The success of any Aggression Replacement Training® project lies within the level of adherence to fidelity protocols. Fidelity protocols were initially developed by Arnold P. Goldstein (1994) and then further developed by Amendola & Oliver (2002, 2019). The fidelity tools have two purposes:

1. For the facilitator, to assure that they have completed all of the fidelity tasks within any of the component sessions. One tool should be completed jointly by both facilitators to evaluate whether or not they completed the task and to complete the self-evaluation portion of the tool. The facilitator should assure that all sections of the tool are fully filled out which is important information for the observer.

2. Master and agency trainers utilize the tools for supervision and ongoing fidelity management. The tools must be submitted to the assigned observer prior to any coaching call or session to allow the observer to fully review the tool.

The observer is evaluating adherence to fidelity protocols and quality of the session to include engagement, pacing and content knowledge.

**Scoring**

When the observer is conducting direct observation, they can score each fidelity task up to 3.0. Due to the nature of each fidelity step, there are multiple tasks that need to be completed to fully meet the adherence protocol. The observer can score a particular step based on the quality of delivery. For example, if a facilitator does not go in the correct order of feedback but conducts all the parts, an observer might award 2.5 points for that step.
SKILLSTREAMING FIDELITY FORM (Observation Scoring)

INSTRUCTIONS = Pages 1 & 2 filled out by Trainer/Co-Trainer following group
(20% of sessions to be observed by a trained facilitator who should complete the scoring matrix when filling out for fidelity)

Facility____________________ Observer_________________ Title ____________

Date ___________ Trainer ___________________ Title __________

Time Session Began ________ Co-Trainer______________ Title __________

Time Session Ended ________ Number of Youth Attending _______

<table>
<thead>
<tr>
<th>Scoring Matrix: (3) Exceeds Standard · (2) Meets Standard · (1) Improvement Needed · (0) Did Not Do</th>
</tr>
</thead>
</table>

Skillstreaming Skill: ________________________________ Score

1. Reviewed homework? Yes ____No _____
   Comments:

2. Were group norms reviewed? Yes______No _____
   Comments:

3. What visual aids were used? _____ poster of the skill of the week
   _____ skill cards for groups
   _____ other visual aid flip chart

4. Was the skill introduced, rationale question asked, steps read and explained? _____
   Yes ____ No _____
   Comments:

5. Was the skill modeled by Trainer/Co-trainer? Yes _____ No _____
   Comments:

6. Were all the steps for performing the skill identified during modeling? _____
   Yes ____No _____
   Comments:

7. Were the modeling demonstrations relevant to the youth? (i.e., adolescent situations) Yes _____ No _____
   Comments:

8. Was there clear delineation of actual talk versus self-talk and was there movement involved? Yes ______ No ______
   Comments:

9. Did the Trainer establish each young person’s need for the skill? Were the detailed questions “with whom, when and where” asked?
   Yes _____ No _____
   Comments:
10. Did each youth role-play the skill of the session as the Main Actor? ____
   Yes ____ No ____
   Comments:

Score

11. Did each youth provide performance feedback to role-play of the other youth? ____
    Yes ____ No ____
    Comments:

12. Was order of performance feedback given to role-playing youth appropriate? ____
    Co-actor, Trainees, Trainers, Main Actor (preferred order) Yes ___ No ___
    Comments:

13. Were homework assignments given to each youth? Was the question “Can you perform this skill this week?” asked? ____
    Yes ______ No _____
    Comments:

14. Was behavior management (inappropriate youth behavior) an issue during the session? ____
    Yes ____ No ____ If there were behavior management issues, how were they handled?
    Comments:

Rating Scale:
39 - 42 Exceeds Expected Standard
34 - 38 Meets Expected Standard
< 34 Improvement Needed

TOTAL SCORE out of 42 = ______

Items for Post group debriefing between Observer and Group Trainer and Co-trainer:

15. Trainer’s self-evaluation of sessions and ideas for improvement:
   Comments:

16. Co-trainer’s self-evaluation of session and ideas for improvement:
   Comments:

17. Observer’s feedback and recommendations:
   Comments:

Is remediation needed? ____
Yes ____ No ____
If yes, complete Professional Development Plan. Attach Plan to this scoring sheet.

