Group Cognitive Behaviour Therapy
for Managing Peri-menopausal Symptoms:
Feasibility and Effectiveness of Two Delivery Methods

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Thesis submitted in partial fulfilment of the requirements of the
Professional Doctorate in Clinical and Health Psychology

November 2011
Statement of Originality

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I hereby certify that the work embodied in this thesis contains a published paper/s/scholarly work of which I am a joint author. I have included as part of the thesis a written statement, endorsed by my supervisor, attesting to my contribution to the joint publication/s/scholarly work.

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Acknowledgement

First and foremost, I would like to express my deepest gratitude to my thesis supervisors. I would like to thank Dr Rosemary Webster for her wonderful research project. I felt privileged to be one of the members in the research team and contribute in promoting the wellbeing of women. This thesis would not have been completed without her enormous support, assistance and advice. Thank you to Dr Martin Johnson for his expert advice, particularly on the qualitative component of the research, and valuable feedbacks on the whole research project.

Thank you to Cindy Buxton, my research partner, for building a solid foundation for the project.

I would like to thank Mr Kim Colyvas, Conjoint Lecturer in the School of Mathematics and Physical Sciences, who assisted with my statistical analyses and accurate interpretation of the results.

I would like to express my sincere appreciation to Emma Bence, who has done a wonderful job in providing administrative support to this project. Being a very good friend of mine, Emma also gave me a lot of emotional support throughout my studies. I would like to thank Dr Kathy Dynon for reading the draft of this thesis, and giving a lot of valuable feedback. She has never stopped being a wonderful and caring friend who provided me with enormous encouragement and support.

I would like to express my deepest gratitude to my family and friends. My parents’ unconditional love and support have made my dream come true. My sister Holly gave me strength when I was struggling. Thanks for the support from Auntie Jennifer and Uncle Marco, who love me like my parents do.

Finally, I would like to thank my wonderful husband Ihssane Zouikr for his patience, support and love.
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Abstract

The increased understanding of the role of behaviour, mood and cognition associated with menopause has resulted in menopause transition no longer being considered only a biological process, but also understood in a psychological and social context. This has lead to the development of psychological interventions to treat menopausal symptoms. This current pilot study aimed to evaluate the feasibility and effectiveness of two delivery formats: Weekly (ten weekly, 1.5-hour sessions) and Weekend (two 7.5-hour sessions) of a Group Cognitive Behavioural Therapy (GCBT) program for managing peri-menopausal symptoms. The Menopause Made Manageable (MMM) GCBT program has incorporated many well-established cognitive and behavioural strategies including psychoeducation, relaxation, mindfulness, lifestyle intervention, cognitive strategies, and stress management. Participants were allocated to the Weekly (n = 51) or Weekend (n = 22) group according to their preference. A battery of standardised questionnaires: the Menopause Rating Scale (MRS), the short form of the Depression Anxiety Stress Scale (DASS-21) and the short form 36-item Medical Outcome Study questionnaire (SF-36) was administered at waitlist (6-8 weeks before treatment), pre-treatment, post-treatment, 3-month follow-up and 6-month follow-up. Participants were also asked to complete a symptoms diary (daily version of the MRS) during the MMM program to monitor their menopausal symptoms. Changes in mean scores over five assessment time points and between two groups were evaluated using a Linear Mixed Model. The current study design used participants as their own controls in the waiting control time period, where no significant change was identified. The results indicated that both Weekly and Weekend MMM program were effective in improving menopause-related symptoms (d = 0.66 – 0.86) and psychological symptoms (d = 0.19 – 0.51). The treatment gains were maintained at least for 6 months. No significant group
effect was identified in any of the outcome variables. Further analysis on the symptoms
diary also revealed that both Weekly and Weekend MMM improved over time at a
similar pace during the treatment program. The second part of the study focused on
evaluating the MMM program using qualitative method. Semi-structured interviews
were used to explore participants’ experience of the MMM program, in both Weekly
and Weekend formats. Interpretative phenomenological analysis (IPA) was chosen to
analyses the data because it is particularly suitable to explore the research topic in detail
from participant’s perspective. Five superordinate themes were found: (1) Pre MMM:
A Life with Chaos; (2) MMM Answered My Questions; (3) MMM Made Me a Stronger
Woman; (4) The Power of Group; and (5) Need for Options of Delivery Format.

Generally, the findings suggested that prior to the group, the women found the
menopausal symptoms overwhelming and pervasive. All of them wanted to know more
about menopause but had experienced difficulty accessing information and support.
After the treatment, all of the interviewees expressed having increased knowledge and
self-confidence in managing their symptoms. Despite the perceived disadvantages of
the intensive format, the Weekend MMM has provided an option for the women who
could not attend weekly treatment sessions. The results of this study suggested that the
MMM GCBT program has the potential to be an effective and feasible, non-
pharmacological treatment alternative for managing menopausal symptoms. Since both
Weekly and Weekend groups showed similar results, the MMM program could be
delivered in either format to suit clients’ needs and preference. Similar to previous
studies, the current findings support the use of GCBT for managing peri-menopause
symptoms.