Intervention Technique Taxonomy: Behavior-Focused Techniques

Home Visiting Applied Research Collaborative

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OVERVIEW

Intervention techniques are the intentional, observable, replicable actions home visitors may take when working with families to improve an outcome. For the purposes of defining and studying intervention practices, HARC distinguishes between two categories of intervention techniques. *Behavior-focused* intervention techniques are home visitor strategies to promote specific behaviors, such as responsive parenting, breastfeeding, or seeking postpartum care. *Relational communication* intervention techniques are strategies home visitors may use to communicate and to build or maintain a relationship or working alliance with families.

Highlights

- We used a **mixed-methods** approach to develop a taxonomy of behavior-focused techniques applicable to the home visiting context.
- We developed the taxonomy with input from **a range of partners**, including home visiting practitioners, model representatives, and researchers.
- The taxonomy can help the field better **assess** and **understand** how home visitors use strategies with families to support **behaviors** that contribute to intended outcomes.

These techniques likely co-occur and may reinforce one another in practice. Behavior-focused techniques focus on *what* changes, while relational communication techniques focus on *how* change happens. Home visitors may use relational communication techniques to introduce or support their use of behavior-focused techniques, potentially enhancing the use and effectiveness of behavior-focused techniques.

Intervention techniques can be effectively communicated in a taxonomy. A taxonomy is a comprehensive "menu of options", or a way to organize and classify key aspects of interventions delivered within home visiting. The Home Visiting Applied Research Collaborative (HARC) recently published a taxonomy of 40 relational communication techniques (available here).

Through a series of workgroup sessions, surveys, concept mapping activities, and feedback tasks with over 58 home visiting researchers, model representatives, and program staff (see Exhibit), HARC developed a taxonomy of **81 behavior-focused intervention techniques** with definitions.[i] The Behavior-Focused Technique Taxonomy draws from seven existing technique taxonomies from related professions.[1,2,3,4,5,6,7]

While the behavior-focused techniques included in this taxonomy are comprehensive and research-based, their inclusion does not in itself reflect evidence of effectiveness. Home visiting models and programs may differ in their support and use of these techniques.

HOW CAN THE TECHNIQUE TAXONOMY BE USED?

One of HARC's hallmarks is precision, which means using clear and exact language to describe components of interventions delivered within home visiting to support research that seeks to determine '*what work best, for whom, in which contexts, why and how.'* Precision research can help us better align intervention components with families' strengths and needs, thus leading to stronger outcomes.

The intent of this taxonomy is to promote greater precision in how research collaborators define, discuss, and measure interventions within home visiting, as well as allow for the identification of targeted areas for improvement more precisely and efficiently. The taxonomy is primarily intended to be used by collaborators engaged in home visiting research and evaluation.

There are many ways that research collaborators (e.g., researchers, evaluators, program staff, models) can use this taxonomy. Some examples include:

- **To clearly describe which technique(s) are expected to result in which intended outcome(s) and how**. For example, *behavioral demonstration* may be an effective technique for building parenting skills that promote positive parent–child interactions, but it would not be the most appropriate technique for supporting a pregnant client in tobacco cessation. Using the taxonomy helps make these pathways explicit and testable.
- **To check whether an existing model or program's activities fit the needs and priorities of enrolled families**. For example, if families face significant stress or limited control over their home environment, a program that focuses mostly on *behavioral instruction* about infant safety may need to add techniques like *resource linkage* or *behavioral demonstration* to better support safety practices. The taxonomy can help identify where additional or different techniques might be needed.
- **To develop or refine home visiting interventions**. For example, if families are missing well-child health visits, developers might use the taxonomy to identify techniques that address the underlying barriers—such as *problem-solving*, *action planning*, or *social support mobilization*—

Exhibit

Brief Overview of Methods and Contributors*

Workgroup Sessions: A small workgroup of two HARC research team members and two external researchers, one model representative, and one tribal representative met over six sessions to advise on the priority uses and audience for the taxonomy; the most useful level of granularity (degree to which techniques are broken down into smaller, distinct parts); and research activities to develop and refine the taxonomy.

