

Supplementary Material S1. Description of the implementation programme: theoretical concepts underpinning the barriers to implementation and operationalization of the selected behaviour change techniques

						CAPABILITY					OPPORTUNITY		MOTIVATION								
		Behaviour Change Techniques				Physical	Psychological				Social	Physical	Reflective							Automatic	
Barriers	Constructs	No.	Label	Intervention Content	Functions	S	K	S	MAD	BR	SI	EN	B Cap	B Cons	S/P ID	O	G	I	Reinf	EM	
Professionals think they screen frequently about alcohol	Unrealistic optimism	6.2	Social comparison	Evidence that ASBI rates are low and discussion about implementation in the participants' workplace	Education, Persuasion																
		13.3	Incompatible beliefs	Draw attention to the fact that having low ASBI rates means not practicing evidence-based medicine																	
Reliance on clinical suspicion and/or blood tests to diagnose alcohol misuse	Procedural knowledge	5.1	Information about health consequences	Explain that clinical suspicion and/or blood tests have low sensitivity for detecting alcohol misuse	Education																
Preventive health should be patients' responsibility	Professional role	6.2	Social comparison	Group discussion so that participants who think prevention should be patients' responsibility are confronted with their peers who disagree on this point of view	Education, Persuasion																
		6.3	Information about others' approval	Evidence that both professionals approve a systematic approach to alcohol problems																	
		13.3	Incompatible beliefs	Draw attention to the fact that one of the most important roles of primary care professionals is to deliver preventive health activities, and that this is not being offered routinely concerning alcohol																	
Alcohol SBI are not effective / patients will not follow the advice to cutdown	Pessimism	15.1	Verbal persuasion about capability	Tell the participants that this belief is related to experiences with patients with alcohol dependency and that they will surely feel more patient compliance if BIs are applied to hazardous and harmful drinkers	Education, Persuasion																
	Beliefs	5.1	Information about health consequences	Present successfull examples drom clinical practice																	
		5.3	Information about social and environmental consequences	Evidence for the efficacy of of BIs for hazardous and harmful drinking																	
Lack of incentives	Rewards	10.4	Social reward	Periodically inform participants about the SBI rates in each PHC unit and congratulate those that show improvements	Incentivisation, Persuasion																
	Incentives	2.2	Feedback on behaviour																		
		6.2	Social comparison																		
Lack of support services	Resources / material resources	3.1	Social support (unspecified)	Inform about the existence of a team that gives support to the implementation of the project and how this team can be reached; Involve an addiction specialist from a reference center in one of the training modules	Enablement																
Lack of time	Beliefs	9.2	Pros and cons	Ask participants to register the two main benefits for patients and for professionals, and the two main barriers for implementing ASBI; promote a group discussion around their answers, enlightening the benefits and use evidence for arguing against the barriers	Education, Persuasion																
		16.2	Imaginary reward	After showing evidence that patients with higher alcohol consumption have more frequent appointments, ask participants to imagine delivering ASBI followed by the patient decreasing the number of appointments																	
		Environmental stressors	12.2	Restructuring the social environment	Advise to minimize time spent performing ASBI by adopting a teamwork model: the receptionist gives the AUDIT to the patient; the patient fills in the AUDIT while waiting for the appointment; if positive, BI can be delivered by the family physician or by the family nurse																Enablement, Environmental restructuring

