Author's response to reviews

Title: Motivational interview interactions and the primary health care challenges presented by smokers with low motivation to stop smoking: a conversation analysis

Authors:

Núria Codern-Bové (nuriacodern@euit fdsll.cat)
Enriqueta Pujol-Ribera (epujol@idiapigol.org)
Margarida Pla (margarida.pla@uab.cat)
Javier González-Bonilla (idiap@idiapigol.org)
Silvia Granollers (sgranollers.cp.ics@gencat.cat)
José Luis JL Ballvé (ballvejl@gmail.com)
Gemma Fanlo (gfanlo@ambitcp.catsalut.net)
Carmen Cabezas Peña (carmen.cabezas@gencat.cat)
ISTAPS Study Group (idiap@idiapigol.org)

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Author's response to reviews: see over
Dear Mr. Silvestre and Dr. Minichiello,

We appreciate the opportunity to revise and improve our manuscript, “Motivational interview interactions and the primary healthcare challenges presented by smokers with low motivation to stop smoking: a conversation analysis” (1535319625109193). First of all, we want to thank all of the reviewers for their attention to our manuscript and for their comments, which have been very helpful. The incorporation of the changes proposed has undoubtedly improved the quality of our communication of this research. We enclose our point-by-point response (in italics) to each reviewer and attach the manuscript with all changes marked in yellow.

We hope that the manuscript will now be acceptable for publication in BioMed Central.

Sincerely,

Núria Codern Bové
Escola Universitària d’Infermeria i Teràpia Ocupacional de Terrassa
Universitat Autònoma de Barcelona
POINT-BY-POINT REPLY TO DELWIN CATLEY

We wish to thank the reviewer for her attention to our manuscript and for her comments, which have undoubtedly helped to improve the quality of the article. Our comments are in italics and changes in the manuscript are shown in yellow.

Reviewer's report:

Major Compulsory Revisions The author’s revision of the manuscript is a significant improvement and the intention of the paper, methods, and findings are much clearer. However, the manuscript still needs a somewhat clearer/stronger rationale and the recommendations for clinical practice still go beyond the findings of the study. There are also a number of small ways in which the clarity of the manuscript can be improved. All of these concerns are easily addressable and should lead to a manuscript that can make a useful contribution. I have provided specific comments including some suggestions for addressing the issues noted. I appreciate that the authors are communicating complex ideas in a foreign language and hope some of these are suggestions are helpful.

Specific comments

Abstract 1) In the abstract the authors state that “This study analysed how interaction is constructed in the primary care setting during motivational interviews with these smokers and whether the basic Motivational Interview principles set forth by Miller & Rollnick were followed.” This differs from the what the study does at the end of page 1 of the background (see below for a comment on that statement) and more importantly I think this does not adequately convey the rationale for the study and its proposed contribution to the literature (i.e., the purpose of the study was not really to find out whether or not these providers were adherent – the authors appear to be conducting the study because they assume there will be variability in their performance of MI). I would suggest a better description is something broader that emphasizes the unique contribution of the study such as “the purpose of the study was to use Conversational Analysis to enhance understanding of the therapeutic process in MI among providers attempting to motivate their patients to quit smoking”. This is close to what the authors write in the 2nd last paragraph of page 5.

We agree that we need to adjust the objective stated in the abstract to align it with the 2nd-last paragraph of page 5. The objective now reads as follows:

The purpose of the study was to use Conversational Analysis to enhance understanding of the process in Motivational Interviewing sessions carried out by primary care doctors and nurses to motivate their patients to quit smoking.

Background

2) Throughout I suggest switching “motivational interviews” to “Motivational Interviewing (MI) sessions” or “MI encounters” or “MI conversations” as this is more conventional and avoids confusing readers about whether your are referring to any kind of conversation intended to motivate a patient or the specific method of MI. Also when referring to Miller and Rollnick’s method it should be phrased as “Motivational Interviewing” but I would suggest abbreviating this as MI throughout.