Survey: Nine individuals representing researchers, model representatives, and supervisors and home visitors completed a survey assessing the clarity and uniqueness of technique labels and definitions.

Concept Mapping: 55 individuals representing researchers, model representatives, and program staff recruited through HARC's practice-based research network sorted techniques into conceptually distinct categories and rated each technique on appropriateness and frequency of use in home visiting.

Feedback Tasks: 13 individuals who completed the concept mapping activity attended one of two group interpretation meetings to review findings and provide feedback on technique groupings and labels.

**Further details on the methods used to create this taxonomy are forthcoming.*

rather than relying on information about the importance of care. The taxonomy helps developers consider new combinations of techniques that work through multiple mechanisms, such as motivation, planning, and self-efficacy, to improve outcomes

- **To assess how well interventions are being delivered**. For example, if a program emphasizes *behavioral demonstration* and *non-material* rewards to promote responsive parenting, coding recorded visits with the taxonomy can show whether these techniques are being used as intended.
- **To describe interventions more clearly and consistently**. For example, instead of saying home visitors support pregnant clients in tobacco cessation, they could specify that home visitors primarily use *values exploration*, *behavior substitution, self-monitoring*, and *referral.* This makes it easier to compare interventions across studies, communicate expectations in training and supervision, and provide intervention details in manuals, logic models, proposals and publications.

Additionally, the taxonomy may be used to support the professional development of home visiting staff, such as through training, supervision, and coaching around the use of specific techniques.

COLLABORATION TO ADVANCE THE TAXONOMY

Using the taxonomy in collaborative research - such as in research-practice partnerships - can produce valuable feedback to promote its relevance and use. For example, practitioners have important perspectives on how to clarify labels and definitions to improve understanding and communication, and expertise regarding the appropriateness and feasibility of specific techniques in local contexts to promote replication.

Future home visiting research could focus on the effectiveness of specific techniques and their combinations in improving behaviors to achieve desired outcomes. Applying the taxonomy in home visiting research and practice can generate empirical evidence needed to guide precision intervention design.

SUGGESTED CITATION

Spinosa, C., Burrell, L., Klein, L., West, A. (2025). Intervention Technique Taxonomy: Behavior-Focused Techniques. Home Visiting Applied Research Collaborative.

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BEHAVIOR-FOCUSED TECHNIQUE TAXONOMY

1. GOAL SETTING & PLANNING		
	Technique Label	**Definition**
1.1	Brainstorming behaviors	Elicit the client's thoughts on which behaviors they would consider changing and options for how to change the behavior.
1.2	Pros and cons	Elicit the client's identification and comparison of reasons for wanting and not wanting to engage in the behavior.
1.3	Clarify expectations	Elicit statements of client's own expectations in terms of behavior change goals and related outcomes.
1.4	Set a goal	Prompt the client to set or agree on a goal related to the behavior or outcome.
1.5	Integrate related goals	Encourage the client to adopt more than one goal in a situation where the goals operate synergistically.
1.6	Problem solving	Guide the client in identifying potential barriers to performing the behavior and strengths and opportunities for overcoming these barriers.
1.7	Action planning	Prompt the client to create a detailed plan of how they will perform the behavior, including context, frequency, duration, and/or intensity.
1.8	Plan inclusion of enjoyment	Encourage the client to plan for pleasurable or satisfying ways to perform the behavior.
1.9	Review goal plan	Jointly with the client, review and consider modifying goal plan in light of progress. May include identifying any discrepancies between current behavior and previously set goals. This may lead to re-setting the same goal, changing it slightly, and setting a new goal instead of or in addition to the original goal.
1.10	Keeping goal in mind	Encourage the client to find ways to remind themselves of their goal(s).

2. SELF-REFLECTION & EXPLORATION		
	Technique Label	**Definition**
2.1	Explore motivation	Elicit the client's reflection and description of their motivations for performing the behavior.
2.2	Values exploration	Elicit the client's identification of the links between the behavior and their values, aspirations, and interests, relating the behavior to something personally or socially meaningful.
2.3	Identify strengths	Elicit the client's descriptions or reflections of their strengths that are relevant to successfully performing the behavior.
2.4	Focus on past success	Elicit the client's reflections on their previous successes in performing the behavior, or parts of it.
2.5	Elicit perspectives on condition or behavior	Prompt the client to explore and share their perspectives on their current condition or behavior (e.g., causes, perpetuating factors).
2.6	Incompatible beliefs	Elicit the client's identification of and reflection on discrepancies between current or past behavior and self-image and values.