		Behaviour Change Techniques				CAPABILITY					OPPORTUNITY		MOTIVATION									
						Physical	Psychological				Social	Physical	Reflective							Automatic		
Barriers	Constructs	No.	Label	Intervention Content	Functions	S	K	S	MAD	BR	SI	EN	B Cap	B Cons	S/P ID	O	G	I	Reinf	EM		
		12.5	Adding objects to the environment	Provide participants with the AUDIT questionnaire																		
	Perceived behavioural control	15.1	Verbal persuasion about capability	Show that it is possible to integrate ASBI into the daily routine despite the limited consultation time, arguing that actually saves time in the future because reducing alcohol consumption is associated with less consultations per at-risk drinker	Persuasion																	
Lack of knowledge and/or training	Knowledge	5.1	Information about health consequences	Evidence for the efficacy of of BIs for hazardous and harmful drinking in reducing physical, mental and social problems. Provide theoretical background: epidemiology, definition of standard drink and at-risk drinking, examples of alcohol-related problems, AUDIT questionnaire, guideline on alcohol	Education, Persuasion																	
		5.3	Information about social and environmental consequences																			
	Procedural knowledge	4.1	Instruction on how to perform a behaviour	Participants observed and participated in ASBI training simulations of increasing difficulty. Prompt participants to practice ASBI at the workplace	Education, Modelling, Training																	
		6.1	Demonstration of the behaviour																			
		8.1	Behaviour practice/rehearsal																			
		8.3	Habit formation																			
		8.7	Graded tasks																			
	Ability Competence Interpersonal skills Practice Skill assessment Skills Skills development	4.1	Instruction on how to perform a behaviour	Participants observed and participated in ASBI training simulations of increasing difficulty. Training simulations include the following topics: how to initiate screening; giving feedback to the patient and advising to cutdown; starting the conversation about alcohol; determining the stage of change; applying motivational interview techniques; negotiating goals; arranging for follow-up; re-evaluating the patient at follow-up. Prompt participants to practice ASBI at their workplaces	Education, Modelling, Training																	
		6.1	Demonstration of the behaviour																			
		8.1	Behaviour practice / rehearsal																			
		8.3	Habit formation																			
		8.7	Graded tasks																			
	Self-confidence Perceived competence Perceived behavioural control Professional confidence	15.1	Verbal persuasion about capability	Discussion on ease of implementation	Persuasion																	
		15.3	Focus on past success	Discussion on successful cases of implementation																		
	Lack of motivation/willingness to engage with drinkers	Knowledge of task environment	6.3	Information about others' approval	Evidence that both professionals approve a systematic approach to alcohol problems																Persuasion	
Stages of change model		9.2	Pros and cons	Ask participants to register the two main benefits for patients and for professionals, and the two main barriers for implementing ASBI; promote a group discussion around their answers, enlightening the benefits and use evidence for arguing against the barriers	Persuasion																	
Stability of intentions		2.2	Feedback on behaviour	Periodically inform participants about the SBI rates in each	Incentivisation, Persuasion																	
	6.2	Social comparisons	PHC unit and congratulate those that																			
		10.4	Social reward	show improvements																		
Patients' misbeliefs about alcohol	Professional confidence Self-confidence Perceived behavioural control	15.1	Verbal persuasion about capability	Discussion on the ease of how to inform patients about their misbeliefs about alcohol	Persuasion																	
Lack of structured action protocol	Professional boundaries	4.1	Instruction on how to perform a behaviour	Instruction on how to implement ASBI using a teamwork model involving doctors, nurses and receptionists. Provide participants with a resource providing written instructions, the AUDIT questionnaire, patient handouts, and posters to display throughout PHC premisses	Education, Modelling, Environmental restructuring																	
	Resources/material resources Barriers and facilitators	4.1	Instruction on how to perform a behaviour																			
		12.5	Adding objects to the environment																			
			1.2	Problem solving	Ask each PHC team to adapt the protocol to their needs, by identifying factors hindering implementation and to come																	

Supplementary Material S1 (cont.). Description of the implementation programme: theoretical concepts underpinning the barriers to implementation and operationalization of the selected behaviour change techniques

