Theory of Change as Program Framework

Sesi Workshop

Jakarta, 19 November 2025

Day 1

By: **Irvandias Sanjaya**, S.Psi., CPC. CT.

Deck Presentation | 2025

irvandiassanjaya | irvandiassanjaya@gmail.com / kerjacerdias@gmail.com | Irvandias Sanjaya | LYNK irvandiassanjaya | Kerjacerdias

Professional Profile

Irvandias Sanjaya, S.Psi., CPC., CT.

Founder at Kerja Cer-Dias l Coach l Trainer l Consultant l Sportscaster l Content Creator @Kerjacerdias

Deck Presentation | 2025

- Experienced **People Development Professional** with 7+ years in **talent management, career consulting, coaching, and training** across **national and SEA Region**.

- Accumulated **550+ hours of coaching, training, and consulting experience**, assisting **250+ brands** across academic, business, government, community, and media sectors.

- **Coach Specialist** at **RevoU, Rumah Siap Kerja (ex), and several reputable brands**, conducting **>250 coaching sessions** with a consistent **4.9/5 feedback rating**.

- **Public Speaker & Facilitator for 100+** career development, employability, and personal growth webinars/workshops, reaching **over 50,000 participants**.

- Recognized as **LinkedIn Power Profile 2018**.

- **Certified in Coaching, Public Speaking, and Training**, with **awards from Temasek Foundation, Ashoka, U.S. Department of State, Asia Foundation, etc**.

Listed Portfolio

Academic

Business

Government

Community

Media

Deck Presentation | 2025

Others

and many more!

irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya   irvandiassanjaya   Kerjacerdias

Table of Contents

Table of Contents

Today's lesson will be based on:

"Planning Health Promotion Programs An Intervention Mapping Approach, 4th Edition"

L. KAY BARTHOLOMEW ELDREDGE
CHRISTINE M. MARKHAM
ROBERT A.C. RUITER
MARÍA E. FERNÁNDEZ
GERJO KOK
GUY S. PARCEL

PLANNING HEALTH PROMOTION PROGRAMS

AN INTERVENTION MAPPING APPROACH

FOURTH EDITION

JOSSEY-BASS
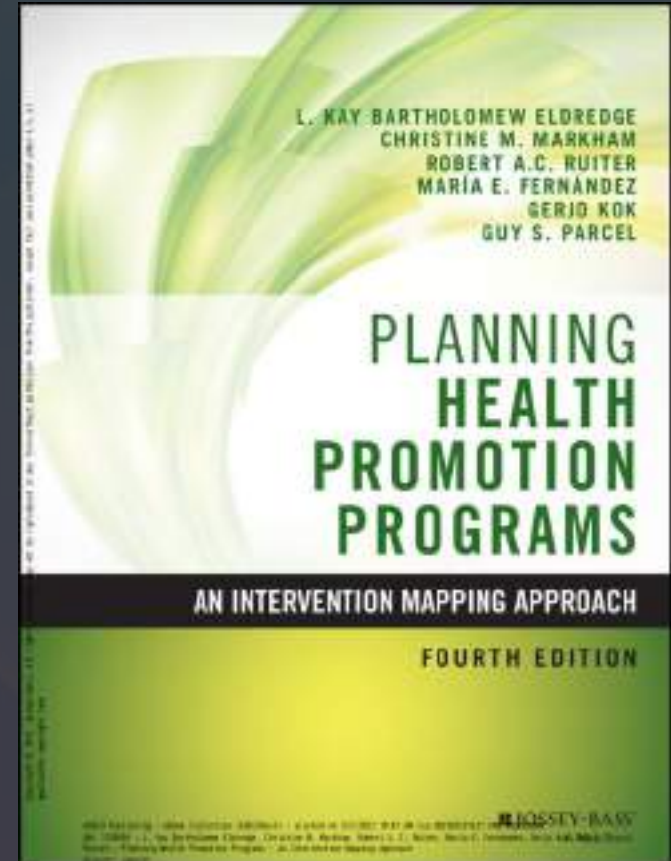
Table of Contents

However, these chapters from the book will be skipped on this presentation.

You must learn them by yourself by reading the book after this session
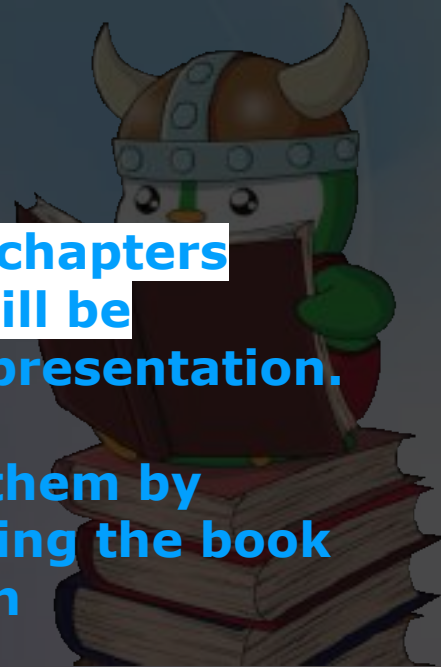
Have you ever seen these *'strange'* programs?

Kartu Prakerja Gelombang 47 Dibuka, Simak Syarat dan Cara Daftar Bantuan Insentif Rp2,4 Juta

Tayang : 24 Oktober 2022, 09:58 WIB

Penulis:Farhan Erlangga Ramadhan

Editor: Puput Akad Ningtyas Pratiwi

https://www.pikiran-rakyat.com/belia/amp/pr-015732331/kartu-prakerja-gelombang-47-dibuka-simak-syarat-dan-cara-daftar-bantuan-insentif-rp24-juta?page=all

Pemerintah siapkan regulasi penggunaan VPN untuk atasi judi online

📅 Jumat, 15 Agustus 2025 23:09 WIB 🕐 waktu baca 2 menit

https://www.antaranews.com/berita/5041965/pemerintah-siapkan-regulasi-penggunaan-vpn-untuk-atasi-judi-online

Have you ever seen these *'strange'* programs?

KC!

Kartu Prakerja Gelombang 47 Dibuka, Simak Syarat dan Cara Daftar Bantuan Insentif Rp2,4 Juta

Tayang : 24 Oktober 2022, 09:58 WIB

Penulis:Farhan Erlangga Ramadhan

Editor: Puput Akad Ningtyas Pratiwi

Pemerintah siapkan regulasi penggunaan VPN untuk atasi judi online

Jumat, 15 Agustus 2025 23:09 WIB   waktu baca 2 menit

Can anyone explain...

How did these programs come to be?

*Random thoughts are welcomed

Deck Presentation | 2025

irvandiassanjaya ✉ irvandiassanjaya@gmail.com / kerjacerdias@gmail.com 🔗 Irvandias Sanjaya LYNK irvandiassanjaya ♪ Kerjacerdias

These programs may seems weird, but it's actually based on **Theory of Change**

Take a look at these phenomena

Kalamazoo County invests $400K in 12 impactful community projects for 2026

Story by News Channel 3 • 46m • ⏱ 2 min read

LOCAL

York County Community Foundation awards $250,000 in grants to local nonprofits

Anthony Maenza
York Dispatch

Kalamazoo County invests $400K in 12 impactful community projects for 2026

Story by News Channel 3 • 46m • ⏱ 2 min read

York County Community Foundation awards $250,000 in grants to local nonprofits

Anthony Maenza
York Dispatch

These communities got **grant investment money** because of applying Theory of Change

Definition

Theory of Change

The Theory of Change (ToC), often synonymous with terms like **Programme Theory, Logic Model, Causal Model, or Results Chain**, is a sophisticated framework used for planning, managing, monitoring, and evaluating interventions, policies, or projects

irvandiassanjaya | irvandiassanjaya@gmail.com / kerjacerdias@gmail.com | Irvandias Sanjaya | LYNK irvandiassanjaya | Kerjacerdias

Theory of Change	Logical Framework
Providing the big picture, including issues related to contexts beyond our control.	Provide a detailed description, including how program activities will lead to direct outputs, and how these will lead to outcomes and objectives.
Can be used to complete the sentence *"if we do X, then Y will change because..."*.	Can be used to complete the sentence *"we plan to do X, which will deliver Y outcome."*
This diagram is flexible and has no specific format; it can include cycle processes, feedback loops, one box can lead to several other boxes, different shapes can be used, etc.	Linear in nature, meaning that all activities lead to outputs that lead to outcomes and objectives; there are no cyclical processes or feedback loops. May include risks and assumptions.
Primarily used as a tool for program design and evaluation.	Primarily used as a tool for monitoring.

Why is the Theory of Change (ToC) suitable for conducting Impact Evaluation?

Connecting Strategy & Reality

ToC prompts teams to articulate how and why the desired changes will occur, not just what will be done.

This bridges the "missing link" between outputs and outcomes.

Clarifying Assumptions & Interrelationships

By making explicit assumptions, ToC helps identify risks, external factors, and what must happen to achieve success.

This is particularly important in a complex environment such as Telkomsel, where cross-unit interdependencies are common.

Supporting Adaptive Learning

The ToC is not static; it constantly evolves as the context changes.

This encourages reflection and iteration, making it ideal for dynamic improvement projects.

Meaningful Evaluation Enabler

Instead of merely tracking activities or outputs, ToC enables us to evaluate whether the desired outcomes and impacts are achieved, and why they are or are not achieved.

P.S.: However, developing a ToC can be challenging because it requires facilitation and collaboration skills with all key stakeholders (which can be overly complex), synthesizing various views and sources of information, and obtaining approval and support from stakeholders.

