

Medically oriented psychological tests help improve care for breast surgery candidates

Rebecca Cogwell Anderson, PhD, Director of Transplant Psychological in Wisconsin

Rebecca Anderson, PhD, serves as director of Transplant Psychological Services at the Medical College of Wisconsin. As the only psychologist in the department of surgery, she spends about 60 percent of her time providing patient care. The remainder of her time is devoted to teaching and administrative responsibilities.

Anderson conducts psychological evaluations of candidates for various surgeries, including breast-related procedures such as prophylactic mastectomies, breast reductions, reconstructive surgery, and breast augmentations. Her protocol incorporates use of the [BSI® \(Brief Symptom Inventory\)](#) and [MBMD® \(Millon Behavioral Medicine Diagnostic\)](#) tests.

"I'm a big fan of the BSI and the MBMD instruments," Anderson says. "Since I evaluated so many patients, I appreciate that these tools provide me with the information I need in a much more efficient way than if I had to use multiple tests to gain the same insights."

Assessing surgical readiness

For some of the breast surgery candidates Anderson sees, a pre-op evaluation is required by insurance. In other cases, patients were referred to Anderson by a surgeon who had identified a possible concern.

The first step in her protocol is to conduct a clinical interview that focuses on the patient's specific needs and any concerns the referring surgeon has indicated. Typical concerns included whether the patient has realistic expectations and whether she is self-motivated to have the surgery or is being urged by someone else to consider it. In the case of breast reduction or augmentation, it is also important to ascertain whether the patient is

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old enough to make the right choice for herself.

At this initial session, the patient takes the MBMD and BSI tests as well as the Breast Evaluation Questionnaire, an instrument published by Anderson and plastic surgeon Bruce Cunningham, MD, that helps assess a patient's satisfaction with her breasts.

Anderson then holds a second meeting with the patient to discuss the interview findings and test results. Following this, she develops a written treatment plan based on her interview and the test results and meets with the care team to discuss her recommendations.

Evaluating coping skills

In administering the MBMD test as part of her pre-op evaluation, Anderson is primarily seeking to learn whether the patient will be able to handle the stress of surgery. "The MBMD gives me insights into the patient's social support and identifies the woman's strengths and weaknesses in coping with medical concerns," she said. "It helps raise possible red flags. For example, if the MBMD shows that the patient might have difficulty coping with complications, that's valuable information for me to share with the surgeon."

“The MBMD hits the nail on the head in terms of what I need to communicate with the medical team.”

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"It helps guide our treatment planning and enables us to give more comprehensive patient care," says Anderson. She also liked that the test is brief enough to be well-tolerated by patients—and that it provides an easy-to-read [Interpretive Report](#) for practitioners.

Guiding patient decisions

To illustrate the benefits of the MBMD, Anderson cites the case of a patient who was debating about whether to have breast reconstruction following a mastectomy. The surgical option under consideration involved using the patient's own tissue to reconstruct the breast, a procedure with which there is more potential for complications and more down-time in terms of recovery.

"I picked up in the interview that this woman was likely to have an extremely difficult time with surgical complications if they arose," said Anderson. "When I administered the MBMD, the test results confirmed this concern."

With the care team's guidance, the patient opted not to have the reconstructive surgery. "My interview didn't dictate the decision and the MBMD didn't dictate the decision— but both of these sources provided useful information to help us counsel the patient so that she could arrive at a decision," said Anderson. "When you can talk with patients about what you gleaned from the interview and then show them test results that verify those same concerns, it helps confirm for them what they are already feeling; it helps them become more comfortable with their choices."

Perceiving the patient's current state of being

The BSI test provided another important component of Anderson's pre-op evaluation. "Whereas the MBMD focuses mainly on traits that are unlikely to change over time, the BSI reflects the patient's current state of being, in a window of time," she says. "If several scores are elevated on the BSI, I can explore these concerns with the patient in a follow-up session and consult with the team to come up with a plan for addressing these issues— whether through further evaluation, medication options, or other treatment avenues."

In addition, Anderson often re-administers the BSI test after surgery to evaluate the patient's response following treatment. "As a brief instrument that is

easy for me and the patient, the BSI is well-suited for both pre- and post- surgical assessment," she said.

Improving patient care

Having administered the MBMD and BSI tests for some time, Anderson was impressed with the value they added to her evaluations. "These tools help me address possible setbacks the patient might encounter, work more effectively with the care team, and develop better patient education plans," she says. "I would not like to conduct my evaluations without the benefit of these instruments."

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