

Advancing models and theories for digital behavior change interventions

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1 Abstract

2 To be suitable for informing digital behavior change interventions (DBCIs), theories and models
3 of behavior change need to capture individual variation and changes over time. The aim of this
4 paper is to provide recommendations for development of models and theories that are informed
5 by, and can inform, DBCIs based on discussions by international experts, including behavioral,
6 computer, and health scientists and engineers. The proposed framework stipulates the use of a
7 state-space representation to define when, where, for whom, and in what state for that person, an
8 intervention will produce a targeted effect. The “state” is that of the individual based on multiple
9 variables that define the “space” when a mechanism of action may produce the effect. A state-
10 space representation can be used to help guide theorizing and identify cross-disciplinary
11 methodological strategies for improving measurement, experimental design and analysis that can
12 feasibly match the complexity of real-world behavior change via DBCIs.

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21 Introduction

22 A central task in science is the development and refinement of theories. A cross-disciplinary
23 consensus definition of theory is “... a set of concepts and/or statements which specify how
24 phenomena relate to each other. Theory provides an organizing description of a system that
25 accounts for what is known, and explains and predicts phenomena.”¹ For health behavior change,
26 theories provide a mechanism to encapsulate previous knowledge about how variations in causal
27 factor(s) (e.g. an intervention) produce a desired effect (e.g. behavior change). Theory is useful
28 because it provides explanations and predictions that support the generalization of findings from
29 past work into future areas of inquiry and/or use.^{2,3}

30
31 Theories of behavior change have been highly variable in the extent to which they achieve these
32 goals.² A review of behavior change theories with strict definitions of theory and behavior
33 identified 83 theories.^{4,5} Of these, only three were judged to be comprehensive within their scope
34 and there was generally poor specification, both in construct definitions and in the relationships
35 between them. Further, most behavioral theories emphasized group-level and largely static
36 generalization, meaning the theory supports explanations and predictions about average changes
37 in outcomes in groups.⁶ Theory also has the potential to generate insights for specific individuals.
38 Ideally, a good theory will provide both group-level and individual-level generalizations.⁷⁻⁹

39
40 As described elsewhere,¹⁰ digital behavior change interventions (DBCIs) are interventions that
41 employ digital technologies to encourage and support behavior change that will promote and
42 maintain health, through primary or secondary prevention and management of health problems.
43 Theories are key to effectively personalizing DBCIs.¹¹ DBCIs facilitate health promotion by

44 providing support in the “real-world” to change specific behaviors in specific contexts and are
45 used by individuals.¹² They increasingly use information about a person to adapt provision of
46 support to the unique and often changing needs of the individual. One class of DBCIs is the
47 “just-in-time” adaptive intervention (JITAI).¹³ A JITAI provides support to a person during just-
48 in-time states when a person has the opportunity to engage in a healthy behavior (or vulnerability
49 to a negative behavior) and is receptive to support.¹⁴ JITAIs and DBCIs more generally require
50 theories that take into account variations in individual characteristics and contexts and recognize
51 that these variations in the individual and context will change over time.¹⁵ Current behavioral
52 theories provide only limited insights for this type of intervention¹¹ but are needed to manage the
53 inherent complexity of real-world behavior change.

54

55 The aim of this paper is to provide recommendations for supporting the development of models
56 and theories that are informed by, and can inform, DBCIs. The term “model” is used for a variety
57 of purposes but in general, models are sets of concepts and/or statements that specify how
58 constructs relate to each other to represent aspects of the world and can be precise and quantified
59 or imprecise and qualitative.¹⁶ Theories are types of models that seek to explain phenomena that
60 often invoke unobserved constructs to achieve this.¹⁶ Well-specified computational models,
61 defined below, may be particularly useful for achieving the promise of highly personalized and
62 precise DBCIs such as JITAIs.⁶ However, imprecisely specified models and theories can be
63 useful. For example, a theory that stipulates that a construct such as ‘core identity’ is an
64 important driver of behavior can be useful in designing an intervention that seeks to change this
65 in order, for example, to promote reduction in alcohol use. A great deal of work has already been
66 done to advance strategies to use these more imprecise models and theories for intervention

67 development.¹⁷ Thus the focus of this paper is on development of precise, quantifiable
68 computational models as they are particularly relevant for DBCIs but also because the
69 specifications targets of computational models can support more careful theorizing even with
70 imprecise models and theories.

71

72 Building on previous work,^{1, 5, 6, 11, 14, 15, 18-24} this pape: (i) specify differences between broadly
73 specified theories vs. highly specified computational models that may be required for developing
74 precise DBCIs; (ii) state the case for more specific theorizing and testing on when, where, for
75 whom, and in what state of the person a mechanism of action will produce an effect²³, by
76 proposing the concept of “multidimensional generalization space,” which specifies a set of
77 dimensions along which contextual factors may vary to influence the size of effect of an
78 intervention. Examples of such dimensions are aspects of target population and intervention
79 setting. Any given context can be specified as a point in that space; and (iii) suggest cross-
80 disciplinary methods to facilitate advancing the concept of multidimensional generalization
81 space for DBCIs.