						CAPABILITY					OPPORTUNITY		MOTIVATION								
						Physical	Psychological				Social	Physical	Reflective							Automatic	
Barriers	Constructs	No.	Label	Intervention Content	Functions	S	K	S	MAD	BR	SI	EN	B Cap	B Cons	S/P ID	O	G	I	Reinf	EM	
	Action planning	1.4	Action planning	up with solutions for overcoming them. Prompt participants to start implementing ASBI systematically	Enablement																
Patients do not want / would resent being asked about their alcohol consumption	Knowledge of task environment	6.3	Information about others' approval	Evidence that patients approve a systematic approach to alcohol problems	Persuasion																
	Beliefs	4.4	Behavioural experiments	Prompt participants to practice ASBI at their workplaces and to note patients' reactions	Education, Enablement, Persuasion																
		5.3	Information about social and environmental consequences	Evidence that patients do not get upset when asked about alcohol use and are willing to answer the AUDIT questions																	
Patients lie about alcohol use	Beliefs	15.1	Verbal persuasion about capability	Teel participants that they can successfully identify patients with alcohol misuse by providing evidence that the AUDIT questionnaire is able to detect excessive alcohol use even when patients underreport their drinking	Persuasion																
Professionals' frustration and sense of low self-efficacy with unsuccessful attempts to counsel patients to cutdown	Positive / Negative affect Self-confidence Self-efficacy Professional confidence Pessimism	4.1	Instruction on how to perform a behaviour	Discussion of what is considered a "success" and what participants consider a typical patient with alcohol problems. Evidence that ASBI is for hazardous and harmful drinking patients and that they will surely feel successful with these patients. Prompt participants to describe occasions on which they felt success. Participants observed and participated in ASBI training simulations. Prompt participants to practice ASBI at their workplaces.	Education, Modeling, Persuasion, Training																
		5.6	Information about emotional consequences																		
		6.1	Demonstration of the behaviour																		
		8.1	Behaviour practice/rehearsal																		
		8.3	Habit formation																		
		15.1	Verbal persuasion about capability																		
		15.3	Focus on past success																		
	Outcome expectancies Consequents	5.1	Information about health consequences	Discussion on the severity of alcohol-related problems on the region participants are working. Evidence for the efficacy of of BIs for hazardous and harmful drinking and what is expected from PHC professionals. Ask participants to imagine conducting ASBI systematically hence contributing for patients having better health outcomes.	Education, Persuasion																
		5.3	Information about social and environmental consequences																		
		16.2	Imaginary reward																		
Lack of opportunities for sharing experiences with other professionals	Organisational culture /climate Barriers and facilitators Group conformity Social comparisons	6.2	Social comparisons	Inform participants about the SBI rates in each PHC unit. Group discussion on ASBI experiences. Presentation from an expert on alcohol addiction providing enough time for discussion and experience sharing	Education, Modelling, Persuasion																
		9.1	Credible source																		
Belief that BIs are complex and counselling is difficult	Perceived competence Perceived behavioural control Beliefs Professional confidence	4.1	Instruction on how to perform a behaviour	Participants observed and participated in ASBI training simulations.	Education, Modeling, Persuasion, Training																
		6.1	Demonstration of the behaviour	Prompt participants to practice ASBI at their workplaces. Ask participants to register the two main benefits for patients and for professionals, and the two main barriers for implementing ASBI; promote a group discussion around their answers, enlightening the benefits and use evidence for arguing against the barriers.																	
		8.1	Behaviour practice/rehearsal	Prompt participants to imagine and compare what would be the future health outcomes of implementing and not implementing BIs, and what would be the the gains of systematically delivering BIs.																	
		8.3	Habit formation	Discussion on ease of delivering a BI.																	
		9.2	Pros and cons																		
		9.3	Comparative imagining of future outcomes																		
		15.1	Verbal persuasion about capability																		
		16.2	Imaginary reward																		
Alcohol is not a priority; Professionals are too busy dealing with other problems	Knowledge Goal priority	5.1	Information about health consequences	Discussion on the severity of alcohol-related problems on the region participants are working and that alcohol-related problems were selected as health priority. Ask participants to assess the degree of regret they would feel if they do not implement ASBI (thus not helping patients to achieve the best health outcomes). Evidence that professionals approve a systematic approach to alcohol problems.	Education, Persuasion																
		5.3	Information about social and environmental consequences																		
		5.5	Anticipated regret																		

Supplementary Material S1 (cont.). Description of the implementation programme: theoretical concepts underpinning the barriers to implementation and operationalization of the selected behaviour change techniques

		Behaviour Change Techniques				CAPABILITY					OPPORTUNITY		MOTIVATION							
Barriers	Constructs	No.	Label	Intervention Content	Functions	Physical	Psychological				Social	Physical	Reflective						Automatic	
						S	K	S	MAD	BR	SI	EN	B Cap	B Cons	S/P ID	O	G	I	Reinf	EM
		6.3	Information about others' approval	Suggest (using evidence) that implementing ASBI will help professionals to achieve other objectives: better control of hipertensive patients, better control of diabetic patients, and also that it will also help to achieve the goals contractualized with the PHC units																
		13.2	Framing / reframing																	
Lack of screening and counselling materials	Resources/material resources	7.1	Prompts / cues	AUDIT screening tool, pens and patient handouts at the PHC professionals' desk;	Enablement, Environmental restructuring															
		12.5	Adding objects to the environment	Posters to display throughout PHC premisses																
Difficult to remember to screen systematically	Memory	2.2	Feedback on behaviour	Periodically inform participants about the SBI rates in each PHC unit Participants observed and participated in ASBI training simulations. Prompt participants to practice ASBI at their workplaces. Advise to minimize time spent performing ASBI by adopting a teamwork model: the receptionist gives the AUDIT to the patient; the patient fills in the AUDIT while waiting for the appointment; if positive, BI can be delivered by the family physician or by the family nurse. AUDIT screening tool and patient handouts at the PHC professionals' desk. Posters to display throughout PHC premisses.	Education, Enablement, Environmental restructuring, Modeling, Persuasion, Training															
		4.1	Instruction on how to perform a behaviour																	
		6.1	Demonstration of the behaviour																	
		7.1	Prompts / cues																	
		8.1	Behaviour practice/rehearsal																	
		8.3	Habit formation																	
		12.2	Restructuring the social environment																	
		12.5	Adding objects to the environment																	
Alcohol SBI could damage doctor-patient relationship	Knowledge of task environment	6.3	Information about others' approval	Evidence that the majority of patients approve being asked about alcohol	Persuasion															
	Beliefs	4.4	Behavioural experiments	Prompt participants to practice ASBI at their workplaces and to note patients' reactions	Education, Enablement, Persuasion															
		5.3	Information about social and environmental consequences	Evidence that patients do not get upset when asked about alcohol use, are willing to answer the AUDIT questions and would like to be advised if alcohol was to harm them																