2.7	Reframing perspective	Encourage the client to adopt a new perspective on the current situation or behavior in order to change thoughts or emotions about the situation or performing the behavior.
2.8	Identify self as role model	Elicit the client's reflection on themselves as a role model and consider how their behavior may serve as an example to others.
2.9	Adopt changed identity	Encourage the client to adopt a new identity as someone who currently engages in the wanted behavior or someone who used to engage in the unwanted behavior.

3. IMAGINING OUTCOMES		
	Technique Label	**Definition**
3.1	Imagine successful performance	Encourage the client to practice imagining successfully performing the behavior in relevant contexts.
3.2	Imagine future outcomes	Prompt the client to imagine and compare outcomes of changed versus unchanged behavior.
3.3	Imagine positive consequence	Prompt the client to imagine performing the behavior in a real-life situation followed by imagining a pleasant consequence.
3.4	Imagine negative consequence	Prompt the client to imagine failing to perform the behavior in a real-life situation followed by imagining an unpleasant consequence.
3.5	Anticipated regret	Elicit the client's reflection on future feelings of regret or remorse if they do not perform the wanted behavior or if they perform the unwanted behavior.

4. UNDERSTANDING CAUSES & EFFECTS		
	Technique Label	**Definition**
4.1	Assess need for information	Elicit client's need for information about the positive or negative consequences (e.g., health, social, environmental, and/or emotional) of performing the behavior.
4.2	Information about consequences	Provide written, verbal, or visual information about the positive or negative consequences of performing the behavior (e.g., health, social, environmental, and/or emotional).
4.3	Identify sources of influence	Elicit the client's identification of possible sources of external or internal pressures and expectations, and explore how they may relate to client's desired goals and outcomes.
4.4	Identify antecedents	Prompt the client to identify things that often precede the performance of a behavior (e.g., social and environmental situations, events, emotions, thoughts).
4.5	Re-attribute cause	Elicit the client's beliefs about the causes of the behavior and guide client to consider alternative causes.
4.6	Learning from others' experiences	Encourage the client to seek opportunities to learn from others' experiences of adopting the behavior to help contextualize and deepen their own reflection in relation to someone else's experience.
4.7	Increase salience of consequences	Emphasize the positive or negative consequences of performing the behavior to make them more memorable.

5. EMOTIONAL AWARENESS & REGULATION		
	Technique Label	**Definition**
5.1	Self-regulation	Assist the client in recognizing intense emotions, such as anger or frustration, and overriding impulses to give more time to activate intentional responses in stressful situations.
5.2	Positive self-talk	Encourage the client to engage in positive self-talk (aloud or silently) before and during the behavior.
5.3	Self-compassion	Encourage the client to reflect on their own efforts and self-worth, in a kind and accepting way.
5.4	Increase positive emotions	Advise the client on behavioral, cognitive, or sensory ways to increase positive emotions.
5.5	Reduce negative emotions	Advise the client on behavioral, cognitive, or sensory ways to reduce negative emotions.
5.6	Interpret physiological and emotional states	Prompt the client to interpret changes in how they feel physically, mentally, or emotionally to judge their capacity, capabilities, and progress.
5.7	Self-monitoring	Establish a way for the client to monitor and record their performance of the behavior or outcomes of performing the behavior.
5.8	Self-monitor emotional response	Encourage the client to assess their feelings after attempts to perform the behavior.