Figure 1.1 Intervention Mapping Steps

Intervention Mapping Steps or Program Logic

Step 1: Logic Model of the Problem

Step 2: Program Outcomes and Objectives

Step 3: Program Design

Step 4: Program Production

Step 5: Program Implementation Plan

Step 6: Evaluation Plan

irvandiassanjaya irvandiassanjaya@gmail.com / kerjacerdias@gmail.com Irvandias Sanjaya LYNK irvandiassanjaya Kerjacerdias

Intervention Mapping Steps or Program Logic

Figure 1.1 Intervention Mapping Steps

Step 1: Logic Model of the Problem

Step 2: Program Outcomes and Objectives

Step 3: Program Design

Step 4: Program Production

Step 5: Program Implementation Plan
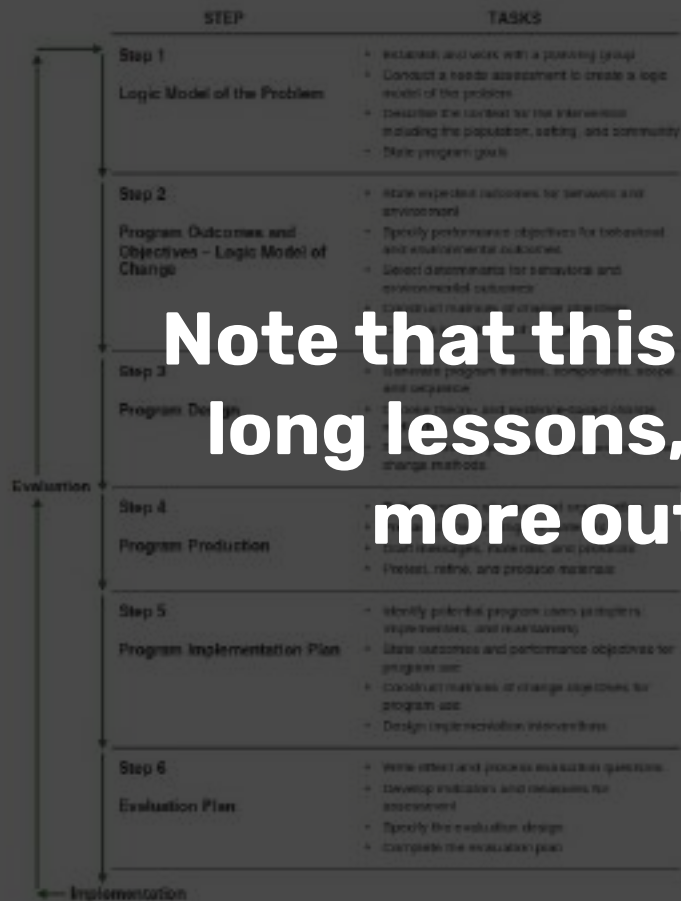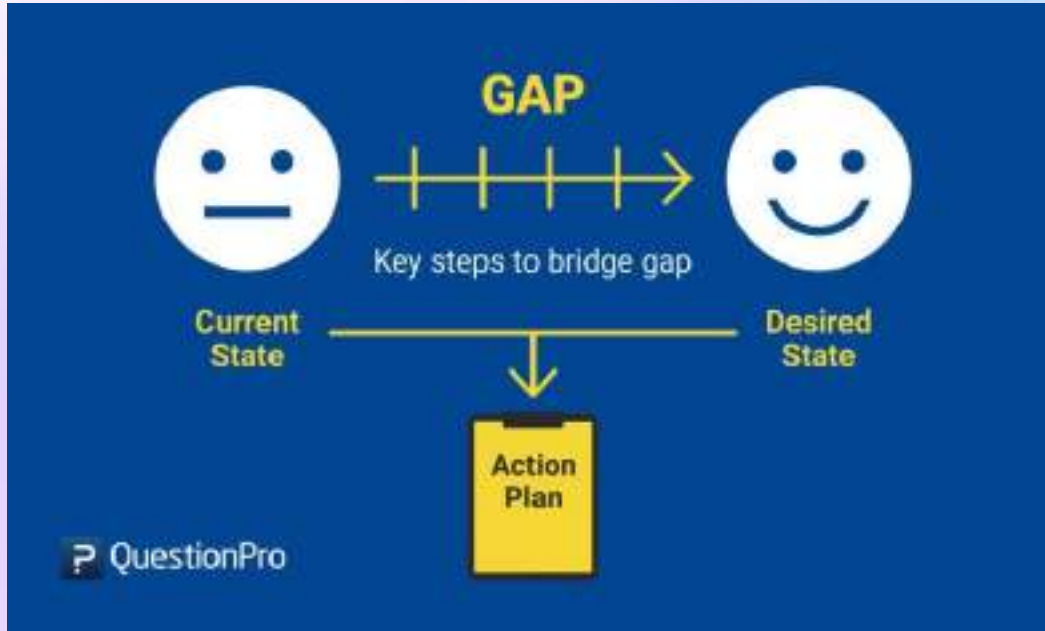
Step 6: Evaluation Plan

Note that this topic is worth 1 semester long lessons, so you must try to learn more outside of this session

Step 1

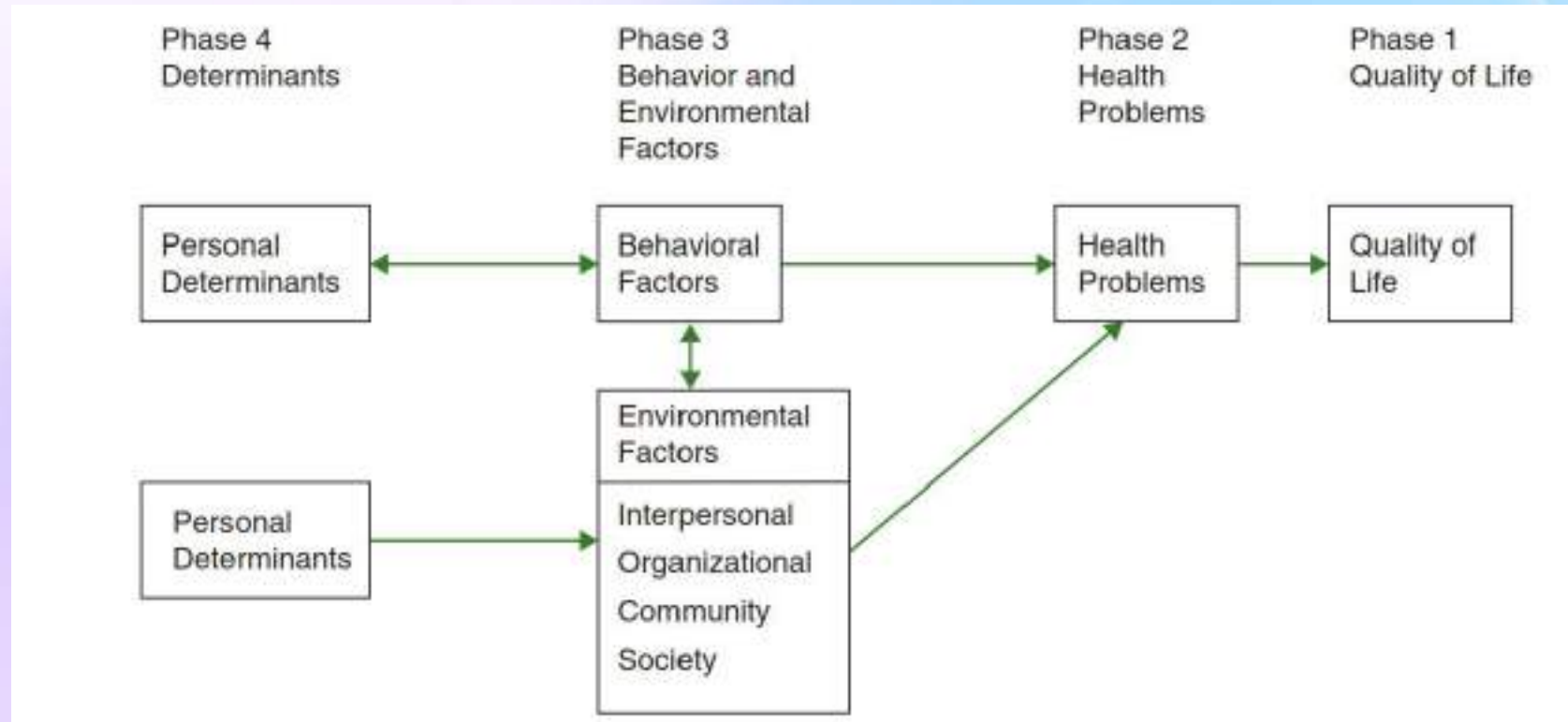# Logic Model of the Problem

Before making any program, we should know the problem first
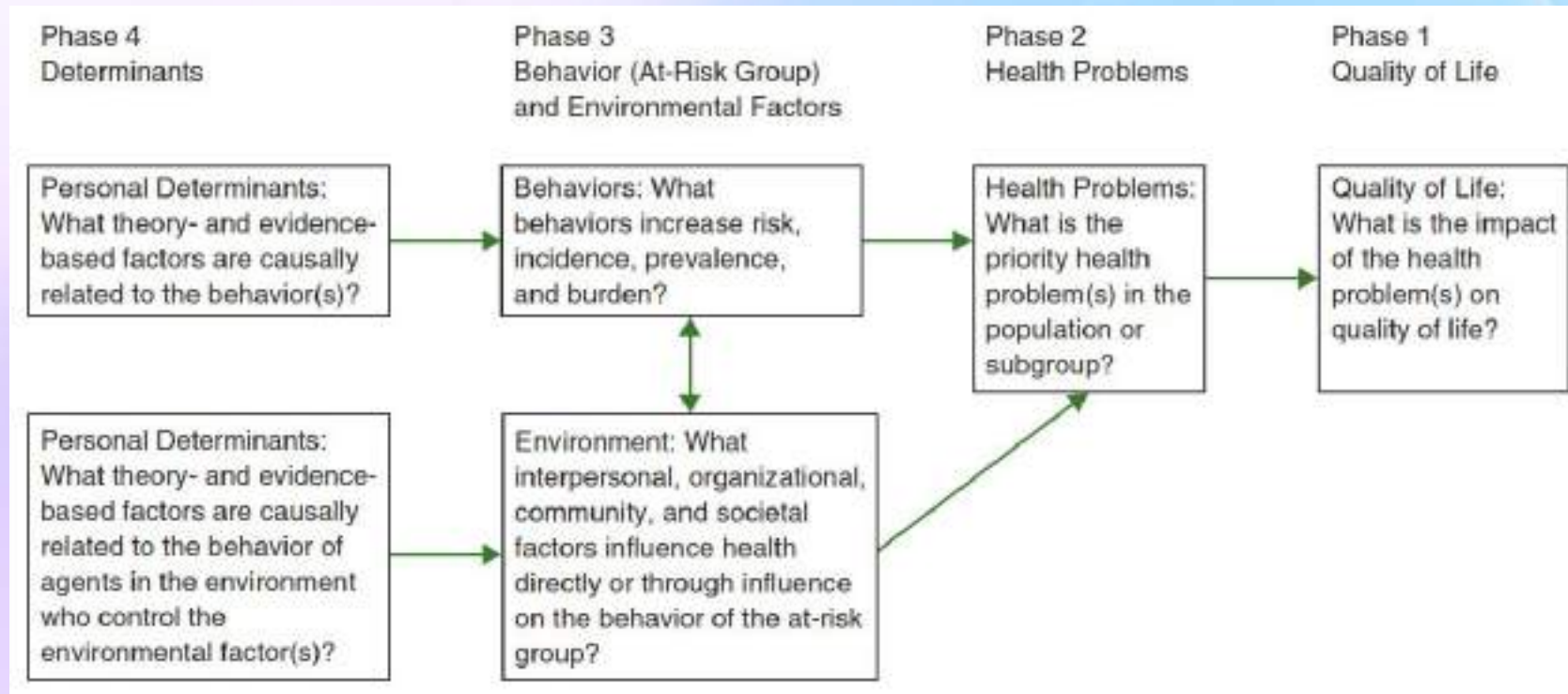