82

83 [Specification requirements for theories vs. computational models](#)

84

85 The differences between theories vs. computational models are related to the level of
86 specification. Ideally, behavioral theories provide good specification of model structure and clear
87 predictions about directionality and anticipated magnitudes of effects of a mechanism of action
88 on an outcome. Model structure means clear specification of constructs and how constructs
89 interact with one another such as main effect relationships (i.e., self-efficacy is associated with

90 behavior), moderation effects (i.e., the relationship between self-efficacy and behavior is
91 moderated by self-regulatory skills), and mediation effects (i.e., the relationship between an
92 intervention and behavior occurs via self-efficacy).²⁵ These model structures are often visually
93 described via path diagrams and are analyzed by techniques such as structural equation
94 modeling.²⁵⁻²⁷ They may be tested by statistical estimation of effect sizes, which define the
95 amount of variance statistically explained from an outcome variable by the predictor variable
96 including specification of if there is a relationship, directionality, magnitude, and confidence in
97 the relationship. For example, in one-meta-analysis, the mechanism of action of “teach to use
98 prompts/cues,” which is relevant to several theories,²⁸ had an effect size estimate of $d=.52$ for
99 influencing physical activity.²⁹

100

101 INSERT TABLE 1 HERE

102

103 Within computational models, model structure and predictions about directionality and
104 anticipated magnitudes of effects must be specified and thus, computational models can be
105 conceptually seeded with well-validated theories. Computational models, however, require
106 greater specification of the following two issues. The first is the dynamics of a relationship. This
107 includes: (i) the anticipated timescale of an effect (i.e., amount of time when a meaningful
108 change in a construct occurs, such as within seconds for heart rate and across years for the built
109 environment);^{6, 14} (ii) response patterns (i.e., the shape of a relationship, such as linear
110 relationships or more dynamic step response options, such as feedback loops, see examples
111 here¹⁹), (iii) latency (i.e., the amount of time when one variable changes before observing change
112 in the other) and (iv) decay (i.e., the amount of time it takes for an effect to dissipate, see operant

113 learning theory for examples^{30, 31})⁶. For example, social cognitive theory predicts a reciprocal
114 relationship between self-efficacy and behavior.²⁵ As one goes up or down, the other goes up or
115 down. Social cognitive theory does not provide clear specification on timescale (e.g., does self-
116 efficacy change by the minute, hour, or day, etc.?) latency (e.g., does a change in self-efficacy
117 immediately increase walking?), or decay (e.g., does the strength of the relationship between
118 self-efficacy and walking diminish over time?) but these can be specified.²⁵ The second issue to
119 be specified is the multidimensional generalization space, which, again, specifies dimensions
120 along which contextual factors may vary to influence the size of effect of an intervention. Thus, a
121 core difference is not only the specification on IF there is a relationship, but also HOW that
122 relationship functions over time and in context.¹⁹ Please see other work for careful discussion
123 about the issues of dynamics,^{6, 11, 14, 19, 25} as an essential element of computational models.

124

125 Rothman²³ and many others before have argued for the need for specification of when, where,
126 and for whom a mechanism of action will produce a targeted effect through moderation testing.
127 The argument is that behavioral theories, and by extension the development of theory-driven
128 interventions, will become more precise if attention is placed on defining when, where, and for
129 whom an intervention will and will NOT produce an effect. This argument is extended to the
130 realm of DBCIs, which, as discussed already, are used in the real-world context where behaviors
131 occur. Since DBCIs are used in a real-world context, it implies the need for not only
132 understanding when, where, and for whom an intervention will produce an effect but also a clear
133 understanding of the state of the person, thus implying the need for a state-space representation
134 and the concept of a multidimensional generalization space.

135 [A state-space representation for theorizing about multidimensional generalization space](#)

136

137 Multidimensional generalization spaces can be conceptualized using a state-space representation.

138 Specifically, it is assumed that a participant's state can be represented in a multidimensional state

139 space defined by variables that could feasibly impact the probability that an intervention will

140 produce a desired effect such as self-efficacy or self-regulatory skills. The point that represents an

141 individual's current state is moving in accordance with the state-space transitions as predicted by

142 different mathematical models such as a dynamical model of social cognitive theory.²⁵

143

144 Given the instantaneous state of the individual, her response can be characterized for any given

145 intervention as the probability of the desired behavior. For simplicity, assume all other variables

146 are constant but one (an unrealistic assumption but useful for demonstration). Based on that

147 variable, differing probabilities are expected of the outcome occurring for two different

148 interventions, A and B (Figure 1).