6. PRACTICING & STRENGTHENING BEHAVIOR		
	Technique Label	**Definition**
6.1	Advocate behavior change	Suggest or encourage the client to perform the behavior.
6.2	Generalize the behavior	Encourage the client to perform the behavior, which they already do in a particular context, in another context.
6.3	Behavioral practice	Encourage the client to practice or rehearse the behavior in a context or at a time when the behavior might not be necessary, to increase skill.
6.4	Behavior substitution	Encourage the client to substitute an unwanted behavior with a wanted or neutral behavior.
6.5	Graduated tasks	Set easy-to-perform tasks, making them increasingly difficult, but achievable, until behavior is performed.
6.6	Habit formation	Encourage the client to perform the behavior in the same context repeatedly so that the context automatically elicits the behavior.
6.7	Habit reversal	Encourage the client to repeatedly perform an alternative behavior in the same context to replace an unwanted habitual behavior.
6.8	Exposure	Systematically provide confrontation with a feared stimulus to reduce the fear response in later encounters with it.
6.9	Behavioral experiments	Advise the client on how to identify and test ideas about a behavior (e.g., its causes and consequences) by collecting and interpreting data.

7. PRACTICAL BEHAVIORAL GUIDANCE		
	Technique Label	**Definition**
7.1	Behavioral instruction	Advise the client on how to perform the behavior while providing opportunities for the client to ask questions.
7.2	Behavioral demonstration	Provide an observable model of performance of the behavior, either in person or through videos or pictures, for the client to aspire to or imitate.
7.3	Memory aids	Advise the client to use aids (e.g., checklists, acronyms, reference guides) to reduce mental burden for learning new information and/or to improve retention and recall of information related to carrying out a behavior.
7.4	Monitoring	Observe or record client's performance of a behavior or outcomes of performing the behavior with the client's knowledge.
7.5	Feedback	Provide feedback on the client's performance of the behavior and/or the outcome of performing the behavior.
7.6	Distraction	Advise the client to use an alternative focus for attention to manage or avoid triggers for unwanted behavior.
7.7	Refrain from behavior	Advise the client to refrain from engaging in the behavior in a specified context.

8. REINFORCEMENTS		
	Technique Label	**Definition**
8.1	Self-incentive	Encourage the client to plan a future reward for themself if there has been effort and/or progress in performing the behavior or achieving the outcome.
8.2	Material incentive	Inform the client that a material reward (e.g. money or other valued objects) will be delivered if there has been effort and/or progress in performing the behavior or achieving the outcome.
8.3	Non-material incentive	Inform the client that a non-material reward (e.g. recognition, praise, opportunity) will be delivered if there has been effort and/or progress in performing the behavior or achieving the outcome.
8.4	Self-reward	Encourage the client to reward themself if there has been effort and/or progress in performing the behavior or achieving the outcome.
8.5	Material reward	Provide or arrange for the delivery of a material reward (e.g. money or other valued objects) if there has been effort and/or progress in performing the behavior or achieving the outcome.
8.6	Non-material reward	Provide or arrange for a non-material reward (e.g. recognition, praise, opportunity) for effort or progress in performing the behavior or achieving the outcome.
8.7	Remove aversive stimulus	Arrange to remove an unpleasant stimulus (e.g., something that leads the client to avoid engaging in the wanted behavior) in order to facilitate behavior change.
8.8	Promise to remove negative consequence(s)	Inform the client that a negative consequence(s) will be removed if there has been effort and/or progress in performing the behavior or achieving the outcome.
8.9	Remove negative consequence(s)	Remove or arrange to remove a negative consequence after the client performs the behavior or achieves the outcome.
8.10	Satiation	Advise or arrange repeated exposure to unwanted behavior that reduces the motivation for the unwanted behavior.

8.11	Disincentive	Inform the client that a negative consequence or removal of a reward will follow the client's performance of unwanted behavior or failure to perform the wanted behavior.
8.12	Punishment	Provide or arrange for a negative consequence or removal of a reward following the client's performance of an unwanted behavior or failure to perform the wanted behavior.

9. SOCIAL INFLUENCES		
	Technique Label	**Definition**
9.1	Credible source	Provide the client with information (verbal, written, or visual) from a credible source in favor of or against the behavior.
9.2	Information about others' approval	Provide information about what other people think about the behavior, that is, whether others will like, approve or disapprove of what the client is doing or will do.
9.3	Public commitment to behavior	Encourage the client to make their behavior goals and intentions known to others.
9.4	Resistance to external pressure	Advise the client on ways to manage and limit the effects of external pressures (e.g. social pressure, negative feedback, criticism, extrinsic rewards) that would undermine the client's ability to engage in the behavior.
9.5	Empathize with others	Encourage the client to empathize with another person who might be affected by their behavior.
9.6	Social comparison	Draw attention to others' performance of the behavior to allow comparison with the client's own performance.