A needs assessment, the first part of intervention planning, is a **systematic study of the discrepancy between what is and what should be in a group and situation of interest** (Gilmore & Campbell, 2005)

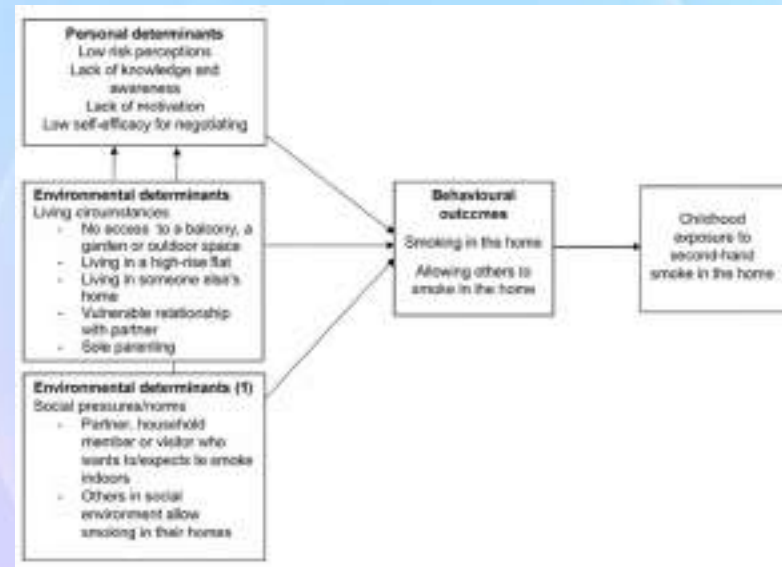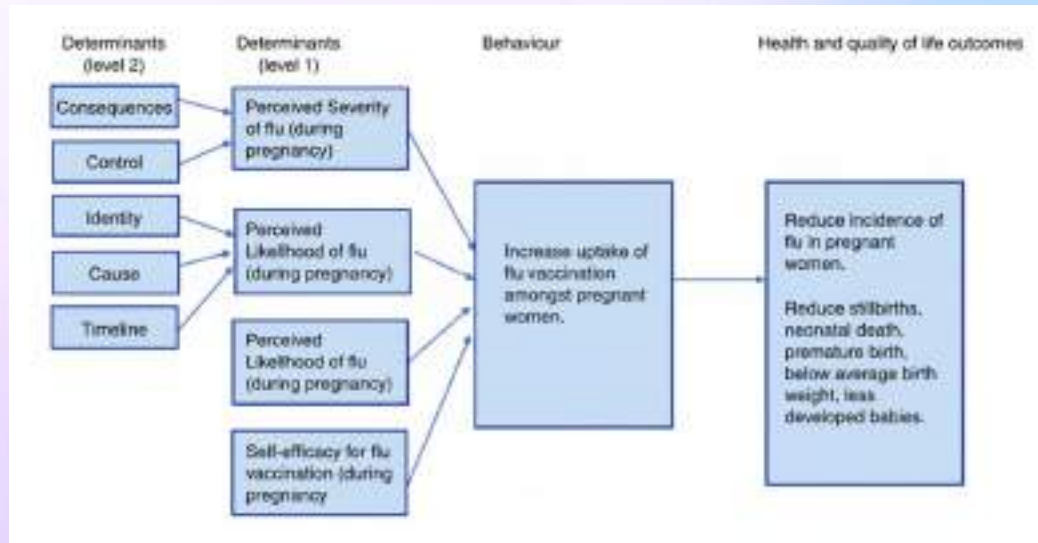Then map the problem using **Logic Model of the Problem** Framework

Logic Model of the Problem

Logic Model of the Problem (Explained)

Phase 4 Determinants	Phase 3 Behavior (At-Risk Group) and Environmental Factors	Phase 2 Health Problems	Phase 1 Quality of Life
Personal Determinants: What theory- and evidence-based factors are causally related to the behavior(s)?	Behaviors: What behaviors increase risk, incidence, prevalence, and burden?	Health Problems: What is the priority health problem(s) in the population or subgroup?	Quality of Life: What is the impact of the health problem(s) on quality of life?
Personal Determinants: What theory- and evidence-based factors are causally related to the behavior of agents in the environment who control the environmental factor(s)?	Environment: What interpersonal, organizational, community, and societal factors influence health directly or through influence on the behavior of the at-risk group?		

Logic Model of the Problem (Example)

Logic Model of the Problem (Example)
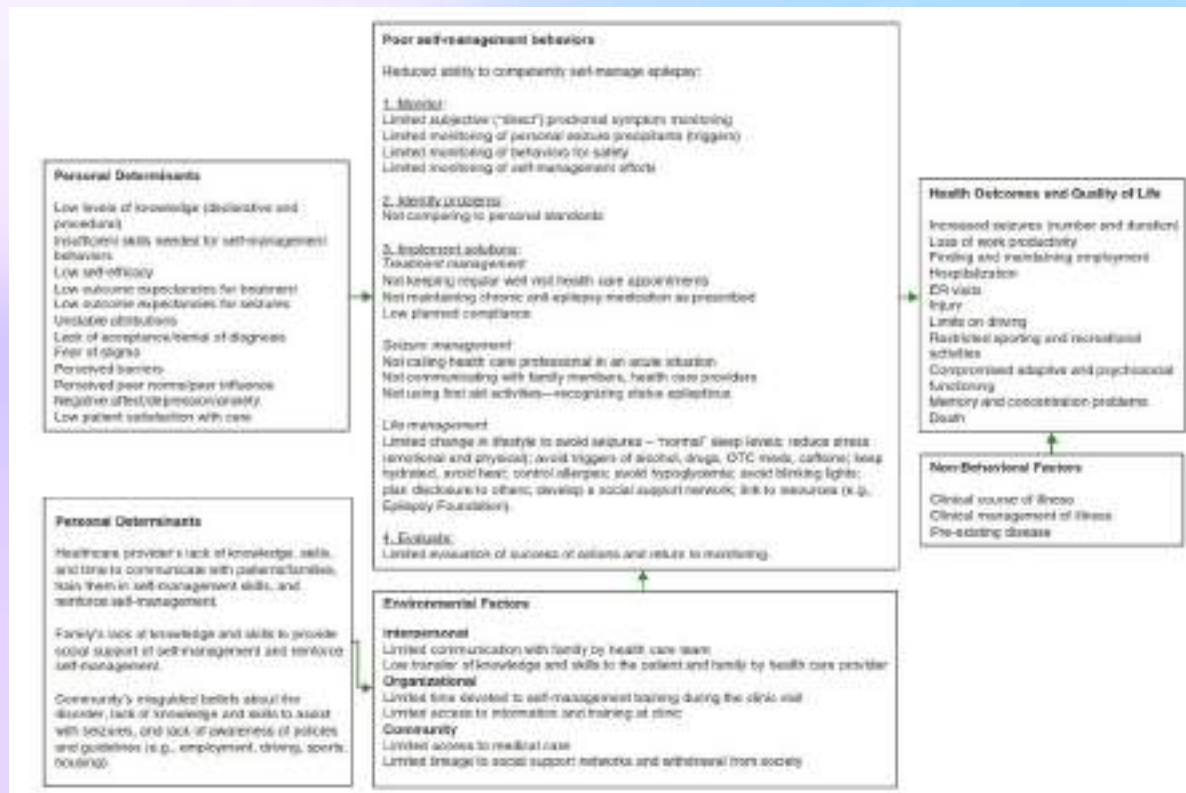
Populace Priority
At-risk Group

The designation "population at risk" refers to **a group with a definable boundary and shared characteristics that has or is at risk for having certain health and quality-of-life problems**; has health problems and is at risk for the sequelae; or has an identified need for an intervention that will enable individuals to prevent disease or promote their health.

Planners will also be concerned with the environmental context of the at-risk group:

1. **Interpersonal:** Family members, peers, teachers, and health care providers
2. **Organizational:** Schools, stores, clinics, hospitals, professional associations, and companies
3. **Community** Families, neighborhoods, clubs, civic groups, churches, local media, and local government
4. **Societal** Countries, states, provinces, or larger multinational structures (e.g., the ASEAN)

irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya   LYNK irvandiassanjaya   Kerjacerdias

Integrating Qualitative & Quantitative Methods for the Problem Identification

Model 1
Qualitative methods are used to help develop quantitative measures and instruments
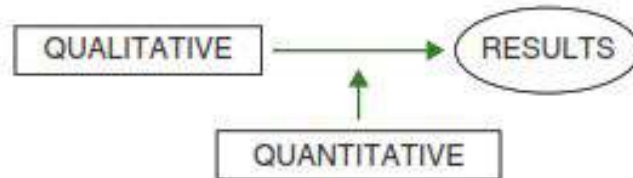
QUALITATIVE → QUANTITATIVE → RESULTS
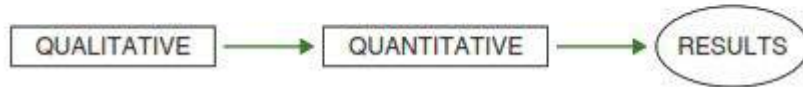
Model 2
Qualitative methods are used to help explain quantitative findings

QUANTITATIVE → RESULTS
QUALITATIVE ↑
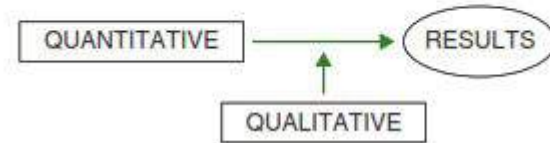
Model 3
Quantitative methods are used to embellish a primarily qualitative study

QUALITATIVE → RESULTS
QUANTITATIVE ↑

Model 4
Qualitative and quantitative methods are used equally and in parallel

QUANTITATIVE → RESULTS ← QUALITATIVE

Data Collection

Primary Data	Secondary Data (Example)
Surveys	**Demographic** Census Data
Interviews	**Health & Vital Statistics** WHO World Health Statistics
Focus Group	**Risk Factors** National Longitudinal Study of Adolescent Health
Ethnographic Methods Analysis on hard-to-reach population (ex: sex workers)	**Health Information Access** Profil Kesehatan Indonesia 2024 (BPS)
Appreciative Inquiry (AI) Strength interviews, not focused on problem	**Environmental** Data Kajian Kesehatan Lingkungan Tahun 2024 (BPS)
Geographic Methods Geocode, map, and analyze health data in relation to place	**Local and Regional Health Data** Dashboard Dinas Kesehatan Provinsi DKI Jakarta
And many more...	**And many more...**

Full Example

The Core Problem: High school students are failing classes and feel miserable because they are constantly tired.