149

150 INSERT FIGURE 1 HERE

151

152 Theories of behavior change are not that simple and instead are based on the premise that

153 individual, social, and environmental characteristics will change dynamically and interact to

154 cause behavior change. For example, a cue to action to go for a walk (e.g., a text message saying,

155 "Want to go for a walk?") could only inspire a walk if the state-space of the person is

156 appropriately receptive to this intervention. For example, Figure 2 is a plausible example of a

157 multidimensional generalization space defined via three variables. The probability that a person

158 goes for a walk increases if another person interested in walking is present (others present=yes),

159 if the person has a high overall opportunity to walk (>5 on a 0-10 scale), and if they are not
160 stressed (e.g., <5 on a 0-10 scale).

161

162 INSERT FIGURE 2 HERE

163

164 This multidimensional generalization space is relevant for less time-intensive interventions. For
165 example, a doctor-delivered motivational intervention to facilitate increased physical activity
166 with a patient might only produce behavior change when the patient is sufficiently aware of the
167 health risks of physical inactivity, is awake enough to engage in the interaction, and can fit in
168 physical activity.

169

170 Theorizing about multidimensional generalization spaces for DBCIs are important for
171 understanding concepts such as “teachable moments”³⁰ and “just-in-time.”¹⁴ A teachable
172 moment, defined as events or circumstances that can lead a person to positive change, is widely
173 referred to but has received little rigorous testing.³⁰ DBCIs enable theoretical thinking and
174 testing, for example when defining just-in-time states of opportunity and receptivity to an
175 intervention.¹⁴ A person may have the opportunity to plan exercises for the week after dinner and
176 right after putting her children to bed and be receptive to a small notification to do this planning
177 from her smartphone when in that particular state. It is a plausible hypothesis that DBCIs will be
178 more potent if they can be provided during these just-in-time states. Defining the
179 multidimensional generalization space on when a mechanism of action will produce an effect
180 will enable more rigorous testing of the teachable moment and just-in-time concepts, which has
181 the potential to lead to more precise and potent DBCIs.

182

183 Methodological strategies for advancing multidimensional generalization space

184 Measurement

185 A pre-condition of multidimensional generalization spaces for DBCIs is robust measurement
186 strategies that can assess theoretical constructs in context, at the appropriate timescale, and with
187 minimal burden to ensure continued data collection over time. Effective measurement of
188 constructs is no small task but is key as it defines the level of precision that can be achieved
189 within DBCIs. There are at least three areas that would advance measurement.

190

191 First, individuals that use digital technologies such as smartphones, computers, websites, and
192 social media have a wide range of data gathered about them (e.g., all interactions a person has
193 via email). These data or “digital traces” are aggregated, connected, and organized and can be
194 used for a variety of purposes such as highly targeted recommendations³¹ (e.g., if you like this
195 movie than you will like this one), or inferring psychological characteristics, such as
196 personality.^{32, 33} If individuals gain access to their own digital traces, these data could be used to
197 infer multidimensional generalization spaces.³⁴ The use of digital traces can best be supported
198 through strategies from computer science broadly labeled “machine learning.”³⁵ The field of
199 pervasive/ubiquitous computing, which studies the incorporation of computing capacity into
200 everyday objects, provides insights from the “noise” of a digital trace, for example identifying
201 meaningful patterns of breathing rates of individuals by translating small variations in the radio
202 frequency signals sent and received from a WiFi hotspot (originally thought of as noise).³⁶

203

204 Second, there are important opportunities for developing ecologically valid sensors^{37, 38} such as
205 “wearables,” which include fitness and stress tracking devices sensing and inferring target
206 behaviors in context.³⁷ These wearable technologies can enable increased measurement of real-
207 world activities occurring in context, such as physical activity.

208

209 For constructs that cannot be measured directly (e.g., cognitions, perceptions), user-friendly
210 strategies for measuring them in context are needed, with good progress being made in devising
211 more advanced ecological momentary assessment (EMA) techniques.³⁹ For example, researchers
212 are using “context-sensitive” EMA that utilizes sensors to infer the moments when it would be
213 appropriate to ask for more detailed questions.^{18, 40} This type of work represents a logical path
214 forward for EMA. These latent constructs are important to measure. For example,
215 multidimensional generalization spaces should likely include the expected value of that action,
216 which for an individual would include both the likelihood of the intended effect and the value (both
217 cost and benefit) of the outcome.

218

219 As these measurement targets increasingly advance, they enable increased precision in the
220 development of DBCIs that can be delivered efficiently when needed. Measurement alone
221 cannot achieve this: advanced research methods and analytic strategies are also required.

222

223 [Experimental Designs & Analytic Strategies](#)

224

225 Strategies inspired by both engineering and computer science can provide a logical empirical
226 foundation for defining multidimensional generalization spaces for DBCIs. In engineering,

227 methods from system identification⁴¹ present approaches to experimental design in behavioral
228 intervention settings that are particularly useful for accomplishing the modeling of individual
229 behavior and, by extension, can be supportive of multidimensional generalization spaces.