Facilitator Signature ___________________________ Date __________________
Observer’s Signature ___________________________ Date __________________
Professional Development Plan

Observation Date___________________    Facility________________________

Facilitator_________________________    Observer________________________

1. Description of problem areas: (Content Knowledge Delivery, Adherence to Fidelity Protocols, Engagement, Behavior Management):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Detailed description of how remediation will occur, by whom, and how oversight will be provided (i.e. how often coaching will occur, co-facilitation with coach, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Dates of follow-up observations and de-briefing of observations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Facilitator’s Signature _____________________________    Date____________

Observer’s Signature_______________________________    Date____________
ANGER CONTROL FIDELITY FORM (Observation Scoring)

INSTRUCTIONS = Pages 1 & 2 filled out by Trainer/Co-Trainer following group
(20% of sessions to be observed by a trained facilitator
who should complete the scoring matrix when filling out for fidelity)

Facility____________________  Observer_________________  Title __________  
Date __________  Trainer_________________  Title __________  
Time Session Began ________  Co- Trainer_________________  Title __________  
Time Session Ended ________  Number of Youth Attending ________

| Scoring Matrix: (3) Exceeds Standard · (2) Meets Standard · (1) Improvement Needed · (0) Did Not Do |
|---|---|---|---|
| Anger Control Week: _____________________________ | Score |
| 1. Reviewed homework? Yes ____No _____ | _____ |
| Comments: | |
| 2. Were group norms reviewed? Yes _____ No _____ | _____ |
| Comments: | |
| 3. What visual aids were used? _____ poster of the skill of the week | _____ |
| _____ skill cards for groups | |
| _____ other visual aid | |
| 4. Was the sequence step introduced and briefly explained? Yes _____ No _____ Comments: | |
| 5. Was sequence modeled by Trainer/Co-trainer? Yes ____ No _____ | _____ |
| Comments: | |
| 6. Were all the steps for performing the sequence identified during modeling? Yes _____ No _____ Comments: | |
| 7. Were the modeling demonstrations relevant to the youth (i.e., adolescent situations)? Yes _____ No _____ Comments: | |
| 8. Was there clear delineation of actual talk versus self-talk and was there movement involved? Yes ____ No _____ Comments: | |
9. Did the Trainer establish each young person’s need for the skill?
   Yes____No _____ Comments:

10. Did each youth role-play the sequence of the session as the Main Actor?
    Yes _____No _____ Comments:

11. Did each youth provide performance feedback to role-play of the other youth?
    Yes _____No _____ Comments:

12. Was order of performance feedback given to role-playing youth appropriate?
    Co-actor, Trainees, Trainers, Main Actor (preferred order)  
    Yes ____ No _____ Comments:

13. Were homework assignments given to each youth?  
    Yes _____No _____ Comments:

14. Was behavior management (inappropriate youth behavior) an issue during the session?  Yes 
    ______  No _____ Comments:

If there were behavior management issues, how were they handled?
    Comments:

Rating Scale:

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;= 39</td>
<td>Exceeds Expected Standard</td>
</tr>
<tr>
<td>34-38</td>
<td>Meets Expected Standard</td>
</tr>
<tr>
<td>&lt; 34</td>
<td>Improvement Needed</td>
</tr>
</tbody>
</table>

TOTAL SCORE out of 42 = ______
Items for Post group debriefing between Observer and Group Trainer and Co-trainer:

15. Trainer’s self-evaluation of sessions and ideas for improvement:
   Comments:

16. Co-trainer’s self-evaluation of session and ideas for improvement:
   Comments:

17. Observer’s feedback and recommendations:
   Comments:

Is remediation needed? _____Yes_____No
If yes, complete Professional Development Plan. Attach Plan to this scoring sheet.