Supplementary Material S2. Description of the first module of the training programme

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
Introduction	To present the training and support programme	Introduction	Expository method	Lack of support	Social support (unspecified)	30
	Introduction of trainers and participants		Active method: ice breaking activity	Lack of opportunities for sharing experiences with other professionals	Social comparisons	
	Expectations of the training and support programme					
	To understand the contribution of alcohol for the global disease burden	Global impact of alcohol consumption	Expository method	Lack of knowledge	Information about health consequences	10
	To be aware of alcohol as a substance causing harm to users and to others					
	To identify the differences between men and women concerning the metabolism of alcohol					
	To know the average annual consumption of alcohol in Portugal				Information about social and environmental consequences	
	To relate the average daily consumption to the lifetime risk of dieing from alcohol use					
	To relate the average daily consumption to the relative risk for alcohol-related diseases					
	Questions and partial summary		Interrogative method	---	---	
			Expository method			
	To know the national and local death rates for liver cirrhosis and transport accidents	Impact of alcohol consumption in the Health Region of Dão Lafões Primary care actions for reducing the impact of alcohol consumption	Expository method Active method: group discussion	Lack of knowledge	Information about health consequences	15
	To recognize alcohol as a major contributor for liver cirrhosis and transport accidents			Alcohol is not a priority	Information about social and environmental consequences	
	To realize that alcohol is a local health priority			Professionals' frustration and sense of low self-efficacy with unsuccessful attempts to counsel patients to cutdown	Antecipated regret	
	To recognize delivery of alcohol SBI as a preventive activity for primary care professionals			Preventive health should be patients' responsibility	Imaginary reward	
	To know the evidence supporting the efficacy/effectiveness of alcohol SBI			Alcohol SBI are not effective	Social comparisons	
	To realize that alcohol SBI is a cost-effective activity when delivered in primary care				Incompatible beliefs	
	Questions and partial summary		Interrogative method	---	---	
			Expository method			

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
Development	To know the definition of standard drink	Terminology	Expository method	Lack of knowledge	Information about health consequences	15
	To understand the consumption of alcohol as a risk continuum					
	To know the "recommended drinking limits" for men and women as defined on the national guideline					
	To know the definition of low risk drinking, binge drinking, hazardous drinking, harmful drinking, and alcohol dependence					
	Questions and partial summary		Interrogative method	---	---	
		Expository method				
	To know that blood tests for diagnosing alcohol misuse have low sensitivity	Screening for alcohol	Expository method	Reliance on blood tests to diagnose alcohol misuse	Information about health consequences	35
	To recognize AUDIT as the recommend screening questionnaire by the national guideline					
	To get familiar with the AUDIT questions					
	To know how to score the AUDIT questions					
	To know how to classify the risk level in accordance with the AUDIT scoring		Demonstrative method	Lack of knowledge	Information about social and environmental consequences	
	To know the proper action depending on the AUDIT scoring, as recommended by the national guideline					
	To watch a demonstration of how to apply the AUDIT				Instruction on how to perform a behaviour	
			Demonstration of the behaviour			
Questions and partial summary	Interrogative method	---	---			
	Expository method					
Coffee-break						
	To practice screening with the AUDIT	Screening with the AUDIT	Active method: clinical case discussion	Lack of training	Behaviour practice / rehearsal	40
	Questions and partial summary		Interrogative method	---	---	
			Expository method			

