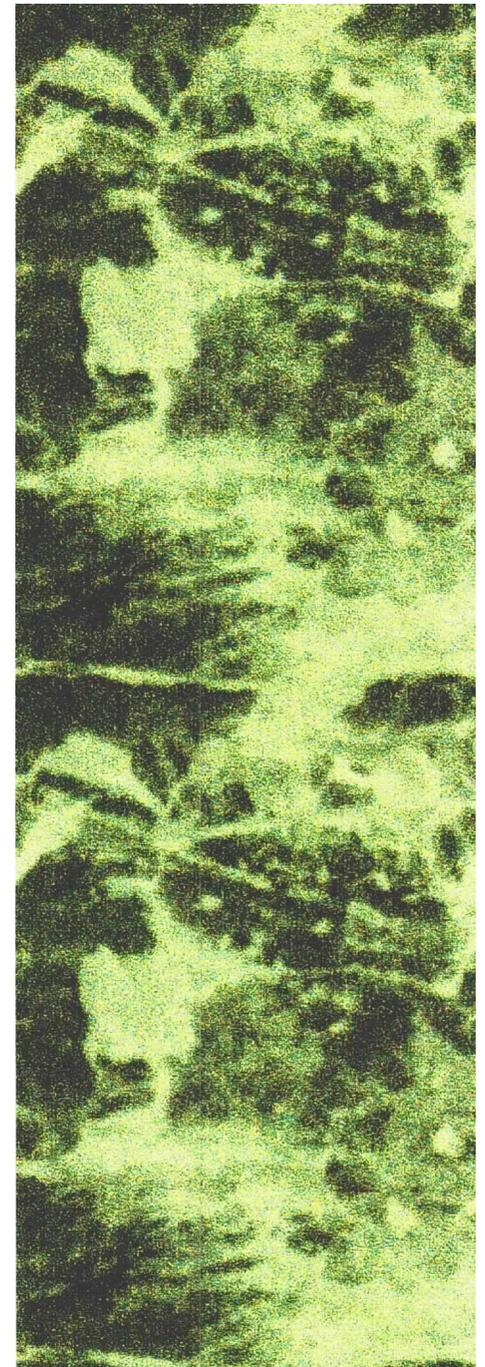
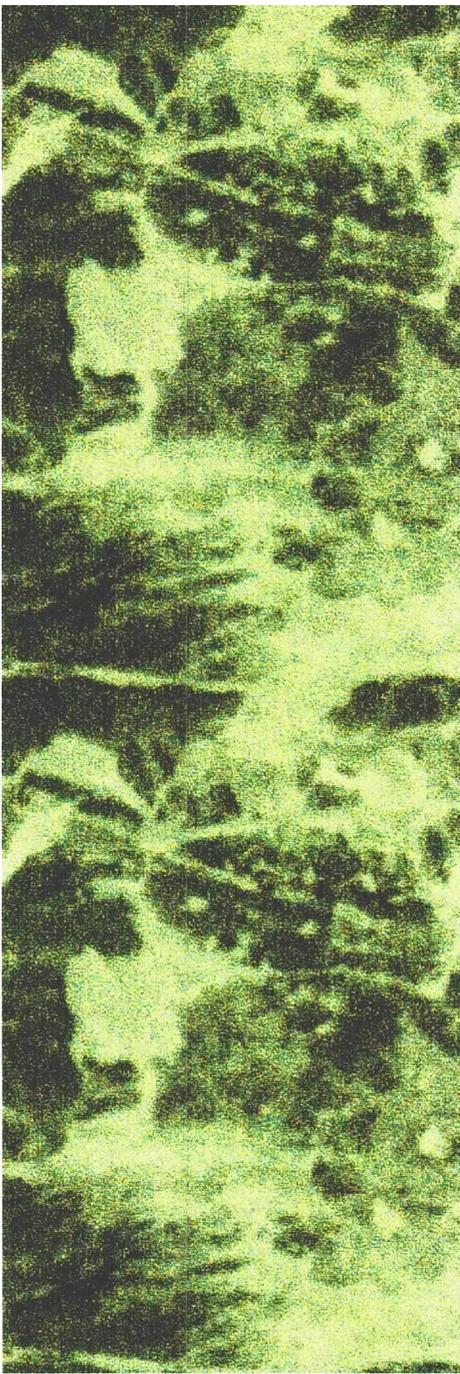