Effects of Sleep Deprivation

Phase	What it means	The Specific Issue
Quality of Life	**The Result** How does this affect their daily happiness?	Students are stressed, grumpy, falling asleep in class, and their grades are dropping.
Health Problem	**The Physical Issue** What is happening to their body?	**Chronic Sleep Deprivation.** (Students are getting less than 6 hours of sleep per night).
Behavior & Environment	**The Actions** What are they doing to cause this?	**Behavior:** Scrolling on TikTok/Instagram until 2:00 AM. **Environment:** Their phone is on the pillow next to them, buzzing with notifications all night.
Determinants	**The "Why"** What is in their head driving this behavior?	1. **FOMO (Attitude):** "If I sleep, I'll miss the group chat drama." 2. **Misconception (Knowledge):** "I can catch up on sleep on the weekend." 3. **Weak Willpower (Skill):** They don't know how to set "Do Not Disturb" boundaries with friends.

Interactive

@Kerjacerdias:
Growth Beyond Mindset

QnA
Is there any questions?

Deck Presentation | 2025

irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya   LYNK irvandiassanjaya   Kerjacerdias

Step 2
# Program Outcomes and Objectives

Goals of Step 2

Develop matrices of change objectives that specify what needs to change in behavior and the environment to improve health and quality of life.

Task of Step 2:
1. Stating Behavioral and Environmental Outcomes
2. Specifying Performance Objectives
3. Selecting Personal Determinants
4. Constructing Matrices of Change Objectives
5. Creating a Logic Model of Change

The Logic Model of Change (Output of Step 2)
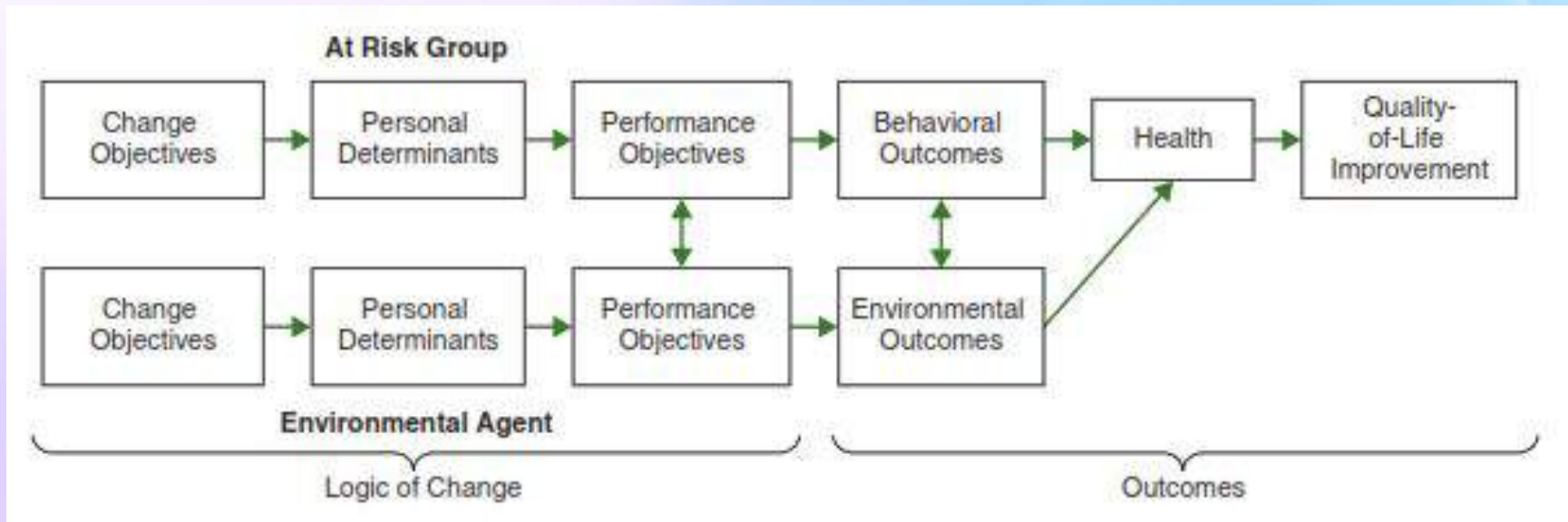
The logic model in this step is similar to the logic model for the needs assessment, except **the logic model of change represents pathways of program effects** rather than pathways of problem causation

Stating Behavioral and Environmental Outcomes

Identifying Health-Related Behaviors of the At-Risk Group

The following statements are examples of health-related behavioral outcomes:
- Consume less than 10 percent of calories from saturated fats.
- Use condoms correctly and consistently when having sexual intercourse.
- Engage in moderate to vigorous physical activity at least 150 minutes a week.
- Take antiseizure medications as prescribed by a health care provider.
- Women ages 50–74 years obtain a mammogram every two years.

Identifying and Stating Environmental Outcomes

- **[Interpersonal level]** Parents/caregivers support preschoolers to be more physically active.
- **[Organizational Environment]** Emergency department personnel provide acute stroke therapy for all eligible patients within 3 hours of symptom onset.
- **[Community Environment]** Community members support laws targeting underage drinking.
- **[Societal Environment]** The government requires food labeling for most prepared foods.

Specifying Performance Objectives (1)

Specifying Performance Objectives (PO) for Behaviors

Table 5.1 Performance Objectives for Consistently and Correctly Using Condoms During Sexual Intercourse

The adolescent will:

1. Make the decision to use condoms.
   1.1. Locate condom displays in drug or grocery store.
   1.2. Choose condoms that are product tested.
2. Carry condoms or have condoms easily available.
   2.1. Carry condoms in wallet or purse for no longer than a month.
   2.2. Carry or store condoms in place that is not susceptible to extreme temperatures.
3. Negotiate the use of a condom with a partner.*
   3.1. State mutual goals, such as pregnancy or HIV prevention.
   3.2. State clearly intention of using a condom as a prerequisite for intercourse.
   3.3. Listen to partner's concerns.
   3.4. Pose solutions to partner's concerns that reference mutual goals and personal requirements.
4. Correctly apply condoms during use.
   4.1. Use a water-soluble rather than petroleum-based lubricant.
   4.2. Use a new condom for each occurrence of intercourse.
   4.3. Follow instructions on package insert for use.
   4.4. Follow instructions on package insert for disposal.
5. Maintain use over time.

*Example of using theory to specify performance objectives. This uses negotiation theory as described by R. Fisher and Ury (1991).

[Other Example]
Behavioral Outcome: The management of the daily antiretroviral treatment (ART) for people living with HIV

PO.1. Follow and integrate the treatment plan properly in the daily routine
PO.2. Handle situations in which ART is difficult to take
PO.3. Cope with side effects
PO.4. Interact and deal with health professionals
PO.5. Maintain relationships with resources person and immediate social circle

Specifying Performance Objectives (2)

Specifying Performance Objectives (PO) for Environmental Outcomes

Table 5.2 Environmental Performance Objectives for the ToyBox-Study

Interpersonal Environment

Environmental outcome 1: Parents/caregivers support preschoolers in becoming more physically active.

Parents and caregivers will:

1.1. Facilitate children to be more physically active.
1.2. Use active transport to move from place to place together with their child.
1.3. Participate in sports activities and/or unstructured physical activities inside, together with their children.
1.4. Participate in sports activities and/or unstructured physical activities outside, together with their children.
1.5. Motivate (verbally) their children to play outside.
1.6. Be physically active themselves to provide a role model for their children.

Environmental outcome 2: Parents/caregivers support preschoolers to decrease sitting time.

Parents and caregivers will:

2.1. Limit preschoolers' screen-viewing activities to 1 hour per day.
2.2. Motivate (verbally) their children to do other activities instead of screen-viewing activities.
2.3. Do activities with their child instead of screen-viewing activities.
2.4. Limit their own sitting time to provide a role model for their children.

Organizational Environment

Environmental outcome 3: Kindergarten teachers support preschoolers to be more physically active.

Kindergarten teachers will:

3.1. Every day, organize movement breaks that last between 1 and 5 minutes in the kindergarten classroom (2 in the morning and 2 in the afternoon).
3.2. Encourage the children's parents to use active transport.
3.3. Use active ways to teach (e.g., counting while jumping, movement stories).

Environmental outcome 4: Kindergarten teachers support preschoolers to decrease sitting time.

Kindergarten teachers will:

4.1. Use different strategies (e.g., classroom environmental changes) to decrease preschoolers' total sitting time per day at kindergarten.
4.2. Give assignments that the preschoolers need to fulfill standing up.
4.3. Encourage the preschoolers to stand up when they are sitting down at the playground.
4.4. Act as a role model for the preschoolers and limit sitting down themselves.
4.5. Encourage preschoolers to switch from sitting down to standing up.

Source: De Craemer et al., 2014; De Decker et al., 2014

Specifying Performance Objectives (3)

Specifying Performance Objectives (PO) for Environmental Outcomes

Table 5.3 Environmental Performance Objectives for T.L.L. Temple Foundation Stroke Project

Organizational Environment

Environmental outcome 1: Emergency department personnel provide acute stroke therapy for all eligible patients within three hours of symptom onset.

