathing, guided imagery for healing after surgery, progressive muscle relaxation:
 - www.ccf.org/breastcancerrelaxation
- Ashton, K., Murray, A. Psychological Services for Patients With Breast Cancer. *J Health Serv Psychol* 48, 145–159 (2022). <https://doi.org/10.1007/s42843-022-00072-7>
- Pro tips for building a specialty care integrated practice
 - <https://www.apa.org/practice/specialty-care-integrated-practice>

Q&A With Dr. Ashton



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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