Supplementary material 1: Supporting evidence of barriers and facilitators to implementation

NPT CONSTRUCT	ILLUSTRATIVE QUOTES (interviews)
Coherence	
Differentiation	I think I personally have the Bridges philosophy, but I don't think I was implementing it very well …. A lot of people say that they use it … but if you look at their notes you don't see anything that reflects that. [Int #2, Speech and Language Therapy Lead, Early Supported Discharge]
Communical specification	We like to think we work, gel very well as a team, but we can always do much better. So I think for some people, they were a little bit sceptical about how it [Bridges] might work … but they came out of it [training] feeling much more positive." [Int #17, Physiotherapy Lead, Inpatient Rehabilitation Unit]
Individual specification	There's a framework, it reminds me to question more, not to provide the answer … I think that is a bad habit to have as a therapist … to volunteer the solution … that's just a habit formed through time pressures and whatever else, but that's something I'm certainly trying to improve. [Int #14, Speech and Language Therapist, Inpatient Rehabilitation Unit and Community Services]
Internalisation	I think the Bridges approach definitely speaks to me as a person in terms of how how I would want to have therapy or it kind of fitted with my outlook and how I think it would be really good for people. [Int #7, Speech and Language Therapist, Early Supported Discharge]
Cognitive Participation	
Initiation	Our team leader is hugely open to this sort of thing and loves to see change happening. She has been really supportive of all the things that we've been working on … For our nursing staff … I don't think there has been very much steering of it … and unless it has got senior steerage it won't change. [Int #18, Physiotherapist, Acute Stroke Unit]
Legitimation	I try to give good care and give people time and listen to people and I can see the Bridges training has those values at its core, and I strongly believe that everyone should be doing that anyway. [Int #16, Therapy Assistant, Acute Stroke Unit]
Enrolment	We have regular emails which keeps the Bridges approach fresh in our mind. I think they are making sure that it doesn't drop off the radar and I think having the Bridges Champions, it's quite good because then they can come back and it's about the motivation for the team, so if there is a good news story, such as my colleague, how she used the Bridges approach, then we talk about that in our weekly meeting. [Int #6, Occupational Therapy Lead, Community Services]
Activation	And when [the service user] gave her feedback form, we were really pleased with that because in it she said 'they helped me understand, they helped me work out the right solution' and it was like 'Oh that is what we did.' [Int #2, Speech and Language Therapy Lead, Early Supported Discharge]
Collective Action	
Interactional workability	I think in some ways you can try supported self-management with everybody, but not every service user is going to be happy to come along and have that discussion. [Int #4, Physiotherapy Lead, Outpatients]
Relational integration	On the acute side, it has been very challenging because we have got a lot of different professions who are working quite differently … having the bigger, wider team means that it is harder to get those changes forwards … nobody wants to takeover in terms of being the leader of it or taking on too much themselves. [Int #5, Physiotherapist, Acute Stroke Unit]

	I think because as therapists we kind of naturally get it, we naturally understand the technique … it's been easier for us to go forward with it. I think for the nursing staff they are finding it a bit more of a challenge and I know time is their biggest bug bear. [Int #18, Physiotherapist, Acute Stroke Unit]
Relational integration	Particularly from the rehab unit, no nurses went on the training, a couple of HCAs, but no qualified nurses. If they did go, they have been very quiet about it and haven't come to subsequent meetings. It's a real shame, because from an inpatient unit point of view I think it is essential to have the nursing team on board because they are the ones that are there all the time and are supporting all the day-to-day functions. [Int #21, Occupational Therapist, Inpatient Rehabilitation Unit]
Skill set workability	The people who haven't been trained … I feel we are separating them slightly from the team with the language of 'oh that sounds quite Bridge's or 'we could do that for Bridges' and those static staff know about self-management, but might not understand that Bridges is a form of self-management training. So there has been a little bit of a worry and work around that. [Int #8, Physiotherapy Lead, Acute Stroke Unit]
	Although the therapists are very engaged, we also have quite a few locum staff and for some of the things we are doing it needs them on board. We are trying to make everyone aware of what we are implementing and also looking at whether it is part of a ward induction for new staff. [Int #21, Occupational Therapist, Inpatient Rehabilitation Unit]
Contextual integration	We obviously had support and enthusiasm for us all to be trained which is really positive … however due to the difficulties with having that hard evidence or proof that this is going to save length of stay, save money, it's quite difficult to engage operational teams and high level management. None of us have got extra time, none of us have got project resources or admin support. I think like everybody I'm basically trying to squeeze it in. [Int #8, Physiotherapy Lead, Acute Stroke Unit]
Reflexive Monitoring	
Systemisation	It's just a nice outcome measure for us [how confident on a scale of 1 to 10 do you feel to be discharged and continue under your own steam at home], because all of our other service outcomes measures don't really tell you anything, they are either not sensitive enough or they just don't measure what we do. [Int #21, Occupational Therapist, Inpatient Rehabilitation Unit]
	They do get good feedback, but I think hopefully Bridges will give them more. And we can then get that as a Patient Reported Outcome Measure on our KPIs rather than the very process driven KPIs that we have. I think that's an incredibly good thing, because if we can actually say this is what we are doing and this is what our patients are saying to us, that captures much more why people do the job. [Int #3, Clinical Manager, Early Supported Discharge & Community Services]
Communal appraisal	My team leader said 'I've never seen training produce a change in a team so quickly', which I think is lovely feedback … the language element for us was probably the stand out thing … asking those open questions … not just saying 'well done' all the time … As a staff group we've felt quite a big change and in our morning handovers somebody will interject 'I Bridged them' and we all know what that means and what they are trying to achieve by it. [Int #18, Physiotherapist, Acute Stroke Unit]
Individual appraisal	Before I went on Bridges, with the goal setting, I felt like I very much involved my patients but I think I do it better now in the language that I use. [Int # 11, Occupational Therapy Lead, Acute Stroke Unit]
Reconfiguration	Within the team there has been a lot of work, after the training, 'right how can we use this?' [Int #1, Occupational Therapist, Early Supported Discharge and Community Services]