1.1.	ED physicians and teams complete stroke evaluation in 10 minutes.
1.1.a.	Triage nurses have patient seen by the physician in 10 minutes.
1.1.b.	ED physicians notify the designated ED stroke team within 15 minutes.
1.2.	ED stroke teams send lab work STAT (HCT, platelets, glucose, PT, PTT) and get it back.
1.3.	ED physicians and stroke teams make rapid differential diagnosis of stroke (use modified NIH scale and protocol).
1.4.	ED stroke teams perform pulse oximetry, attach cardiac monitor, and perform EKG.
1.5.	ED stroke teams obtain accurate onset of time of stroke symptoms.
1.6.	ED stroke teams ensure patient receives CT scan within 25 minutes and notify on-call radiologist.
1.7.	Radiologists and stroke teams read the CT scan immediately (within 45 minutes of arrival).
1.8.	ED stroke teams rule out contraindications.
1.9.	ED stroke team manage diagnosed stroke.
1.9.a.	ED staff members insert an IV in each arm if not done by EMS.
1.9.b.	ED physicians administer rtPA within 60 minutes.
1.9.c.	ED physicians treat blood pressure appropriately.
1.9.c.	ED physicians give appropriate dose of rtPA; infuse properly; document time (do not give heparin or coumadin).

Environmental outcome 2: Emergency services personnel transport possible stroke victims to the emergency department at the highest priority.

2.1.	Dispatchers triage to highest priority of transport.
2.2.	Dispatchers convey stroke possibility and urgency to responders.
2.3.	Responders perform "load and go."
2.4.	Responders call ahead to the hospital.
2.5.	Responders encourage a family member or witness to accompany the individual to the hospital.
2.6.	Responders interview patient and witness to determine symptom onset.
2.7.	Responders deliver patient with IV in both arms (perform in ambulance).

Environmental outcome 3: Primary care physicians facilitate rapid treatment of patients who experience possible stroke.

3.1.	Receptionists and nurses tell the person with the possible stroke to call 911.
3.2.	Primary care providers identify high-risk patients for stroke and tell patients about their stroke risk, possible symptoms, and instructions for calling 911.
3.3.	Primary care providers educate office staff regarding how to recognize stroke and what to tell patients (such as to call 911 immediately).

ED = Emergency Department; EMS = Emergency Medical Services

Specifying Performance Objectives (PO) for Environmental Outcomes

Table 5.3 Environmental Performance Objectives for T.L.L. Temple Foundation Stroke Project

Organizational E...

Environmental outcome 1: Emergency department personnel provide acute stroke therapy for all eligible patients with...

1.1. ED phy...
1.1.a. Triage n...
1.1.b. ED physicians notify the designated ED stroke team within 15 minutes.
1.2. ED stroke team...
1.3. ED physicians and stroke teams make rapid differential diagnosis of stroke (use modified NIH scale and protocol).
1.4. ED stroke teams perform pulse oximetry, attach cardiac...
1.5. ED stroke teams obtain accurate onset of time of stroke symptoms.
1.6. ED stroke teams ensure patient receives CT scan within 25 minutes and notify on-call radiologist.
1.7. Radiologists and stroke teams read the CT scan immediately (within 45 minutes of arrival).
1.8. ED stroke teams rule out contraindications.
1.9. ED stroke teams manage diagnosed stroke.
1.9.a. ED staff members insert an IV in each arm if not done by EMS.
1.9.b. ED physicians administer rtPA within 60 minutes.
1.9.c. ED physicians treat blood pressure appropriately.
1.9.c. ED physicians give appropriate dose of rtPA; infuse properly; document time (do not give heparin or coumadin).

Environmental outcome 2: Emergency services personnel transport possible stroke victims to the emergency department at the...

2.1. Dispatchers triage to highe...
2.4. Responders call ahead to the hospital.
2.6. Responders interview patient and witness to determine symptom onset.
2.7. ...form in ambulance).

Environmental outcome 3: Primary care physicians facilitate rapid treatment of patients who experience possible stroke.

3.1. Receptionists and nurses tell the person with the possible stroke to call 911.
3.2. Primary care providers identify high-risk patients for stroke and tell patients about their stroke risk, possible symptoms, and instructions for calling 911.
3.3. Primary care providers educate office staff regarding how to recognize stroke and what to tell patients (such as to call 911 immediately).

ED = Emergency Department; EMS = Emergency Medical Services

Note that we may need to use theory as the basis and consult with the expert to determine the Behavior Outcome and Performance Objective

Behavior-Oriented Theories Used in Health Promotion

Learning Theories

Assume that **behavior is shaped by an organism's experiences, leading to an enduring and adaptive change in responses**, often explored through classical and operant conditioning principles.

Theory of Information Processing

Explain **how information is perceived, stored, and retrieved by distinguishing between short-term (working) and long-term memory**, often suggesting that prior knowledge facilitates the encoding and retrieval of new information.

Theory of Goal-Directed Behavior

Propose that **human behavior is regulated by personal goals (desired states or outcomes)** which, if challenging yet attainable and supported by commitment and feedback, guide effort and strategy to improve performance and overcome the intention-behavior gap.

Theory of Reasoned Action

Posit behavior is primarily **determined by a person's intention, which is in turn influenced by their attitude, perceived norms, and perceived behavioral control**

And many more... Check Chapter 2 in the book

irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya   LYNK irvandiassanjaya   Kerjacerdias

Environment-Oriented Theories

Interpersonal Level Theories

Focus on understanding and intervening within social relationships—such as those among family, friends, peers, and service providers—and include frameworks like **Social Cognitive Theory, social network theories, and theories of stigma and discrimination**
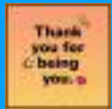
Organizational Level Theories

Address processes of **organizational change, development, and stakeholder influence to modify internal policies, practices, and culture**, which function as environmental conditions impacting health

Community Level Theories

Focus on collective processes—such as **coalition building, social norms, conscientization, and community organization**—to foster community capacity, civic engagement, and positive environmental changes within a defined population or area.

Societal and Governmental Theories

Examine the complex public policy process—often involving models like **Multiple Streams Theory or the Advocacy Coalition Framework**—to guide interventions aimed at influencing government action and creating health-promoting legislation and regulations.

And many more... Check Chapter 3 in the book

Example of 'Not Accurate' Theory Implementation

Kompas.com / News / Nasional

Rencana Pemerintah Blokir PUBG, Tepatkah Cegah Anak-anak Terlibat Teror?

Kompas.com, 14 November 2025, 15:18 WIB

KS DP Kiki Safitri, Dani Prabowo
Tim Redaksi

https://nasional.kompas.com/read/2025/11/14/15183901/rencana-pemerintah-blokir-pubg-tepatkah-cegah-anak-anak-terlibat-teror

What To Know About Social Learning Theory

1. People can learn through observation

2. Mental states are important to learning

3. Learning does not necessarily lead to behavior change

verywell

The government policy isn't accurate because it's based on "Assumption" (not based on research data) that playing games impact kids behavior.

Example of 'Not Accurate'

Kompas.com / News / Nasional

Rencana Pemerintah Blokir PUBG, Tepatkah Cegah Anak-anak Terlibat Tero...

Kompas.com, 14 November 2025, 15:18 WIB

Kiki Safitri, Dani Prabowo

WMU researcher finds little connection between violence, video games

APA Reaffirms Position on Violent Video Games and Violent Behavior

Abuse and Violence   Video Games   APA News

Cautions against oversimplification of complex issue

WASHINGTON — There is insufficient scientific evidence to support a causal link between violent video games and violent behavior, according to an updated resolution (PDF, 60KB) adopted by the American Psychological Association.
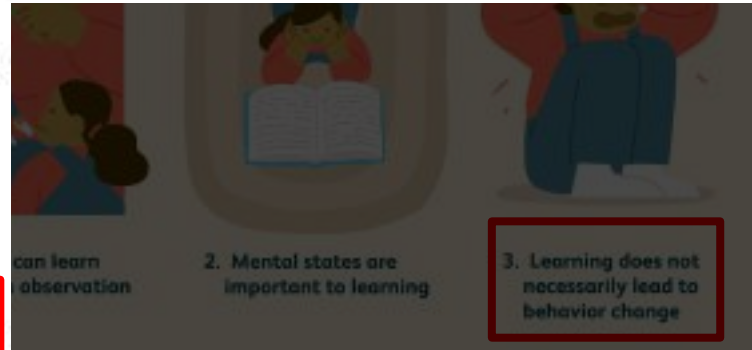
1. can learn observation

2. Mental states are important to learning

3. Learning does not necessarily lead to behavior change

LY∩K irvandiassanjaya Kerjacerdias

Constructing Matrices of Change Objectives

Differentiating the Intervention Population (Target's Behavior)

Figure 1. Theory of Reasoned Action and Theory of Planned Behavior
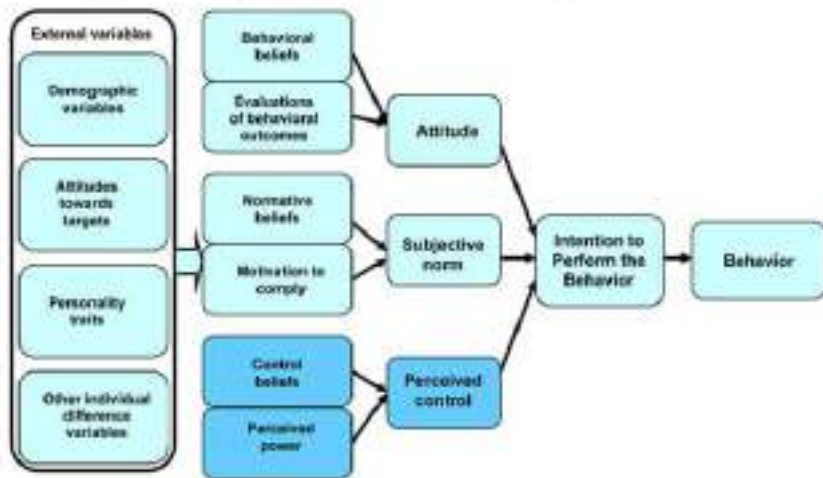
Each behavior is defined within: Action, Target, Context, Time

Note. Upper right area shows the Theory of Reasoned Action; entire figure shows the Theory of Planned Behavior
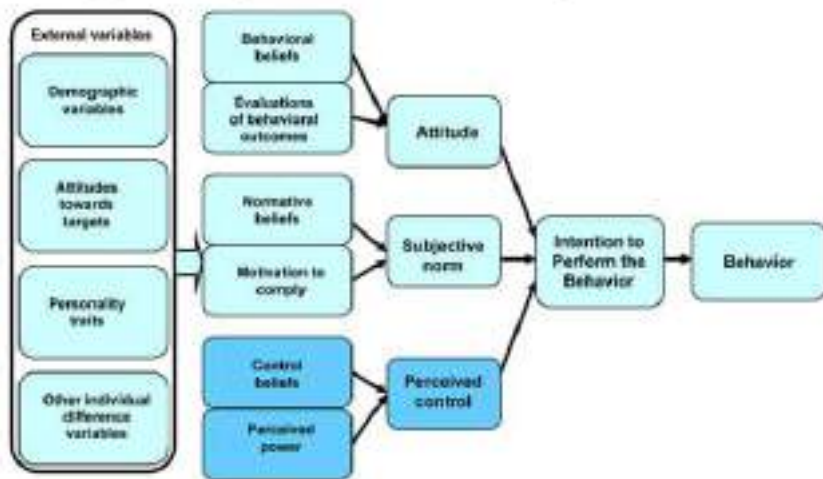