Facilitator Signature:______________________________ Date:____________________

Observer’s Signature:______________________________ Date:____________________
Professional Development Plan

Observation Date:___________________ Facility:____________________________
Facilitator:_________________________Observer:__________________________

1. Description of problem areas: (Content Knowledge Delivery, Adherence to Fidelity Protocols, Engagement, Behavior Management):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. Detailed description of how remediation will occur, by whom, and how oversight will be provided (i.e. how often coaching will occur, co-facilitation with coach, etc.):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

3. Dates of follow-up observations and de-briefing of observations:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Observer’s Signature: _________________________________ Date____________

Facilitator’s Signature: _______________________________ Date____________
Name ____________________________________________ Date ____________

Morning ________  Afternoon ________  Evening ________

**Where were you?**
- Classroom ________
- Dorm ________
- Gym ________
- Recreation room ________
- Bathroom ________
- Team Office ________
- Dining room ________
- Outside/on grounds ________
- Off grounds ________
- Halls ________
- On a job ________
- Other ________

**What happened?**
- Somebody teased me. ________
- Somebody took something of mine. ________
- Somebody told me to do something. ________
- Somebody was doing something I didn’t like. ________
- I did something wrong. ________
- Somebody started fighting with me. ________
- Other: ________

**Who was that somebody:**
- Another resident ________ Aide ________ Teacher ________
- Another adult ________ Counselor ________

**What did you do?**
- Hit back ________ Told Peer ________
- Ran away ________ Ignored it ________
- Yelled ________ Used Anger Control ________
- Cried ________ Broke Something ________
- Was restrained ________ Told aide or counselor ________
- Used Skillstreaming skill ________ Walked away calmly ________
- Talked it out ________ Other______________________________

**How did you handle yourself?**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorly</td>
<td>Not so well</td>
<td>Okay</td>
<td>Good</td>
<td>Great</td>
<td></td>
</tr>
</tbody>
</table>

**How angry were you?**
- Burning ________ angry ________ angry ________ still okay ________ at all
Hassle Log II

Name _____________________________ Date ___________________

1. Where were you? _______________________________________________________

2. What was your External Trigger? (something that happened outside of your body that might make you mad, example – name calling, pushed, etc…)
________________________________________________________________________________________
________________________________________________________________________________________

3. What was your Internal Trigger? (negative thoughts that might make you mad, example – everybody is also picking on me, etc…)  
_______________________________________________________________________________________
_______________________________________________________________________________________

4. What were your Cues? (things that happen inside your body to let you know that you are angry, example – fast heart rate, clenched fists, etc…)
_______________________________________________________________________________________
_______________________________________________________________________________________

5. How angry were you?
Not at all Somewhat Burning Mad
1 2 3 4 5 6 7 8 9 10

6. What Anger Reducer did you use?
Counting Backwards☐ Deep Breathing☐ If-Then Thinking☐ Pleasant Imagery☐

7. Which Reminder did you use? (positive thinking/instructions that helps calm you down, example – Relax, Roll with the punches, It’s their problem not mine, etc…) 
______________________________________________________________________________________
______________________________________________________________________________________

8. What were the positive and/or negative Consequences of your behavior?
_____________________________________________________________________________________
_____________________________________________________________________________________

9. Which skill from Skillstreaming group were you able to use during this situation?
_____________________________________________________________________________________

10. Self-Evaluation
Self-Rewarding: Which steps did you do well with? Check all that apply.

Identifying Triggers☐ Identifying Cues☐ Using an Anger Reducer☐
Using a Reminder☐ Coaching yourself☐ Rewarding yourself for a good job☐
Looking at the positive and negative consequences of your behavior☐
Self-Coaching: What could you improve upon?
MORAL REASONING FIDELITY FORM (Observation Scoring)

INSTRUCTIONS = Pages 1 & 2 filled out by Trainer/Co-Trainer following group
(20% of sessions to be observed by a trained facilitator
who should complete the scoring matrix when filling out for fidelity)

Facility____________________ Observer_________________ Title __________
Date __________ Trainer ____________ Title ___________
Time Session Began ________ Co- Trainer ____________ Title ___________
Time Session Ended ________ Number of Youth Attending _______

[Scoring Matrix: (3) Exceeds Standard · (2) Meets Standard · (1) Improvement Needed · (0) Did Not Do]

Problem Situation: _______________________________________________________________________

