**Reviewer’s report**

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

**Version:** 2  
**Date:** 10 September 2014

**Reviewer:** Delwyn Catley

**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 analyzed 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 variably 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.

**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.

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

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.

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.

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 analyze 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.

7) On page 5 the authors state “no studies were identified that used the Motivational Interview approach to analyze 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”

Methods:

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

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? Relatedly 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.

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 behavior or the provider reflecting back what he thinks the patient has said.”

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.”

Discretionary revisions

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

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”.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests.