

# Treatment Fidelity Evaluation of Telehealth Stage-Based Motivational Interviewing Interventions

Susan L. Benson, DNP, APRN

## Abstract:

### Rational and Significance

Combat veterans with Post Traumatic Stress Disorder (PTSD) are smokers who are disproportionately affected. For example, they smoke more than other veterans, are less likely to quit, and do not seek or go if offered smoking cessation care. They are underserved and understudied. A promising approach to behavioral change is Motivational Interviewing. MI is a client-centered, directive therapeutic style that enhances readiness for change. This non-confrontational intervention is particularly suited for PTSD patients who are often easily angered. MI interventions can be delivered via telehealth in a Health Buddy (HB) device with weekly telephone counseling sessions. However, it is critical that these interventions stay “true” to their theoretical stage-based roots in all phases in order to know that significant results were due to the MI method.

### Purpose

The parent study tested the feasibility of telehealth care management and tobacco cessation for veterans with PTSD. The ‘nested’ research question was whether the parent study’s telehealth, stage-based MI interventions met five criteria related to the design, training, delivery, receipt, and enactment of the interventions. If the interventions satisfied these treatment fidelity (TxF) requirements, then the integrity and validity of the interventions used in the parent study could be supported, increasing their relevance as novel translational strategy to deliver smoking cessation interventions to veterans with PTSD.

### Methodology

This non-experimental, single, unblinded nested TxF study utilized stage-based MI interventions via a smoking library of text with the HB device, weekly counseling fidelity tools and patient satisfaction surveys. The HB and counseling were tailored to the veteran’s stage of change to quit smoking. Patient receipt of the interventions and the cognitive and behavioral changes enacted by the veteran were measured descriptively as were the patient satisfaction surveys with the HB and MI counseling.

### Results and Discussion

Ten subjects were recruited. Delivery dose of MI, via the HB and counseling, were analyzed and found to be more than adequate. Fidelity checklist frequency of use was highly true to MI-consistent behaviors. To date, data shows participant scores were very close to ideal scores of satisfaction. The overall integrity of MI interventions and treatment fidelity measures ranged from high to above adequate fidelity. These treatment fidelity measures maintain MI purity so inferences can be drawn about the independent variable and outcomes for use in the proposed randomized control trial.

### Implications for Nursing

Only 3.5% of studies, with a psychosocial intervention, report their treatment fidelity measures. This makes it very critical that researchers achieving Doctorates in Nursing Practice (DNP) become aware of the value of treatment fidelity.

sueleebee@yahoo.com

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University of Colorado-Denver

College of Nursing