2
We have double-checked the terminology in the literature and agree with changing “Motivational interview” to Motivational Interviewing (MI) sessions or MI encounters or MI conversations throughout the document.

3) In the sentence “Motivational Interviewing can help patients explore and resolve their ambivalence and resistance towards a particular behaviour” it would be preferable to drop “and resistance” as in MI terminology “resistance” is re-conceptualized as part of ambivalence.

In response to the reviewer’s next comment, we updated our definition of Motivational Interviewing and, as a result, decided to eliminate this phrase because the idea we were trying to communicate is contained in the new definition:

Another approach used in PHC to motivate individuals who are hesitant to make changes or ambivalent about smoking cessation is Motivational Interviewing (MI), based on the work of Miller and Rollnick [11].

4) Suggest deleting the sentence “The method incorporates elements of the Transtheoretical Model [14], the Health Beliefs Model [15] and Person-centred Therapy [16]” as in my view this sentence is not completely accurate (e.g., Miller and Rollnick have attempted to disentangle MI from the TTM in recent years) and not essential. Instead I recommend quoting one of the formal definitions of MI as outlined in the third edition of Miller and Rollnick’s book.

We have updated the definition of Motivational Interviewing to the better formal description contained in the third edition of Miller and Rollnick. We also deleted the paragraph introducing the different theoretical models related to Motivational Interviewing.

This method has been defined as a collaborative, person-centered style for addressing the problem of ambivalence about change. It is designed to strengthen personal motivation and commitment to a specific goal by eliciting and exploring the individual’s own reasons for change, within a climate of acceptance, empathy, and mutual cooperation, ultimately respecting the individual’s decisions [11].

5) At the end of page 3 the authors state that meta-analyses note difficulties experienced in following the principles of MI to set up their exploration of the MI process in this study. However, the authors do not provide a citation to support this statement and to my knowledge the meta-analyses have noted the lack of evidence of fidelity rather than evidence of difficulty in MI adherence. Unless I am mistaken I would suggest deleting this sentence as the previous sentence provides an adequate rationale for focusing on the MI process.

We appreciate the reviewer’s comment and have rewritten this paragraph. The original version was supported by three citations that referred to the lack of evidence of fidelity. In the revised version, we have added a new reference. We have also eliminated the last sentence to avoid confusing the reader about the focus of the study.

Meta-analyses of smoking cessation interventions … [14–17].

6) The final sentence on pg 3 stated that “This paper analyses the organization of the motivational interview in the PHC office setting, and identifies possible variations on these original principles”. Again I don’t think this really captures what the study is about (and this differs from the statement in the abstract). I would suggest deleting this sentence and rather
starting off the next paragraph by stating that one way to examine the MI process is through CA. I suggest refocusing this paragraph to enhance the rationale for the study. In response to prior feedback the authors have provided more information on the findings of CA in this area. However, the authors should rather focus on the reason or reasons why doing CA is a good idea or advantageous, given the observational coding approaches that have previously been used previously to analyse the MI process. For example, CA may make it easier to examining interactions sequentially than the established MI coding schemes such as the MITI and MISC do. This is the key to making the case for this study and should cite some of the existing literature that have examined the MI process using the coding approach.

We agree with the reviewer and have eliminated the first sentence. We have explained the method used to analyse the fidelity of MI and the advantages that CA offers for MI analysis.

Numerous studies have evaluated the efficacy of MI, focusing on how to measure MI counsellor fidelity in real-world settings and MI trainings [18–20]. These authors applied behavioural coding of MI sessions with fidelity assessment systems like the Motivational Interviewing Skills Code (MISC) [21] and the Motivational Interviewing Treatment Integrity (MITI) [22, 23]. These instruments identify relational and behavioural characteristics of the therapy sessions for both the counsellor and the patient. Although this line of research is important, another approach is based on conversational analysis (CA), identifying sequences that can offer deep insights into the interaction between the health professional and the patient. This method focuses on a turn-by-turn analysis, which allows a sequential examination of interactions and could shed greater light on the interpretations and assumptions established by the communication [24], compared to the more established MI coding schemes such as the MITI and MISC.