230 System identification is an analytical technique that specifies the dynamic relationships between
231 manipulated inputs (i.e., intervention components like goal-setting), disturbance variables (i.e.,
232 time-varying covariates that influence the outcome such as weather), endogenous state variables
233 and outputs (i.e., behavioral outcomes such as steps) within a single-case, time-series context.

234 The most common identification techniques apply strategies that build on the logic of regression
235 in that they find solutions by minimizing squared errors. Methods from system identification are
236 used extensively in practical engineering settings as a means for obtaining dynamical models that
237 can be used in optimization strategies, such as model predictive control, to develop frameworks
238 that support dynamic decision making, such as selection of a particular intervention option for a
239 particular just-in-time state.^{42, 43} Comprehensive system identification methodologies provide
240 guidance regarding experimental design, model structure selection, parameter estimation for
241 defining the dynamics, and validation of these idiographic models (e.g., a system identification
242 experiment for physical activity^{44, 45}). This type of system identification experiment provides
243 great opportunities for the empirical study of multidimensional generalization spaces.

244

245 Inspired by computer science, experimental design and analytic approaches have been developed
246 for a “micro-randomization” trial, which is also a useful experimental design for the study of
247 multidimensional generalization spaces.²⁰ The micro-randomization trial is a sequential factorial
248 design that randomizes delivery/no delivery of an intervention at “decision points” when it is

249 plausible that the intervention would be valuable.²⁰ For example, every morning could be
250 randomly assigned to delivering an intervention to help a person plan for that day. This approach
251 supports empirically examining “time-varying moderation,” which examines how factors that
252 vary over time like context or stress, can moderate the efficacy of an intervention. This can
253 answer questions like: “was the intervention only efficacious when a person was not stressed and
254 at home?”. This approach, which melds insights from computer science and statistics, provides
255 appropriate data for examining multidimensional generalization spaces via time-varying
256 moderation.¹⁴

257

258 [Future work](#)

259 There are four important opportunities for moving forward as a field. First, there should be
260 increased movement towards theories and models that are as precise, quantitative and testable as
261 possible for describing the complexity of behavior change. Incremental advances towards
262 precision can occur via specifying model structures, defining directionality and magnitude of
263 relationships, dynamics, and multidimensional generalization spaces.

264

265 Second, the inherent complexity of behavior change implies that no one research group is likely
266 to, alone, fully understand or model a phenomenon, particularly the multidimensional
267 generalization spaces of an intervention, as this requires considerable resources. This points to
268 the desirability of, and need for, collaborative research consortia. It also points to the need for
269 the development of ontologies for understanding behavior as they provide a coherent structure
270 for organizing and sharing insights across disparate research efforts. In brief, an ontology, as

271 defined by the informatics tradition, is a highly structured description of terms/constructs and
272 their inter-relationships.⁴⁶ A key focus of ontological work is to facilitate careful selection and
273 definition of terms, such as behavior change techniques⁴⁷ and mechanisms of action, and the
274 proposed relationships between them. This type of work is essential to ensure scientists are
275 studying the same concepts and thus will be critical for the study of multidimensional
276 generalization spaces, as they will enable separate research efforts to be combined into more
277 robust theories and computational models.

278

279 Third is the importance of thinking of theories and computational models in integrated rather
280 than siloed fashion, leading to collaboratively developed and evaluated theoretically-based
281 intervention modules.¹⁵ The study of human behavior involves careful understanding of under
282 what conditions a mechanism of action will produce an effect. Behavioral theories are often
283 treated as if they were generally true rather than specified well-enough to define when they
284 would and would not be useful for understanding a target phenomenon.²³ It is essential for
285 advancing behavioral science not only to focus on building computational models but also on the
286 development of these models and behavioral theories more generally in a collective mindset
287 where each group of scientists are clearly specifying when a theory/model will and will not be
288 useful. Theorizing about multidimensional generalization spaces is a logical target for supporting
289 advancement in this area.

290

291 Fourth, far greater work is required in the development of models that take into account
292 changes over time that occur at an N=1 or idiographic level.^{8,9} As discussed elsewhere,⁹
293 statistical analyses conducted within behavioral science tend to focus on an aggregation of data

294 across individuals. For example, mixed model analyses⁴⁸ parse variance to different “levels”
295 such as distinguishing between-person and within-person variance explained for a target
296 outcome. Between-person involves those factors that vary across individuals that are predictive
297 of the outcome, such as differences in age, gender, or personality. Within-person factors (which
298 is a misnomer) focuses on how variations in predictor variables (e.g., daily variations in self-
299 efficacy) on average across individuals, are related to daily variations in an outcome measure of
300 interest (e.g., daily variations in walking).⁴⁹ In mixed model analyses, variations in factors that
301 are specific to each individual (i.e., $N=1$) are incorporated into the error terms and not the focus
302 of modeling.⁴⁸ The focus of idiographic modeling, such as system identification,⁵⁰ attempts to
303 generate highly specified models that describe how factors relate to one another for a specific
304 individual. Put differently, variations that are currently in the error term in mixed model analyses
305 are the core focus of idiographic modeling. This level of analysis is an essential target as it is at
306 this level that personalized predictions and decisions for a specific individual will occur.
307 Idiographic models are particularly well suited for temporally dense time series data, which are
308 increasingly available with DBCIs.^{22, 27} Based on this, more careful modeling of $N=1$
309 understanding of behavior^{8, 9} is warranted and system identification is one logical approach.