Table 5.7 Sample Matrix for Children in the ToyBox-Study (De Decker et al., 2014)

| Performance Objectives (Preschoolers) | Behavior: Preschoolers decrease their sitting time at home and at kindergarten | | | |
| | Personal Determinants | | | |
	Attitudes	Self-Efficacy	Preference	Behavioral Capability
PO.1. Decrease total sitting time per day at kindergarten	A.1. Express positive feelings toward devoting less time sitting down at kindergarten	SE.1. Express confidence about decreasing total sitting time per day at kindergarten, even when other children want to sit down/are sitting down	P.1. Prefer to stand up instead of sitting down in the classroom at kindergarten	BC.1. Demonstrates ability to decrease total sitting time per day at kindergarten
PO.2. Decrease total sitting time per day at home or during leisure time	A.2. Express positive feelings toward being less sedentary, at home and during leisure time	SE.2. Express confidence about decreasing total sitting time per day at home and during leisure time, even when their siblings are sitting down	P.2. Prefer to stand up instead of sitting down at home and during leisure time	BC.2. Demonstrates ability to decrease total sitting time per day at home and during leisure time
PO.3. Limit screen viewing time (e.g., TV viewing, computer time) to 1 hour per day at kindergarten	A.3. Express positive feelings toward limiting screen viewing time by doing other nonsedentary activities at kindergarten	SE.3. Express confidence about limiting screen viewing to less than 1 hour per day at kindergarten, even when other children are watching TV, playing on the computer, or doing other screen viewing activities	P.3. Prefer to limit screen viewing to less than 1 hour per day at kindergarten	BC.3. Demonstrates ability to limit screen viewing time to less than one hour per day at kindergarten

:camera: irvandiassanjaya :envelope: irvandiassanjaya@gmail.com / kerjacerdias@gmail.com :linkedin: Irvandias Sanjaya LYNK irvandiassanjaya :tiktok: Kerjacerdias

Constructing Matrices of Change Objectives

Differentiating the Intervention Population (Interpersonal Level)

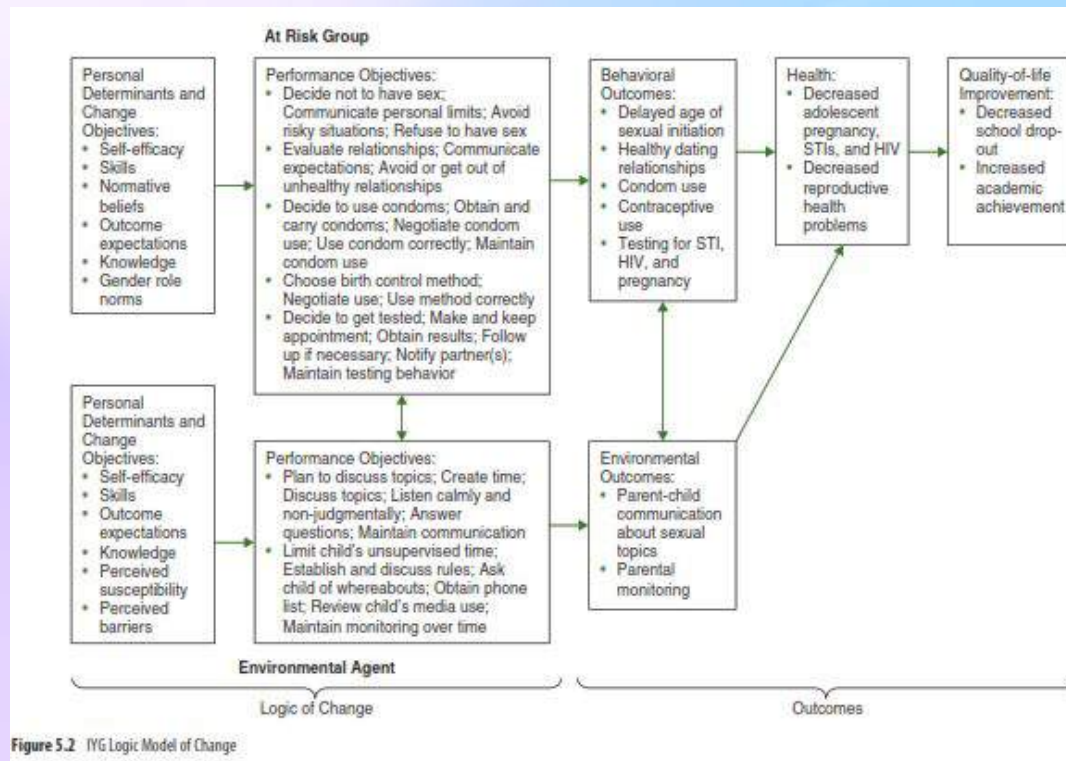Figure 1. Theory of Reasoned Action and Theory of Planned Behavior

Each behavior is defined within: Action, Target, Context, Time

Note: Upper light area shows the Theory of Reasoned Action; entire figure shows the Theory of Planned Behavior

Constructing Matrices of Change Objectives

Differentiating the Intervention Population (Organizational Level)

Create The Logic Model of Change

At Risk Group

Personal Determinants and Change Objectives:
- Self-efficacy
- Skills
- Normative beliefs
- Outcome expectations
- Knowledge
- Gender role norms

Performance Objectives:
- Decide not to have sex; Communicate personal limits; Avoid risky situations; Refuse to have sex
- Evaluate relationships; Communicate expectations; Avoid or get out of unhealthy relationships
- Decide to use condoms; Obtain and carry condoms; Negotiate condom use; Use condom correctly; Maintain condom use
- Choose birth control method; Negotiate use; Use method correctly
- Decide to get tested; Make and keep appointment; Obtain results; Follow up if necessary; Notify partner(s); Maintain testing behavior

Behavioral Outcomes:
- Delayed age of sexual initiation
- Healthy dating relationships
- Condom use
- Contraceptive use
- Testing for STI, HIV, and pregnancy

Health:
- Decreased adolescent pregnancy, STIs, and HIV
- Decreased reproductive health problems

Quality-of-life Improvement:
- Decreased school drop-out
- Increased academic achievement

Personal Determinants and Change Objectives:
- Self-efficacy
- Skills
- Outcome expectations
- Knowledge
- Perceived susceptibility
- Perceived barriers

Performance Objectives:
- Plan to discuss topics; Create time; Discuss topics; Listen calmly and non-judgmentally; Answer questions; Maintain communication
- Limit child's unsupervised time; Establish and discuss rules; Ask child of whereabouts; Obtain phone list; Review child's media use; Maintain monitoring over time

Environmental Outcomes:
- Parent-child communication about sexual topics
- Parental monitoring

Environmental Agent

Logic of Change

Outcomes

Figure 5.2 IYG Logic Model of Change

Full Example of Change Objective

The Goal: "The Well-Rested Student"
The Target Behavior: Instead of scrolling until 2:00 AM, the student will place their phone across the room (or in the kitchen) by 10:00 PM every school night.

To change this... (Determinant)	They need to think/learn this... (The Change Objective)
Knowledge	**From:** *"I can just drink Red Bull tomorrow."* **To:** They understand that screen light actually stops sleep hormones, making them physically weaker the next day.
Attitude	**From:** *"If I log off, I'm a loser who misses the drama."* (FOMO) **To:** They feel that protecting their energy is a "power move" and that real friends respect their sleep schedule.
Self-Efficacy	**From:** *"I have no self-control; the phone is too tempting."* **To:** They feel confident that they can survive 8 hours without checking notifications.
Skills	**From:** *"It just buzzes and I grab it."* **To:** They can demonstrate how to set up "Sleep Focus" or "Downtime" modes on their phone to auto-block apps at 10 PM.

Interactive

@Kerjacerdias:
Growth Beyond Mindset

QnA
Is there any questions?

irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya   LYNK irvandiassanjaya   Kerjacerdias

Step 3
Program Design

Goals of Step 3

Develop matrices of change objectives that specify what needs to change in behavior and the environment to improve health and quality of life.

Task of Step 3:
1. Generating Program Themes, Components, Scope, and Sequence
2. Choosing Theory- and Evidence-Based Change Methods to Address Program Objectives
3. Moving From Methods to Applications

Intervention Logic Model (Output of Step 3)
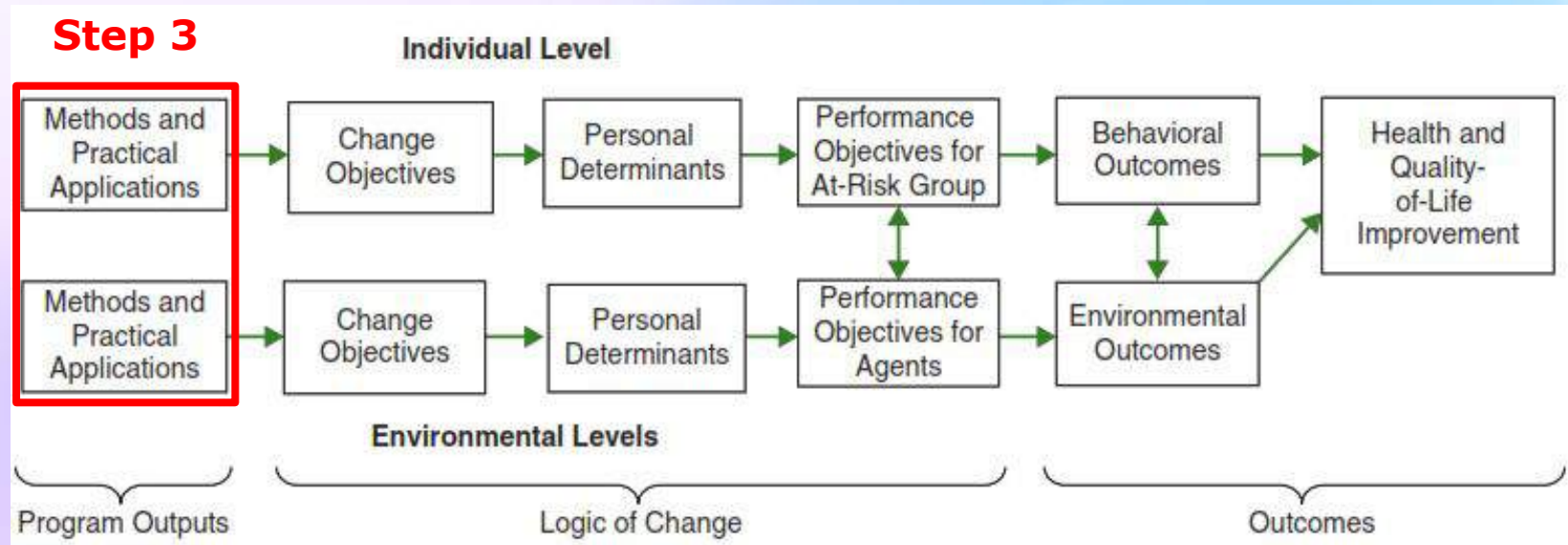
Program Themes, Components, Scope, and Sequence

Program Themes

A program theme is a general organizing construct or idea for a program. A program often has a theme as well as several recurring visual and linguistic sub themes or ideas that "brand" the program while delivering a key change objective-related message. *Example: Green color tools, physical activity, etc.*

Program Components

The components might be combinations of change methods, practical applications, and delivery mechanisms aimed at various objectives.
For example: neighborhood volunteers deliver one-to-one and mass media messages delivered in public service announcements (PSAs) and billboards.