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)			
	To understand simple advice as a simplified form of brief intervention	Simple advice	Expository method	Lack of knowledge	Instruction on how to perform a behaviour	80			
	To watch a demonstration of how to deliver simple advice		Demonstrative method	Lack of training	Demonstration of the behaviour				
	To practice delivering simple advice		Active method: role play	BIs are complex and counselling is difficult	Behaviour practice / rehearsal				
			Questions and partial summary	Interrogative method	BIs are complex and counselling is difficult		Habit formation		
				Expository method	Lack of time		Verbal persuasion about capability		
	Lunch-break								
	To know that primary care professionals support alcohol SBI		Expository method	Lack of motivation/willingness to engage with drinkers	Information about others' approval	50			
	To realize that primary care professionals believe that asking about alcohol is part of their job						Active method: group discussion	Preventive health should be patients' responsibility	Social comparisons
	To know that primary care professionals believe they deliver alcohol SBI regularly							Professionals think they screen frequently about alcohol	Incompatible beliefs
	To realize that alcohol SBI are seldomly delivered							Lack of opportunities for sharing experiences with other professionals	
To find reasons for the contradiction why primary care professionals believe alcohol SBI rates are high when they are actually quite low									

Supplementary Material S2 (cont.). Description of the first module of the training programme

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
	<p>To be aware of the benefits for the patients and for health professionals of implementing alcohol SBI</p> <p>To be aware of the barriers hindering the implementation of alcohol SBI and how to overcome them</p>	Barriers and facilitators	<p>Active method: group work</p> <p>Expository method</p>	<p>Patients' misbeliefs about alcohol</p> <p>Lack of structured action protocol</p> <p>Lack of screening and counselling materials</p> <p>Lack of support</p> <p>Professionals believe that alcohol SBI are not effective / patients will not follow the advice to cutdown</p> <p>Alcohol is not a priority</p> <p>Professionals are too busy dealing with other problems</p> <p>Lack of time</p> <p>Frustration and sense of low self-efficacy with unsuccessful cases</p> <p>Belief that BIs are complex and counselling is difficult</p> <p>Difficult to remember to screen systematically</p> <p>Alcohol SBI could damage doctor-patient relationship</p>	<p>'Instruction on how to perform a behaviour</p> <p>Adding objects to the environment</p> <p>Problem solving</p> <p>Action planning</p> <p>'Prompts / cues</p> <p>'Social support (unspecified)</p> <p>'Information about others' approval</p> <p>Framing / reframing</p> <p>'Imaginary reward</p> <p>Restructuring the social environment</p> <p>'Comparative imagining of future outcomes</p> <p>'Information about emotional consequences</p> <p>Focus on past success</p> <p>Habit formation</p>	150
Conclusion	To summarize the first training session	<p>Final summary</p> <p>Conclusion</p>	<p>Interrogative method</p> <p>Expository method</p> <p>Expository method</p>	---	---	10

Supplementary Material S3. Description of the second module of the training programme

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
Introduction	To review the contents of the first training day	Introduction	Expository method	---	---	15
	To present the contents of the second training day		Interrogative method			
Development	To present the alcohol SBI rates in each PHC unit	Implementation efforts	Active method: group discussion Expository method	Lack of opportunities for sharing experiences with other professionals	Problem solving	90
	To allow participants to discuss implementation difficulties			Lack of training	Action planning	
				Lack of incentives	Feedback on behaviour	
				Lack of structured action protocol	Social comparisons	
				Lack of motivation/willingness to engage with drinkers	Social reward	
	To find solutions for the difficulties encountered			Difficult to remember to screen systematically	Verbal persuasion about capability	
	Coffee-break					
	To know the different types of brief interventions	Brief intervention Transtheoretical Model	Expository method Interrogative method Demonstrative method	Lack of knowledge	Instruction on how to perform a behaviour	120
	To understand the five major steps to a brief intervention: Ask, Advise, Assess, Assist, and Arrange			Lack of training	Demonstration of the behaviour	
	To know the Transtheoretical Model of behaviour change			Lack of structured action protocol	Habit formation	
To integrate the Transtheoretical Model into the brief intervention steps	Belief that BIs are complex and counselling is difficult			Graded tasks		
To understand how to tailor the approach to the patient taking into account the patient's stage of change						
Questions and partial summary		Interrogative method Expository method	---	---		
Lunch-break						
	To understand the principles of motivational		Expository method	Lack of knowledge Lack of training	Instruction on how to perform a behaviour Demonstration of the behaviour	

Supplementary Material S3 (cont.). Description of the second module of the training programme