10. EXTERNAL RESOURCES & SUPPORTS		
	Technique Label	**Definition**
10.1	Provide social support	Provide the client with practical or emotional support.
10.2	Suggest or arrange social support	Suggest or arrange practical or emotional support from another person(s) in the client's social network (e.g., friends, relatives, colleagues).
10.3	Referral	Provide the client with information on how to access a professional or community resource to facilitate the behavior.
10.4	Resource linkage	Provide the client with a direct link (e.g., warm or electronic hand-off), to a professional or community resource to facilitate the behavior.
10.5	Alter the physical environment	Advise the client to change objects (move, add, avoid, or remove) in their physical environment to facilitate or prompt performance of the wanted behavior or create barriers to the unwanted behavior.
10.6	Alter the social environment	Advise the client to change their social surroundings (people, settings) to facilitate or prompt performance of the wanted behavior or create barriers to the unwanted behavior.
10.7	Biofeedback	Use an external monitoring device (e.g., Fitbit) to provide feedback about the body such as physiological or biochemical state.
10.8	Pharmacological support	Suggest or arrange for the client to use or adhere to medication.

APPENDIX: TECHNIQUE RATINGS

As part of the concept mapping activity, 55 home visiting (HV) program staff, model representatives, and researchers rated each technique using the following prompts on a 5-point scale:

- This technique is appropriate for families in home visiting (1=Strongly Disagree to 5 =Strongly Agree)
- I use this technique with families (1=Never to 5=Very Often; home visitors only, n=29)

These ratings provide additional information for those using the taxonomy about how the field views these techniques in the HV context.

	Appropriateness[1]		Frequency of Use[2]	
	Mean	% Answering Strongly Agree/ Agree	Mean	% Answering Very Often/ Often
1 Goal Setting & Planning				
1.1 Brainstorming behaviors	4.35	89%	4.39	86%
1.2 Pros and cons	4.20	81%	4.07	86%
1.3 Clarify expectations	4.42	94%	4.21	86%
1.4 Set a goal	4.72	96%	4.75	96%
1.5 Integrate related goals	4.24	82%	4.21	82%
1.6 Problem solving	4.75	100%	4.43	100%
1.7 Action planning	4.45	91%	4.21	79%
1.8 Plan inclusion of enjoyment	4.13	82%	3.79	68%
1.9 Review goal plan	4.61	98%	4.61	93%
1.10 Keeping goal in mind	4.53	96%	4.48	93%
2 Self-Reflection & Exploration				
2.1 Explore motivation	4.47	94%	4.36	82%
2.2 Values exploration	4.52	94%	4.50	96%
2.3 Identify strengths	4.78	98%	4.79	100%
2.4 Focus on past success	4.41	89%	4.39	89%
2.5 Elicit perspectives on condition or behavior	4.05	74%	4.11	86%
2.6 Incompatible beliefs	3.56	53%	2.96	18%
2.7 Reframing perspective	4.33	94%	4.04	79%
2.8 Identify self as role model	3.84	71%	3.75	64%
2.9 Adopt changed identity	3.18	42%	2.82	29%
3 Imagining Outcomes				
3.1 Imagine successful performance	4.30	87%	4.27	88%
3.2 Imagine future outcomes	4.49	94%	4.43	93%
3.3 Imagine positive consequence	4.28	87%	4.21	86%
3.4 Imagine negative consequence	3.56	56%	3.36	50%
3.5 Anticipated regret	2.83	28%	2.46	11%
4 Understanding Causes & Effects				
4.1 Assess need for information	4.22	80%	4.50	89%
4.2 Information about consequences	3.96	72%	3.85	70%
4.3 Identify sources of influence	4.31	91%	4.11	79%
4.4 Identify antecedents	3.94	70%	3.79	64%
4.5 Re-attribute cause	3.30	50%	2.82	21%
4.6 Learning from others' experiences	3.94	68%	3.89	71%