Program Scope

The scope is the breadth and amount of a program (what is included in the program and what is not). The scope reflects the choice of change objectives.

Program Sequence

The sequence is the order in which programs are delivered across time.

Program Themes, Components, Scope, and Sequence

Table 6.1 Scope and Sequence of the T.L.L. Temple Foundation Stroke Project

Weeks 1–2	Weeks 2–8	Weeks 8–16	Weeks 16–32	Weeks 32+
Professional Module 1: Change planning meetings with hospital EDs	**Professional Module 2:** Orientation meetings with hospital medical staff	**Professional Module 3:** Training meetings (mock stroke code at a worksite) for ED and EMS teams	**Professional Module 4:** Review training meetings for ED and EMS teams	**Professional Module 5:** Reinforcement for protocol use via newsletters
Change planning meetings with local EMS	Guideline and protocol development with med staff and critical care committees	**Community Module 1:** One-to-One train the trainer + Brochure	**Community Module 1:** One-to-One Train the Trainer + Brochure	**Community Module 1:** One-to-One Train the Trainer + Brochure
	Guideline and protocol development meetings with EMS directors and medical directors	**Community Module 2:** Placement of billboards and PSAs		**Community Module 2A:** Change out billboards and PSAs to use real stories
		Community Module 3A: Newspaper stories and news releases introducing the program and objectives; coverage of the mock stroke code	**Community Module 3B:** Newspaper stories regarding stroke symptoms, new treatments, and steps to take	**Community Module 3C:** Newspaper stories about stroke treatment successes

Basic Methods at the Individual Level

Method	Definition	Examples
Participation	Assuring high level engagement of the participants' group in problem solving, decision making, and change activities; with highest level being control by the participants' group.	A health promoter includes representatives of students in the project group that is developing a new sex education program for schools.
Belief selection	Using messages designed to strengthen positive beliefs, weaken negative beliefs, and introduce new beliefs.	In a program for HIV prevention for Hispanic men, the men's belief that condoms were unclean needed to be changed; the importance of family values needed to be reinforced; and the belief that condoms could prevent HIV infection needed to be introduced.
Persuasive communication	Guiding individuals and environmental agents toward the adoption of an idea, attitude, or action by using arguments or other means	Viewing a television broadcast on the health consequences to children from environmental tobacco smoke and the benefits of protecting children from smoke may influence a mother to declare her home smoke free.
Active learning	Encouraging learning from goal-driven and activity-based experience.	Getting individuals to search for answers to questions they pose as a result of some stimulus leads to better information processing and learning than passive learning and to increased change in determinants and behavior.

And many more… Check page 376-378 in the book

Methods to Increase Knowledge

Method	Definition	Examples
Chunking	Using stimulus patterns that maybe made up of parts but that one perceives as a whole.	Children in the asthma self-management program learned a rap song with the words "watch, discover, think, and act" for the stages of self-management.
Using imagery	Using artifacts that have a similar appearance to some subject.	A patient educator helps a learner memorize a long self-care process by attaching the steps in the procedure to landmarks on a familiar daily route.
Discussion	Encouraging consideration of a topic in open informal debate	A classroom teacher has students discuss what they learned in a video about defusing a bullying situation.
Elaboration	Stimulating the learner to add meaning to the information that is processed.	A classroom teacher has students discuss the safe sex message: *"When you want to get pregnant, use a condom"*; stimulating adolescents to discover that Chlamydia can cause infertility: *"If you want to get pregnant later, use a condom now."*

And many more… Check page 381-383 in the book

And many more types of program method

Method	Pages
Methods to Change Habitual, Automatic, and Impulsive Behaviors	383 - 384
Methods to Change Attitudes, Beliefs, and Outcome Expectations	385 - 386
Methods to Change Social Influence	387
Methods to Change Skills, Capability, and Self-Efficacy and to Overcome Barriers	388 - 389

And many more... Check Chapter 6 in the book

Example of the Program Design

Table 6.22 Sample of Methods and Applications for Parents From It's Your Game . . . . Keep It Real

Environmental Outcome	Determinants and Change Objectives	Method	Application
Communicate with child about dating and sexual health topics	Knowledge that parents can influence child's dating and sexual behavior	Information	Credible expert provides data on parental influence on teen behavior
		Modeling	Role model story of parent who talked with child and had positive outcomes
	Skills & self-efficacy to listen calmly and nonjudgmentally	Skills training	Ten tips for talking with your teen
	Perceived barriers to discussing dating and sexual health topics with child	Modeling	Role model story of parent who talked with child and had positive outcomes
		Skills training	Ten tips for talking with your teen
		Planning coping responses	Credible expert provides advice that some embarrassment is normal
	Perceived susceptibility of child's risk of experiencing dating violence, pregnancy, HIV, or STIs	Information	Statistics on teen dating violence, teen births, and HIV/STIs

Table 6.22 (Continued)

Environmental Outcome	Determinants and Change Objectives	Method	Application
Monitor child's time, friendships, and dating activities	Knowledge of child's friends and activities	Active learning	Quiz on child's friends (check answers with child)
		Chunking	Mnemonic device - Four Ws (where, what, who, when)
	Skills and self-efficacy to monitor child's friends and activities	Guided practice	Step-by-step tips on "Staying Involved in Your Teen's Life" and "Knowing Your Child's Friends and Their Parents"
	Perceived barriers to monitoring child's friends and activities	Scenario-based risk information	Credible expert responds to situation in which child does not follow rules
		Planning coping responses	Tips on how to cope when parent has trouble discussing monitoring effectively with child
	Outcome expectations for monitoring child's friends and activities	Anticipated regret	Role model story showing potential dangers of not monitoring child's friends and activities

Full Example of Program Design

The Goal: "The Well-Rested Student"
The Target Behavior: Instead of scrolling until 2:00 AM, the student will place their phone across the room (or in the kitchen) by 10:00 PM every school night.

The Problem (Determinant)	The Psychological Tool (Method)	The Real-Life Activity (Strategy)
1. Lack of Skill	**Guided Practice** (Do it together)	**"The Settings Workshop"** In homeroom, the teacher asks everyone to take out their phones. They walk through Settings > Screen Time > Downtime together, step-by-step, ensuring everyone activates it right then.
2. Attitude / FOMO	**Modeling** (Copying a role model)	**"The Influencer Interview"** Show a video interview with the school's star quarterback or head cheerleader. They explain that they never text after 10 PM because they need sleep to perform well. (If the "cool kids" do it, it becomes cool).
3. Knowledge	**Active Learning / Visualization** (Seeing is believing)	**" The Brain Battery Demo"** Students use a simple app or website that simulates how blue light stops melatonin production. They see a graph of their "Brain Battery" draining faster when exposed to blue light.
4. Self-Efficacy	**Goal Setting (Graded Tasks)** (Baby steps)	**"The 15-Minute Challenge"** We don't ask for 8 hours yet. We ask them to put the phone away 15 minutes before bed for just 3 days to earn a small reward (like a homework pass).

Full Example of Program Activity

Study Case dari salah satu Telco Company di Southeast Asia:

Problem Statement: The organization's current culture, that is shaped by legacy mindsets, siloed collaboration, and limited innovation; no longer supports the agility, sustainability, and leadership accountability required in today's competitive telco landscape.

A structured Culture Change Management initiative is essential to realign behaviors, embed learning, and foster a resilient, future-ready workforce.

- **Cultural Anchors:** Define 3–5 cultural pillars (e.g., "Empowered Leadership", "Curious Learning", "Collaborative Growth", "Bold Innovation") and embed them into performance reviews, onboarding, and internal comms.
- **Change Agents:** Appoint cross-level culture champions to drive bottom-up momentum and feedback loops.
- **Measurement Tools:** Use quarterly pulse surveys, culture dashboards, and behavioral scorecards to track progress.
- **Localization:** Ensure all interventions are bilingual and culturally sensitive to diverse workforce norms.

Interactive

@Kerjacerdias:
Growth Beyond Mindset

QnA
Is there any questions?

Deck Presentation | 2025

irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya   LYNK irvandiassanjaya   Kerjacerdias

Step 6

Program Evaluation

Goals of Step 6

Develop matrices of change objectives that specify what needs to change in behavior and the environment to improve health and quality of life.