**Screening
&
Diagnosis
of
Breast
Cancer
For
Primary
Care
Physicians**



BARRIER-SPECIFIC COUNSELING

ADAPTED FOR INCREASING SCREENING MAMMOGRAPHY RATES

Barrier-Specific Counseling is a well-established health intervention often used by paramedical personnel. This strategy uses counseling techniques to identify the specific concerns or circumstances which prevent the desired health behavior. Once these “barriers” have been identified, the counselor then selects the appropriate responses which convey those messages or information which will help the respondent to overcome that barrier. This technique ‘has been successfully used in suicide prevention, health counseling, smoking cessation counseling, and to encourage various medical tests. Several theories of health behavior have been used to develop this counseling intervention, including the Health Belief Model (Rosenstock, 1990), Prochaska’s Transtheoretical Model (also called the Stages of Change Model) (Prochaska and DiClemente, 1982, 1983) and the Conflict Model of Decision Making (Janis 1982).

This counseling intervention has been successfully used by researchers to increase utilization of mammography and clinical breast exam among women aged 50-74 (Rimer et al., 1991).

Here we have adapted the techniques and responses utilized in barrier-specific counseling for use in physicians’ practices. These responses may be used by physicians and/or their staff members to motivate women to have regular screening mammograms.

Fourteen possible barriers to mammography use are identified in the following pages. For each barrier the recommended messages which will help the patient overcome that barrier are identified. For most of these messages, examples of the script which successful counselors have used in response to that specific barrier are illustrated. Physicians may decide to use these guidelines to aid their non-compliant patients in overcoming their concerns about mammography, thereby facilitating their compliance with screening recommendations.

* * * * *

Janis IL, Ed. *Counseling On Person Decisions*. Yale University Press, New Haven, CT, 1982.

Prochaska JO, DiClemente CC. *Transtheoretical therapy: Toward a more integrative model of change*. Psychotherapy: Theory, Research and Practice, 19(3): 276-288, 1982.

Prochaska JO, DiClemente CC. *Stages and processes of self-change of smoking: Toward an integrative model of change*. Journal of Counseling and Clinical Psychology, 51: 390-395, 1983.

Rimer BK, King E, Seay J, Trock B, Engstrom P. *A Stepped Approach Increases Adherence To Mammography*. American, Public Health Association, Washington DC, 1991.

Rosenstock IM. *The health belief model: Explaining health behavior through expectancies*. In Health Behavior and Health Education, K. Glanz, F.M. Lewis, B.K. Rimer, Eds., pp. 39-62. San Francisco: Jossey-Bass, 1990.

**BARRIER-SPECIFIC COUNSELING
FOR MAMMOGRAPHY**

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BARRIER-SPECIFIC COUNSELING FOR MAMMOGRAPHY

1. LACK OF KNOWLEDGE ABOUT MAMMOGRAPHY

A) Define Mammography.

Example:

A mammogram is an X-ray of the breast. The X-ray itself is taken by a technologist who has special training in doing mammograms. Usually, two pictures are taken of each breast - one from the top and one from the side. After the X-rays are developed, they are read by a doctor/radiologist whose specialty is reading X-rays.

B) State the Purpose of Mammography.

Example:

The purpose of a mammogram is to find breast cancer early before it spreads outside the breast and before there are any symptoms. When breast cancer is found early, women have more choices about the kind of treatment they receive and they have an excellent chance of being cured. Nine out of ten women with early breast cancer will be cured.

C) State Who Needs Mammography.

Example:

All women 50 and older need to have a mammogram every 1 to 2 years. That is because as women get older, their chances of getting breast cancer are greater. Mammograms are very important for women 50 and older because they can find breast cancers early - often 1 1/2 to 2 years before there are any symptoms.

BARRIER-SPECIFIC COUNSELING FOR MAMMOGRAPHY

2. NEVER THOUGHT ABOUT IT (HAVING A MAMMOGRAM)

A) Determine What the Woman Knows About Mammography.

Example: *Have you heard or read anything about mammograms?*

If no knowledge of mammography, define it and explain its purpose.

Example: *A mammogram is an X-ray of the breast. Its purpose is to find breast cancer early before there are any symptoms. That's when the chances for cure are greatest and women have more choices about their treatment.*

B) Determine If There Are Specific Reasons for Not Having Mammograms.

Example: *Are there any reasons that come to mind about why you might not want to have a mammogram?*

If specific barriers are identified, refer to the counseling guidelines for those particular barriers.

C) If No Reasons Cited. State Advantages of Mammography.

Example:

As women get older they are more likely to get cancer. In fact, about 1 out of 9 women will get breast cancer. And, the majority of breast cancer cases are in women over the age of 50. Mammograms can find breast cancer very early - often 1 1/2 to 2 years before it can be felt or before there are any symptoms. That's the reason that women aged 50 and older should have a mammogram every 1 to 2 years.