	Appropriateness[1]		Frequency of Use[2]	
	Mean	% Answering Strongly Agree/ Agree	Mean	% Answering Very Often/ Often
4.7 Increase salience of consequences	3.53	56%	3.14	39%
5 Emotional Awareness & Regulation				
5.1 Self-regulation	4.55	98%	4.21	82%
5.2 Positive self-talk	4.55	98%	4.29	86%
5.3 Self-compassion	4.55	96%	4.61	93%
5.4 Increase positive emotions	4.31	89%	4.21	82%
5.5 Reduce negative emotions	3.73	64%	3.61	50%
5.6 Interpret physiological and emotional states	4.11	80%	3.93	82%
5.7 Self-monitoring	4.36	93%	3.86	68%
5.8 Self-monitor emotional response	4.40	93%	4.11	79%
6 Practicing & Strengthening Behavior				
6.1 Advocate behavior change	3.95	71%	4.11	79%
6.2 Generalize the behavior	3.91	67%	3.36	43%
6.3 Behavioral practice	4.02	73%	3.68	64%
6.4 Behavior substitution	3.82	66%	3.43	50%
6.5 Graduated tasks	4.16	84%	3.93	71%
6.6 Habit formation	4.07	80%	3.71	57%
6.7 Habit reversal	3.65	56%	3.36	43%
6.8 Exposure	2.87	33%	2.36	25%
6.9 Behavioral experiments	3.24	41%	2.75	32%
7 Practical Behavioral Guidance				
7.1 Behavioral instruction	3.93	73%	3.75	64%
7.2 Behavioral demonstration	4.07	76%	3.68	61%
7.3 Memory aids	3.93	76%	3.43	50%
7.4 Monitoring	3.96	73%	3.96	71%
7.5 Feedback	4.35	87%	4.43	89%
7.6 Distraction	3.45	51%	3.25	29%
7.7 Refrain from behavior	3.40	53%	3.22	37%
8 Reinforcements				
8.1 Self-incentive	4.42	94%	4.07	75%
8.2 Material incentive	3.37	54%	3.25	50%
8.3 Non-material incentive	3.87	71%	3.39	54%
8.4 Self-reward	4.25	86%	4.04	79%
8.5 Material reward	3.29	49%	3.29	50%
8.6 Non-material reward	3.80	68%	3.57	54%
8.7 Remove aversive stimulus	3.24	47%	2.61	29%
8.8 Promise to remove negative consequence(s)	2.72	24%	1.93	18%
8.9 Remove negative consequence(s)	3.00	33%	2.32	18%
8.10 Satiation	2.82	27%	2.56	26%
8.11 Disincentive	2.47	20%	2.04	11%
8.12 Punishment	1.80	6%	1.26	0%
9 Social Influences				
9.1 Credible source	4.30	91%	4.46	89%
9.2 Information about others' approval	3.05	31%	2.61	25%

	Appropriateness[1]		Frequency of Use[2]	
	Mean	% Answering Strongly Agree/ Agree	Mean	% Answering Very Often/ Often
9.3 Public commitment to behavior	3.30	41%	2.96	36%
9.4 Resistance to external pressure	3.69	67%	3.57	43%
9.5 Empathize with others	4.18	84%	4.11	75%
9.6 Social comparison	2.80	24%	2.64	29%
10 External Resources & Supports				
10.1 Provide social support	4.60	93%	4.54	96%
10.2 Suggest or arrange social support	4.49	91%	4.25	82%
10.3 Referral	4.76	98%	4.71	100%
10.4 Resource linkage	4.73	96%	4.54	93%
10.5 Alter the physical environment	3.95	76%	3.36	39%
10.6 Alter the social environment	4.00	72%	3.14	32%
10.7 Biofeedback	2.85	29%	2.11	15%
10.8 Pharmacological support	2.75	27%	2.37	18%

[1]n=55 HV researchers, evidence-based HV model representatives, and HV program staff (supervisors and home visitors)
[2]n=28 home visitor