310

311 Conclusions and Next Steps

312

313 DBCIs require theories and models of behavior change that capture and take into account
314 individual variation and changes over time. There is a need for clear specification of facets of
315 theories and models including model structure, directionality and magnitudes of effects,

316 dynamics, and the multidimensional generalization space when a mechanism of action of a DBCI
317 will produce a desired effect. Based on this work, there are three next steps. First, increased
318 theorizing about dynamics and multidimensional generalization spaces is warranted to inform
319 theories and models about behavior change and intervention effects. While computational
320 models can be useful for specifying this theorizing into quantifiable and falsifiable predictions,
321 more general theorizing would be a valuable first step. Second, the concept of multidimensional
322 generalization spaces is limited by the quality of measures of important constructs in context.
323 Therefore, transdisciplinary research is needed to advance the understanding and measurement of
324 these dynamic concepts and highlight particular opportunities in the realm of digital traces,
325 wearable technologies, and EMA. Third, increased exploration and use of research methods and
326 analytic techniques that can support more detailed study of both the dynamic relationships
327 between constructs and the study of multidimensional generalization spaces is warranted. Uptake
328 of these methods, such as system identification or the use of micro-randomized trials, requires
329 careful theorizing and thus can be supported via computational models. That said, progress can
330 be made on the use of these methods even without fully specified computational models.¹⁴
331 These three steps can feasible help to realize the vision of the DBCIs for improving public health
332 and preventative care that is delineated in a sister piece in this special issue.²¹

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368 References

- 369 1. Davis R, Campbell R, Hildon Z, Hobbs L, Michie S. Theories of behaviour and behaviour
370 change across the social and behavioural sciences: a scoping review. *Healt Psychol Rev*
371 2015;9(3):323-344.
- 372 2. Noar SM, Zimmerman RS. Health behavior theory and cumulative knowledge regarding
373 health behaviors: are we moving in the right direction? *Healt Educ Res* 2005;20:275-290.
- 374 3. Rothman AJ. "Is there nothing more practical than a good theory?": Why innovations and
375 advances in health behavior change will arise if interventions are used to test and refine theory.
376 *Internat J Behav Nut Phys Act* 2004;1:11.
- 377 4. Michie S, Campbell R, Brown J, West RR, Gainsforth H. *ABC of Behaviour Change*
378 *Theories: An essential resource for researchers, policy makers, and practitioners*. London, UK:
379 Silverback Publishing; 2014.
- 380 5. Prestwich A, Sniehotta FF, Whittington C, Dombrowski SU, Rogers L, Michie S. Does
381 theory influence the effectiveness of health behavior interventions? Meta-analysis. *Healt*
382 *Psychol* 2014;33(5):465.
- 383 6. Spruijt-Metz D, Hekler EB, Saranummi N, Intille S, Korhonen I, Nilsen W, et al. Building
384 new computational models to support health behavior change and maintenance: new
385 opportunities in behavioral research. *Translat Behav Med* 2015;5(3):335-346.
- 386 7. Shadish WR, Cook TD, Campbell DT. *Experimental and quasi-experimental designs for*
387 *generalized causal inference*. Wadsworth Cengage learning; 2002.
- 388 8. Molenaar P, Campbell C. The new person-specific paradigm in psychology. *Cur Direct*
389 *Psycholog Sci* 2009;18:112-117.
- 390 9. Molenaar PC. A manifesto on psychology as idiographic science: Bringing the person
391 back into scientific psychology, this time forever. *Measurement* 2004;2(4):201-218.