Task of Step 6:
1. Writing Evaluation Questions
2. Selecting and Developing Measures
3. Planning an Evaluation Design for Effect Evaluation
4. Emerging Designs and Analyses for Process and Effect Evaluation
5. Completing the Evaluation Plan

Intervention Logic Model (Output of Step 6)
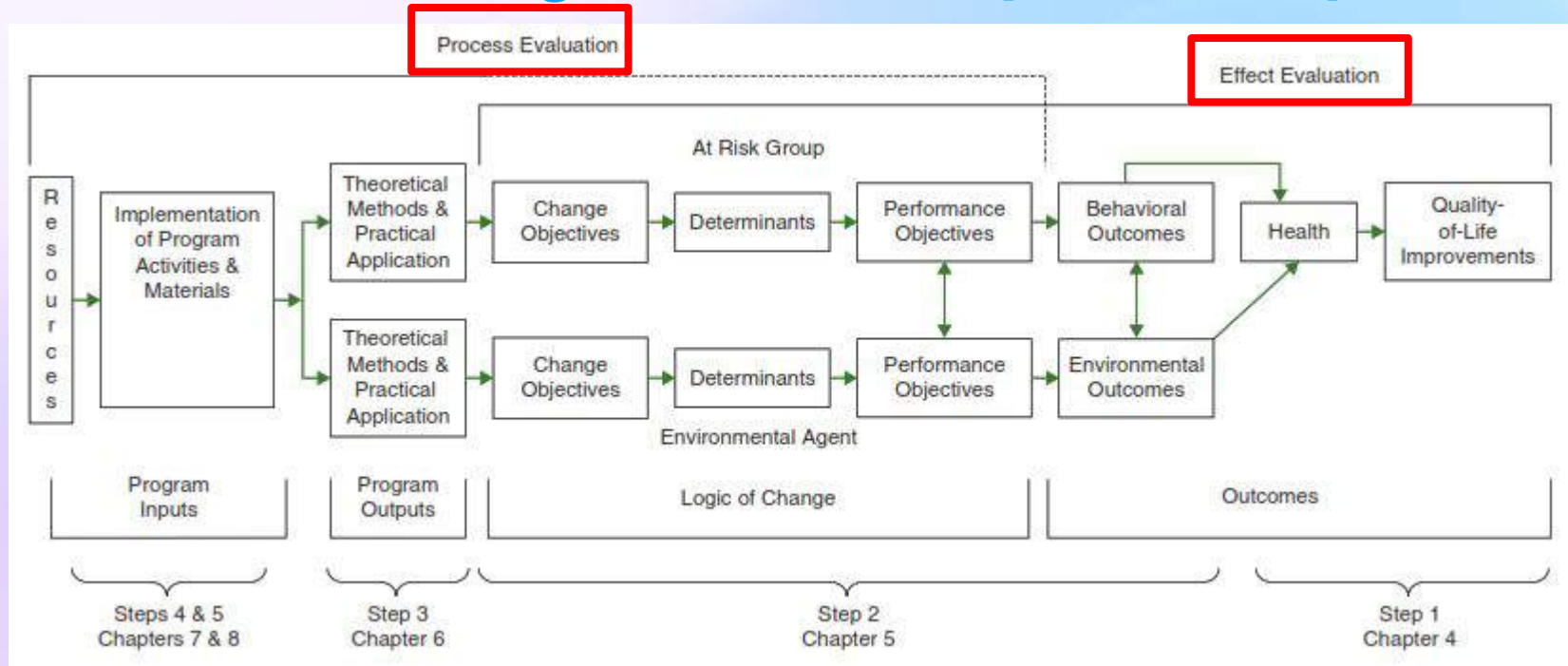
Process Evaluation & Effect Evaluation

Table 9.2 Evaluation of a School HIV Prevention Program

Intervention Mapping Step	Question Focus	Process Evaluation Variable	Effect Evaluation Variable
Step 1 Needs Assessment	*Quality of Life	NA	Quality of life related to worry about AIDS / Quality of life related to AIDS
Step 1 Needs Assessment	*Health	NA	HIV infections / AIDS cases / Mortality
Step 1 Needs Assessment	Behavior	NA	Condom use
Step 1 Needs Assessment	Environment	NA	Condom availability
Step 2 Matrices	Components of behavior	Correctness of objective specification	Condom use performance objectives
Step 2 Matrices of Change Objectives	Components of environmental change	Correctness of objective specification	Environmental agent objectives
Step 2, Matrices of Change Objectives	Determinants	That chosen determinants are the correct ones / That all important behavioral domains are covered	Knowledge / Skills / Self-Efficacy

Steps 3 and 4, Methods and Strategies	Choice of methods / Use of methods according to parameters / Acceptability of program and materials	Evidence that methods can effect expected change (e.g., modeling is effective in stimulating steps of condom use; skill training results in students able to make sour lesangurents against taking risk; students can demonstrate refusal and condom use) / That strategies convey methods appropriately (e.g., students attend to and remember modeled material) / That materials and program are culturally relevant; students and teachers find the program salient / That materials and program are acceptable to intended users and implementers (e.g., students and teachers like the program)	NA
Step 5 Program Adoption, Implementation, and Sustainability	Interaction of intended intervention group with intervention	Program is delivered to intended recipients / Program is adopted / Program is implemented with fidelity and completeness; teachers do all lessons as designed; students read magazine and do homework; / Program is sustained, e.g., routinized, institutionalized	NA

Process Evaluation Components (1)

Context	Aspects of the larger social environment that may affect implementation
Reach	The proportion of the intended audience to whom the program is actually delivered
Dose Delivered	The amount of intended units of each program component that is delivered
Dose Received	The extent to which participants engage with the program
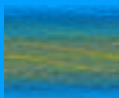
Process Evaluation Components (2)

Fidelity	The extent to which the intervention was delivered as intended
Implementation	The extent to which the program was implemented and received
Recruitment	A description of the approach used to attract program participants

Process Evaluation Questions

Process Evaluation Questions for a Program to Increase Colorectal Cancer Screening (CRCS) Among U.S. Veterans
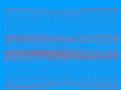
Components	Questions	Indicator	Method
Context	What changes have been made in screening guidelines, if any?	• VA eligibility for and access to CRCS and follow-up • VA capacity to integrate new programs	• Tracking CRCS guidelines and access policies • Interviews with patients
Reach	• Are any subgroups being missed? • Are unintended groups taking part?	• % intended participants who used the program • % users not part of the intended group	Project records during the delivery period
Dose Delivered	How much of the program is being delivered?	Tailored phone number and length of completed calls and booster sessions	Project records, including phone counselor checklists and reports generated by the telephone counseling system
Dose Received	What is the average dose received by program participants?	Percentage of intended group calling to request educational materials	• Toll-free phone records • Participant recall and reaction to intervention

Process Evaluation Example

Variable	Evaluation Question	Indicator	Measure	Timing
		Process Evaluation		
Reach	How many 7th and 8th grade students received IYG?	Students receiving IYG	Class roster	7th & 8th grade
Dose	How many IYG lessons did each student receive?	Students attending IYG lessons	Class roster	7th & 8th grade
Fidelity	How many facilitators attended IYG training?	Persons counted in trainings	Sign-in sheet	7th & 8th grade
	Did classroom facilitators implement IYG lessons as written?	Number of activities completed as written	Implementation log Classroom observation	7th & 8th grade

Effect Questions From Program Logic Models

Effect Evaluation

Describes the differences in outcomes with and without the program. Possible outcomes of interest include *quality of life, health indicators, behaviors, environmental conditions, and program objectives (determinants, performance objectives, and change objectives)*.

irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya   LYNK irvandiassanjaya   Kerjacerdias

Planning an Evaluation Design for Effect Evaluation

Table 9.8 Partial Evaluation Plan for It's Your Game . . . Keep It Real (IYG)

Variable	Evaluation Question	Indicator	Measure	Timing
Effect Evaluation: Sample Student Behaviors				
Delayed sexual initiation	Did the intervention decrease the number of students who initiated sexual activity by the 9th grade?	Initiation of vaginal, oral, or anal sex by the 9th grade (among students who reported no sexual activity at baseline)	Student survey item	Baseline 9th grade follow-up
Decreased frequency of sex in the past 3 months	Did the intervention decrease the number of times that students had sex in the past 3 months?	Frequency of engaging in vaginal, oral, and anal sex in the past 3 months	Student survey item	Baseline 9th grade follow-up
Decreased frequency of sex without a condom in the past 3 months	Did the intervention decrease the number of times that students had sex without a condom in the past 3 months?	Frequency of engaging in vaginal, oral, and anal sex without a condom in the past 3 months	Student survey item	Baseline 9th grade follow-up
Decreased number of lifetime sexual partners	Did the intervention decrease the lifetime number of partners with whom the student had vaginal, oral, or anal sex?	Number of partners with whom the student had ever had vaginal, oral, or anal sex	Student survey item	Baseline 9th grade follow-up
Decreased physical dating violence victimization	Did the intervention decrease the number of students who reported physical dating violence victimization in the past year?	Experience of physical dating violence victimization (e.g., hitting, kicking, or pushing) by a boyfriend or girlfriend in the past year	Student survey item	Baseline 9th grade follow-up

Effect Evaluation: Sample Determinants				
Knowledge about HIV/STI transmission	Did the intervention increase the students' knowledge about HIV/STI transmission?	Knowledge about how HIV/STIs are / are not transmitted	HIV/STI knowledge scale on student survey	Baseline 8th & 9th grade follow-ups
Self-efficacy to refuse sex	Did the intervention increase the students' self-efficacy to refuse sex?	Self-efficacy to refuse sex in different scenarios	Self-efficacy scale on student survey	Baseline 8th & 9th grade follow-ups
Normative beliefs about condom use	Did the intervention increase the students' belief that their friends endorse condom use?	Perceived friends' beliefs about condom use	Normative beliefs scale on student survey	Baseline 8th & 9th grade follow-ups

Interactive

@Kerjacerdias:
Growth Beyond Mindset

QnA
Is there any questions?

Deck Presentation | 2025

irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya   LYNK irvandiassanjaya   Kerjacerdias

"Change occurs when one becomes what he is, not when he tries to become what he is not."

~Arnold Beisser~

irvandiassanjaya ✉ irvandiassanjaya@gmail.com / kerjacerdias@gmail.com in Irvandias Sanjaya LYNK irvandiassanjaya ♪ Kerjacerdias

KERJA KERAS
NO

KERJA CER-DIAS
YES

Deck Presentation | 2025

CONFIDENTIAL FOR LIMITED PARTIES Please do not distribute this presentation or any component of this presentation to any 3rd party without written consent.

irvandiassanjaya irvandiassanjaya@gmail.com / kerjacerdias@gmail.com Irvandias Sanjaya LYNK irvandiassanjaya Kerjacerdias

CONTACT INFO

 irvandiassanjaya

 irvandiassanjaya@gmail.com / kerjacerdias@gmail.com

 Irvandias Sanjaya

LYNK irvandiassanjaya

 Kerjacerdias

Deck Presentation | 2025

 irvandiassanjaya   irvandiassanjaya@gmail.com / kerjacerdias@gmail.com   Irvandias Sanjaya LYNK irvandiassanjaya   Kerjacerdias