7) On page 5 the authors state “no studies were identified that used the Motivational Interview approach to analyse conversations with patients having low motivation to quit smoking”. Based on what I believe the authors mean I suggest rephrasing as “no studies have used CA analysis to examine MI with patients who have low motivation to quit smoking”

We agree with the reviewer and have made the suggested change:

… no studies were identified that used CA to examine MI with patients who have low motivation to quit smoking.

Methods: To enrol the 9 participants who met eligibility criteria, how many were approached and declined?

Unfortunately, we do not have this information. Our study participants were already participating in the ISTAPS study, and were invited at the discretion of the participating health professional to participate in our study by having their conversations about smoking cessation recorded for CA purposes. The small sample size was acknowledged as a study limitation; we did not describe the selection method because our purpose was to obtain samples of motivational interviewing for analysis, not to analyse the
effectiveness of the interviews (which of course could be affected by participant selection bias resulting from a convenience sampling procedure).

Results

8) On pg 9 “This affirmation constitutes an open-ended question”: Initially there is an affirmation but then there is a separate open-ended question so I’m unclear how the affirmation constitutes an open-ended question? The affirmation leads to an open-question perhaps? Relatively it seems that the affirmation is called a “declaration” in the previous sentence – switching terminology is confusing, especially since MI already has a developed set of terms that include affirmations, praise (which is different), reflections, etc. The authors should give some thought to how readers are to understand their CA terminology in light of these established terms in the MI literature. Are we to assume they are referring to the same thing or could they be different in some cases? Keeping it the same and/or making sure it is clear where it differs would be helpful to readers.

Thank you for this comment. We have consistently used the MI terminology (affirmation) throughout the revised manuscript.

Later, the professional uses an affirmation, in the form of an open-ended question, to express support and approval of a smoking cessation attempt (5) and also elicits a consent response (6). This open-ended question obligates the patient to answer and reflect on what has happened (7 and 8).

9) Related to the point above on pg 11: “The professional and the patient confront the various meanings of the act of smoking, without leaving space for reflection”. Is the meaning of reflection here referring to the patient contemplating or considering their behaviour or the provider reflecting back what he thinks the patient has said.”

We have revised the sentence as follows:

The professional and the patient address various meanings of the act of smoking; however, the professional does not leave space for any personal reflection on how a meaning applies to the individual patient’s situation, which would help to ensure that, by communicating with the patient, a shared understanding of that meaning has been achieved (3-5). The professional’s interpretations are perceived by the patient as an exercise of power over her discourse, provoking resistance.

Recommendations for clinical practice

10) I remain concerned about these recommendations. I do not disagree with them or suggest that support for them cannot be found in the literature, but in this scientific article the recommendations should be tied closely to this study’s findings. Since the study did not evaluate the implementation of these recommendations they should, at least, be offered tentatively (“the study findings suggest that it may be advisable to….”) and be closely related to the study observations. For example, these two recommendations (below) seem particularly distant from the study findings since none of the practitioners were interviewed regarding their thought process.
“Engage in prior reflection about one’s own beliefs about individuals who have no desire to stop smoking, even when they have diseases related to smoking.”

“Do not consider it a professional “failure” if the Motivational Interview does not take the desired path: the patient’s personal ethics and autonomy are key elements of the interactional intervention.”

*We have followed the reviewer’s recommendation, revising the presentation of our recommendations as follows:*

The study findings suggest the following processes that may be advisable to implement in clinical practice:

**Discretionary revisions**

1) Suggest the first two paragraphs of the introduction could be condensed a bit.

*We have revised both paragraphs and removed one non-essential sentence that shortened the second paragraph:*

Tobacco use is a preventable health problem linked to 25% of deaths among adults younger than 65 years in developed countries [1, 2], making it the principal cause of premature death in these populations. In Spain, the percentage of the general population that smokes daily is declining steadily, from 32.1% in 1993 to 24% in 2012 [3]; nonetheless, health problems related to smoking are one of the most common reasons for visits to the health care system in general, and to primary health care (PHC) centres in particular [4]. The PHC setting is the most common resource for smoking cessation attempts [5]. Given that 70% of smokers annually visit a primary care professional, these centres have a strategic role in smoking cessation [6, 7].