- 392 10. Yardley L, Patrick K, Choudhury T, Michie S. Current issues and future directions for
393 research into digital behavior change interventions. *Am J Prev Med* 2016.
- 394 11. Riley WT, Rivera DE, Atienza AA, Nilsen W, Allison SM, Mermelstein R. Health behavior
395 models in the age of mobile interventions: are our theories up to the task? *Translat Behav Med*
396 2011;1(1):53-71.
- 397 12. Patrick K, Griswold WG, Raab F, Intille SS. Health and the mobile phone. *Am J Prev*
398 *Med* 2008;35(2):177-181.
- 399 13. Intille SS, Kukla C, Farzanfar R, Bakr W. Just-in-time technology to encourage
400 incremental, dietary behavior change. In: *AMIA Annual Symposium Proceedings*; 2003:
401 *American Medical Informatics Association*; 2003. p. 874.
- 402 14. Nahum-Shani I, Hekler EB, Spruijt-Metz D. Building health behavior models to guide the
403 development of just-in-time adaptive interventions: A pragmatic framework. *Healt Psychol*
404 2016;34(Suppl):1209-1219.
- 405 15. Hekler EB, Klasnja P, Riley WT, Buman MP, Huberty JL, Rivera DE, et al. Agile Science:
406 Creating useful products for behavior change in the real-world. *Translat Behav Med* 2016.
- 407 16. Christmas S, Michie S, West R. Thinking about behaviour change: an interdisciplinary
408 dialogue. London, UK: Silverback Publishing; 2016.
- 409 17. Michie S, Atkins L, West R. The behaviour change wheel: a guide to designing
410 interventions. 2015.
- 411 18. Dunton GF, Atienza AA. The Need for Time-Intensive Information in Healthful Eating and
412 Physical Activity Research: A Timely Topic. *J Am Diet Assoc* 2009;109(1):30-35.
- 413 19. Hekler EB, Buman MP, Poothakandiyl N, Rivera DE, Dzierzewski JM, Aiken-Morgan A,
414 et al. Exploring behavioral markers of long-term physical activity maintenance: A case study of
415 system identification modeling within a behavioral intervention. *Healt Educ Res*
416 2013;40(1S):51S-62S.

- 417 20. Klasnja P, Hekler EB, Shiffman S, Almirall D, Boruvka A, Tewari A, et al. Micro-
418 randomized trials: An experimental design for developing just-in-time adaptive interventions.
419 *Health Psychol* 2016;34(Suppl):1220-1228.
- 420 21. Patrick K, Hekler EB, Estrin D, Mohr DC, Riper H, Crane D, et al. Rapid rate of
421 technological development and its implications for research on digital health behavior
422 interventions. *Am J Prev Med* 2016.
- 423 22. Rivera DE, Pew MD, Collins LM. Using engineering control principles to inform the
424 design of adaptive interventions: A conceptual introduction. *Drug Alcohol Depend* 2007;88:S31-S40.
- 425 23. Rothman AJ. Exploring connections between moderators and mediators: Commentary
426 on subgroup analyses in intervention research. *Prev Sci* 2013;14(2):189-192.
- 427 24. Spruijt-Metz D, Nilsen W. Dynamic Models of Behavior for Just-in-Time Adaptive
428 Interventions. *IEEE Pervas Comp* 2014(3):13-17.
- 429 25. Riley WT, Martin CA, Rivera DE, Hekler EB, Buman MP, Adams MA, et al. The
430 Development of a Control Systems Model of Social Cognitive Theory. *Translat Behav Med*
431 2016.
- 432 26. Anderson JC, Gerbing DW. Structural equation modeling in practice: A review and
433 recommended two-step approach. *Psychol Bull* 1988;103(3):411.
- 434 27. Deshpande S, Rivera DE, Younger JW, Nandola NN. A control systems engineering
435 approach for adaptive behavioral interventions: illustration with a fibromyalgia intervention.
436 *Translat Behav Med* 2014;4(3):275-289, Erratum in 4(3), p439.
- 437 28. Bandura A. *Social Foundations of Thought and Action: A Social Cognitive Theory*.
438 Englewood Cliffs, NJ: Prentice Hall; 1986.
- 439 29. Olander EK, Fletcher H, Williams S, Atkinson L, Turner A, French DP. What are the
440 most effective techniques in changing obese individuals' physical activity self-efficacy and
441 behaviour: a systematic review and meta-analysis. *Int J Behav Nutr Phys Act* 2013;10(29):1-15.

- 442 30. Lawson PJ, Flocke SA. Teachable moments for health behavior change: a concept
443 analysis. *Pat Educ Couns* 2009;76(1):25-30.
- 444 31. Resnick P, Varian HR. Recommender systems *Comm ACM* 1997;40(3):56-58.
- 445 32. Golbeck J, Robles C, Turner K. Predicting personality with social media. In: *CHI'11*
446 extended abstracts on human factors in computing systems; 2011: ACM; 2011. p. 253-262.
- 447 33. Zhou MX, Nichols J, Dignan T, Lohr S, Golbeck J, Pennebaker JW. Opportunities and
448 risks of discovering personality traits from social media. In: *Proceedings of the extended*
449 *abstracts of the 32nd annual ACM conference on Human factors in computing systems*
450 *(CHI'14)*; 2014: ACM; 2014. p. 1081-1086.
- 451 34. Estrin D. Small data, where $n = me$. *Commun. ACM* 2014;57(4):32-34.
- 452 35. Witten IH, Frank E. *Data Mining: Practical machine learning tools and techniques.*
453 Morgan Kaufmann; 2005.
- 454 36. Ravichandran R, Saba11 E, Chen K-Y, Goel M, Gupta S, Patel SN. *WiBreathe:*
455 *Estimating Respiration Rate Using Wireless Signals in Natural Settings in the Home.*
- 456 37. Kumar S, Nilsen W, Pavel M, Srivastava M. Mobile health: Revolutionizing healthcare
457 through trans-disciplinary research. *Comput* 2013;46(1):28-35.
- 458 38. Kumar S, Nilsen WJ, Abernethy A, Atienza A, Patrick K, Pavel M, et al. Mobile health
459 technology evaluation: the mHealth evidence workshop. *Am J Prev Med* 2013;45(2):228-236.
- 460 39. Shiffman S, Stone AA, Hufford MR. Ecological momentary assessment. *Ann Rev Clin*
461 *Psychol* 2008;4:1-32.
- 462 40. Dunton GF, Dzibur E, Kawabata K, Yanez B, Bo B, Intille S. Development of a
463 smartphone application to measure physical activity using sensor-assisted self-report. *Front Pub*
464 *Healt* 2014;2.
- 465 41. Ljung L. *System Identification: Theory for the user.* PTR Prentice Hall Information and
466 *System Sciences Series* 1987;198.