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
	interviewing To know the major techniques of motivational interviewing (OARS skills) To learn how to use the OARS skills for helping patients changing their behaviour	Motivational Interviewing	Interrogative method Demonstrative method Active method: group work and role play	Lack of training Belief that BIs are complex and counselling is difficult Lack of time Lack of opportunities for sharing experiences with other professionals	Behaviour practice / rehearsal Habit formation Graded tasks Verbal persuasion about capability Social comparisons	200
Conclusion	To summarize the second training session	Final summary	Interrogative method Expository method	---	---	10
		Conclusion	Expository method			

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
Introduction	To review the contents of the first and second training days	Introduction	Expository method	---	---	15
	To present the contents of the third training day		Interrogative method			
Development	To improve the OARS skills	Brief Intervention Transtheoretical Model	Active method: group discussion	Lack of opportunities for sharing experiences with other professionals	Instruction on how to perform a behaviour	90
	To tailor the OARS skills to the stage of change of the patient		Expository method	Lack of knowledge	Demonstration of the behaviour	
			Interrogative method	Lack of training	Behaviour practice / rehearsal	
			Demonstrative method	Belief that BIs are complex and counselling is difficult	Habit formation	
				Professionals' frustration and sense of low self-efficacy with unsuccessful attempts to counsel patients to cutdown	Graded tasks	
	Questions and partial summary	Interrogative method	Expository method	---	---	Information about emotional consequences
	Social comparisons					
					Comparative imagining of future outcomes	
					Verbal persuasion about capability	
					Focus on past success	
	Coffee-break					

Supplementary Material S4 (cont.). Description of the third module of the training programme

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
	To improve the OARS skills	Brief Intervention Transtheoretical Model	Interrogative method	Lack of training Professionals' frustration and sense of low self-efficacy with unsuccessful attempts to counsel patients to cutdown Belief that BIs are complex and counselling is difficult	Graded tasks	120
	To tailor the OARS skills to the stage of change of the patient		Demonstrative method		Information about emotional consequences	
			Active method: group work, group discussion		Social comparisons	
					Social reward	
				Comparative imagining of future outcomes		
				Verbal persuasion about capability		
				Focus on past success		
	Questions and partial summary		Interrogative method	---	---	
	Lunch-break					
	To understand the concept of alcohol dependence	Alcohol dependence	Expository method	Lack of knowledge	Information about health consequences	200
	To know how to diagnose alcohol dependence		Interrogative method	Lack of training	Information about social and environmental consequences	
	To understand the principles for treating alcohol dependence		Demostrative method	Reliance on blood tests to diagnose alcohol misuse	Social support (unspecified)	
			Active method: group discussion	Lack of support services	Credible source	
Conclusion	To summarize the third training session	Final summary	Interrogative method	---	---	10
			Expository method			
		Conclusion	Expository method			

Supplementary Material S5. Description of the fourth module of the training programme

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
Introduction	To review the contents of the previous three training days	Introduction	Expository method	---	---	15
	To present the contents of the fourth training day		Interrogative method			
Development	To improve the OARS skills	Brief Intervention Transtheoretical Model	Active method: group discussion of a video	Lack of opportunities for sharing experiences with other professionals Lack of knowledge Lack of training	Instruction on how to perform a behaviour Demonstration of the behaviour Habit formation Graded tasks Social comparisons	90
	To tailor the OARS skills to the stage of change of the patient					
	Questions and partial summary					
	Coffee-break					
				Lack of opportunities for sharing experiences with other professionals	Instruction on how to perform a behaviour	

	Objectives	Content	Methodology	Barriers addressed	Behaviour Change Techniques applied	Time (minutes)
	To improve the OARS skills	Brief Intervention Transtheoretical Model	Interrogative method	Lack of knowledge	Demonstration of the behaviour	120
	To tailor the OARS skills to the stage of change of the patient		Active method: group work, group discussion	Lack of training	Behaviour practice / rehearsal	
				Belief that BIs are complex and counselling is difficult	Habit formation	
					Graded tasks	
					Social comparisons	
	Questions and partial summary		Interrogative method Expository method	---	---	
	Lunch-break					
	To practice alcohol screening and brief interventions	Screening Brief interventions	Active method: group work, role play	Lack of training Lack of time Lack of opportunities for sharing experiences with other professionals	Behaviour practice / rehearsal Habit formation Graded tasks Social comparisons Verbal persuasion about capability	200
Conclusion	To summarize the training course	Final summary	Interrogative method	---	---	10
			Expository method			
		Conclusion	Expository method			