A study in Great Britain reported that one third of smokers reported low motivation to stop smoking [8]. Interventions by health professionals improve the likelihood of success. Various meta-analyses have shown that brief advice increases quit attempts by a further 1% to 3% [9, 10].

2) I found this heading a bit confusing: “Motivational Interview Practices and Actions” because it describes practices and actions that are NOT all MI consistent practices. I prefer something like “Professional MI session Practices and Actions”.

*We have accepted the reviewer’s suggestion:*

The results were classified into two categories, organization of the motivational interview and professional practices and actions during MI session, and subcategories with descriptive examples.
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We wish to thank the reviewer for her attention to our manuscript and for her comments, which have undoubtedly helped to improve the quality of the article. Our comments are in italics and changes in the manuscript are shown in yellow.

Reviewer's report:

The authors have done quite a good job at incorporating some of my and the other reviewers’ remarks in the revised manuscript. However, some major issues remain especially concerning the background and results & discussion sections, which currently limit the paper’s informativeness.

Major compulsory revisions

Background

1. The rationale for the present study still becomes not sufficiently clear from the background section. That is, it is currently still not sufficiently clear why the authors focus on smokers with a low motivation to quit smoking (i.e. why would this be considered an important target group when studying the motivational interview using conversational analysis), the link between motivational interviewing and conversation analysis appears to be rather artificial (illustrated by: ‘All of these aspects, analysed using CA (collaborative nature of the interaction, use of open-ended questions, negotiation), must be identified as Motivational Interviewing because they form part of that interaction style’), and while the authors have added some additional previous results of studies that also used CA, it still remains unclear what the added value of this particular method is.

We can agree with the reviewer, and have eliminated the sentence that introduced CA. The fidelity of MI has been added to the methods section, emphasizing the advantages of applying CA to study MI.

Numerous studies have evaluated the efficacy of MI, focusing on how to measure MI counsellor fidelity in real-world settings and MI training [18–20]. These authors applied behavioural coding of MI sessions with fidelity assessment systems like the Motivational Interviewing Skills Code (MISC) [21] and the Motivational Interviewing Treatment Integrity (MITI) [22, 23]. These instruments identify relational and behavioural characteristics of the therapy sessions for both the counsellor and the patient. Although this line of research is important, another approach is based on conversational analysis (CA), identifying sequences that can offer deep insights into the interaction between the health professional and the patient. This method focuses on a turn-by-turn analysis, which allows a sequential examination of interactions and could shed greater light on the interpretations and
assumptions established by the communication [24], compared to the more established MI coding schemes such as the MITI and MISC.

Minor essential revisions

Abstract

1. Confusing that the authors state that ‘Motivational interviews with a subset of nine participants … . A total of 11 interviews …’. Were two respondents interviewed twice?

To avoid confusion, as this explanation is not provided until page 11, we have revised the abstract as follows:

Motivational interviewing sessions with a subset of nine participants (two interview sessions were conducted with two of the nine) in the ISTAPS study who were current smokers and scored fewer than 5 points on the Richmond test that measures motivation to quit smoking were videotaped and transcribed.

Results and discussion

1. It is now clearer that the first part of results presented (the part under ‘Organization of the motivational interview’) refers to the observations of motivational interviews and not only describes the ISTAPS protocol. Despite this improvement, however, especially the last part of the results and discussion section (from ‘This study has three main findings …’ onwards) is still not very readable. This is mainly due to the authors barely using subheadings to structure the rather long text (e.g. main findings, as well as strengths and limitations could be described in separate sections with subheadings).

Thank you. We have added the subheadings suggested by the reviewer.
POINT-BY-POINT REPLY TO AGURTZANE MUJIKA

Reviewer's report:
Nothing to add

We wish to thank the reviewer for her attention to our manuscript.