- 467 42. Nandola NN, Rivera DE. An improved formulation of hybrid model predictive control with
468 application to production-inventory systems. IEEE Transactions in Control Systems Technology
469 2013;1:121-135.
- 470 43. Dong Y, Rivera DE, Downs DS, Savage JS, Thomas DM, Collins LM. Hybrid model
471 predictive control for optimizing gestational weight gain behavioral interventions. In: American
472 Control Conference (ACC); 2013: IEEE; 2013. p. 1970-1975.
- 473 44. Martin CA, Desphande S, Hekler EB, Rivera DE. A system identification approach for
474 improving behavioral interventions based on social cognitive theory. In: American Control
475 Conference (ACC); 2015; Chicago, IL USA; 2015. p. 5878-5883.
- 476 45. Martin CA, Rivera DE, Riley WT, Hekler EB, Buman MP, Adams MA, et al. A Dynamical
477 Systems Model of Social Cognitive Theory. In: American Control Conference (ACC); 2014;
478 Portland, OR USA; 2014. p. 2407-2412.
- 479 46. Arp R, Smith B, Spear AD. Building ontologies with basic formal ontology. Cambridge,
480 MA USA: The MIT Press; 2015.
- 481 47. Michie S, Wood C, Johnston M, Abraham C, Francis J, Hardeman W. Behaviour change
482 techniques: the development and evaluation of a taxonomic method for reporting and describing
483 behaviour change interventions. *Health Technol Assess* 2016.
- 484 48. Singer JD, Willett JB. *Applied Longitudinal Data Analysis: Modeling Change and Event*
485 *Occurrence*. New York: Oxford University Press; 2003.
- 486 49. Hekler EB, Buman MP, Ahn D, Dunton GF, Atienza AA, King AC. Are daily fluctuations
487 in perceived environment associated with walking? *Psychol Health* 2012;27(9):1009-1020.
- 488 50. Ljung L. *System Identification: Theory for the use*. 2nd Edition ed. Upper Saddle River,
489 NJ: Prentice Hall; 1999.

Table 1. Theories vs. computational models

	Theory	Computational Models
Facets Specified	Model structure	Model structure
	Predicted directionality & magnitude of effects	Predicted directionality & magnitude of effects
		Dynamics
		Multidimensional generalization space
Advantages	Provides a conceptual framework to organize research efforts	Provides a mechanism to falsify complex predictions related to dynamics and multidimensional generalization spaces
		Enables the use of simulation to further study behavioral phenomena