In the various phases, did I ask questions to:
Phase 1: Introduce the Problem Situation

1. Remind the group of the ground rules for discussion? Yes ____No _____

2. Was the chart filled out prior to the group session? Yes ____No_____

3. Make sure the group understood the problem situation ("Who can tell the group just what the problem is"? “Why is that a problem”? ) Yes _____No _____

4. Relate the problem situation to the group members' everyday lives (e.g., "Do problems like this happen? Who has been in a situation like this? Tell the group about it.")?  Yes _____No _____

Phase 2: Cultivate Mature Morality

5. Establish mature morality as the tone for the meeting (e.g., eliciting, listing on easel pad or chalkboard mature reasons for each positive majority decision, Ask, Don’t Tell)? Yes _____No _____

6. Utilize Ask Don’t Tell and solicit more mature members to challenge immature responses. If there are no mature responses to the question, then the facilitator needs to articulate what a mature response would be to that specific question.

Phase 3: Remediate Moral Developmental Delay

7. Use more mature group members and the list of reasons (Phase 2) to challenge the hedonistic or pragmatic arguments of some group members, utilize Benign Confrontation? Yes _____No _____
8. Create role-taking opportunities in other ways as well (e.g., “What would the world be like if everybody did that? How would you feel if you were ....?”)  Yes ____ No ____

Phase 4: Consolidate Mature Morality

9. Make positive decisions and mature reasons unanimous for the group (e.g., “Are there any strong objections if I circle that decision as the group decision and underline that reason as the group’s number one reason?”)?  Yes _____ No _____

10. Praise the group for its positive decisions and mature reasons (e.g., “I'm really pleased that the group is able to make so many good, strong decisions and back them up with good, strong reasons.”  “Would the group like to tape this sheet onto the wall?”)  Yes ____ No ____

Items for Post-group debriefing between Observer and Group Trainer and Co-trainer:

11. Trainer’s self-evaluation of sessions and ideas for improvement:
   
   Comments:

12. Co-trainer’s self-evaluation of session and ideas for improvement:
   
   Comments:

13. Observer’s feedback and recommendations:
   
   Comments:

Is remediation needed? ______ Yes_______No
If yes, complete Professional Development Plan. Attach Plan to this scoring sheet.

Facilitator Signature___________________________________  Date______________

Observer’s Signature____________________________________  Date______________
Professional Development Plan

Observation Date:___________________ Facility:_______________________
Facilitator:_________________________ Observer:______________________

2. Description of problem areas: (Content Knowledge Delivery, Adherence to Fidelity Protocols, Engagement, Behavior Management):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Detailed description of how remediation will occur, by whom, and how oversight will be provided (i.e. how often coaching will occur, co-facilitation with coach, etc.):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. Dates of follow-up observations and de-briefing of observations:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Observer’s Signature: _________________________________ Date_________________

Facilitator’s Signature: _________________________________ Date_________________
AGGRESSION REPLACEMENT TRAINING®

SKILL TRANSFER FORM

Name______________________________ Staff _______________________
Site _________________________________ Date __________________________

1. What was the skill of the week for Skillstreaming?
__________________________________________________________________

2. Were you able to role play as the main actor? Yes_______ No________

3. Did you provide feedback to all peers for all steps? Yes_____ No_______

4. Did you have an opportunity to use the skill? Yes_________ No________
   If yes, with Whom?:_________________________________________________
   When?:___________________________________________________________
   Where?:__________________________________________________________

5. What sequence from Anger Control did you work on this week? **Circle one:**
   (a) Triggers/Cues/Reducers   (b) Reminders   (c) Thinking Ahead   (d) Self-Evaluation

6. Were you able to role play as the Main Actor? Yes_______ No_______

7. Did you provide feedback to all peers for all steps? Yes_____ No_______

8. Did you experience any external triggers this week? Yes_____ No_______
   If you did, what were they?
_________________________________________________________________

   Did you use a reducer? If so, what was it?
_________________________________________________________________
   How did you handle yourself? **Circle one:** Poor 1 2 3 4 5 very well

9. What was the theme of this week’s dilemma discussion?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________