Figure 1. One variable visualization of a multidimensional generalization space

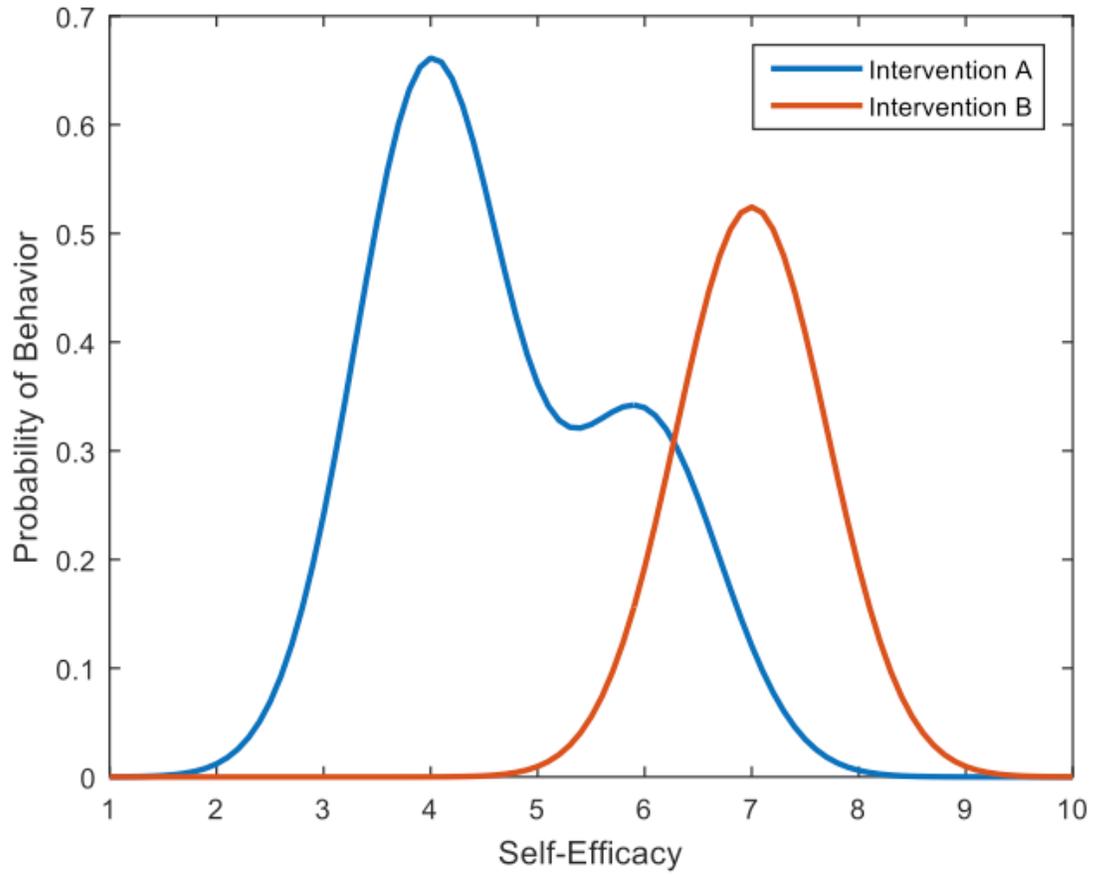
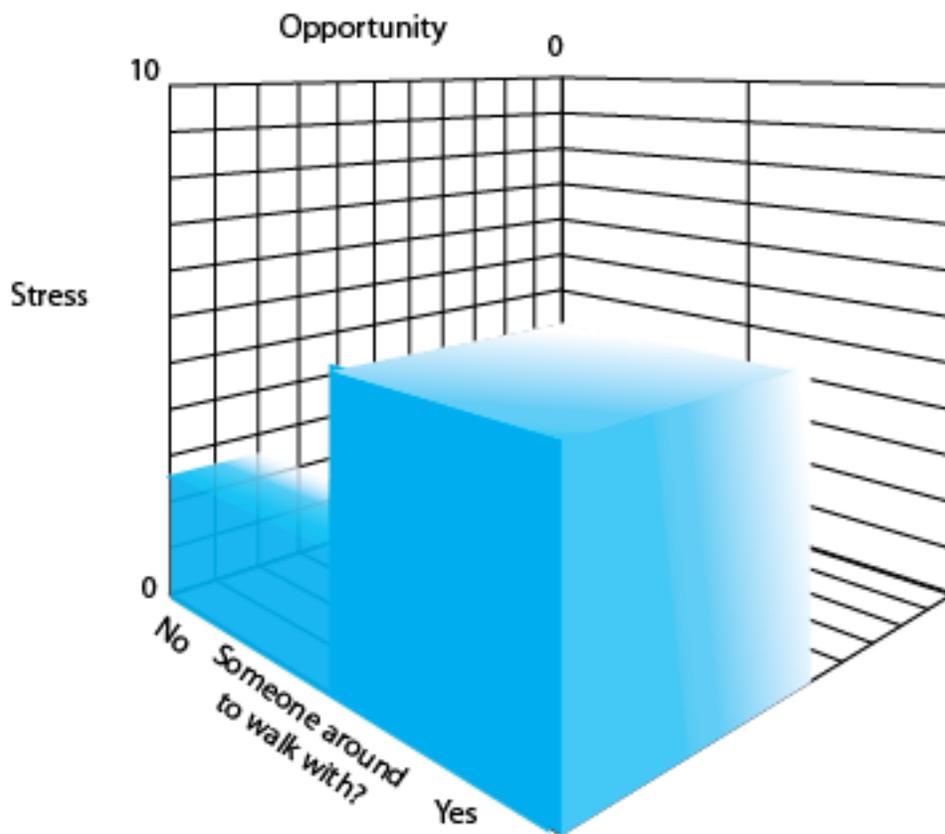


Figure 2. Three-variable visualization of a multidimensional generalization space.



Note the darker the shade, the increased likelihood that an intervention will produce the desired effect.

Figure 3. Take home messages.

- Increased theorizing about dynamics and multidimensional generalization spaces is needed to support development and refinement of digital behavior change interventions.
- This theorizing can be supported via:
 - increased use of computational models as a complement to more general theory development and refinement;
 - a transdisciplinary research agenda to improve measurement of dynamics and multidimensional generalization spaces;
 - increased use of research methods and analytic techniques that enable testing of dynamics and multidimensional generalization spaces.
- This could support more open scientific processes for collective theory development and refinement for digital health behavior change interventions.