Aggression Replacement Training®

Fidelity Tools Workbook
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 ________

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

<table>
<thead>
<tr>
<th>Skillstreaming Skill: ______________________________</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reviewed homework? Yes ____ No _____</td>
<td>_____</td>
</tr>
<tr>
<td><em>Comments:</em></td>
<td></td>
</tr>
<tr>
<td>2. Were group norms reviewed? Yes ____ No _____</td>
<td>_____</td>
</tr>
<tr>
<td><em>Comments:</em></td>
<td></td>
</tr>
<tr>
<td>3. What visual aids were used? _____ poster of the skill of the week</td>
<td>_____</td>
</tr>
<tr>
<td>_____ skill cards for groups</td>
<td>_____</td>
</tr>
<tr>
<td>_____ other visual aid flip chart</td>
<td></td>
</tr>
<tr>
<td>4. Was the skill introduced, rationale question asked, steps read and explained?</td>
<td>_____</td>
</tr>
<tr>
<td>Yes ____ No _____</td>
<td></td>
</tr>
<tr>
<td><em>Comments:</em></td>
<td></td>
</tr>
<tr>
<td>5. Was the skill modeled by Trainer/Co-trainer? Yes _____ No _____</td>
<td>_____</td>
</tr>
<tr>
<td><em>Comments:</em></td>
<td></td>
</tr>
<tr>
<td>6. Were all the steps for performing the skill identified during modeling?</td>
<td>_____</td>
</tr>
<tr>
<td>Yes ____ No _____</td>
<td></td>
</tr>
<tr>
<td><em>Comments:</em></td>
<td></td>
</tr>
<tr>
<td>7. Were the modeling demonstrations relevant to the youth? (i.e., adolescent situations) Yes _____ No _____</td>
<td>_____</td>
</tr>
<tr>
<td><em>Comments:</em></td>
<td></td>
</tr>
<tr>
<td>8. Was there clear delineation of actual talk versus self-talk and was there movement involved? Yes ______ No _____</td>
<td>_____</td>
</tr>
<tr>
<td><em>Comments:</em></td>
<td></td>
</tr>
<tr>
<td>9. Did the Trainer establish each young person’s need for the skill?</td>
<td></td>
</tr>
<tr>
<td>Were the detailed questions “with whom, when and where” asked?</td>
<td></td>
</tr>
<tr>
<td>Yes _____ No _____</td>
<td></td>
</tr>
</tbody>
</table>

*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: ____________________________________________________________
   Score: _____

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

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: ____________________________________________________________
   Score: _____

<table>
<thead>
<tr>
<th>Rating Scale:</th>
<th>TOTAL SCORE out of 42 = ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 - 42</td>
<td>Exceeds Expected Standard</td>
</tr>
<tr>
<td>28 - 38</td>
<td>Meets Expected Standard</td>
</tr>
<tr>
<td>&lt; 28</td>
<td>Improvement Needed</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Facility____________________</th>
<th>Observer_________________</th>
<th>Title __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date __________</td>
<td>Trainer_________________</td>
<td>Title __________</td>
</tr>
<tr>
<td>Time Session Began _______</td>
<td>Co- Trainer______________</td>
<td>Title __________</td>
</tr>
<tr>
<td>Time Session Ended ________</td>
<td>Number of Youth Attending</td>
<td>__________</td>
</tr>
</tbody>
</table>

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) Comments:
    Yes _____ No _____

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

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:
39 -42 Exceeds Expected Standard
28-38 Meets Expected Standard
< 28 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Observer’s Signature: _________________________________ Date_____________

Facilitator’s Signature: _________________________________ Date_____________
Hassle Log I

Name ____________________________________________ Date ____________

Morning _______ Afternoon _______ Evening _______

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

1 2 3 4 5
Poorly Not so well Okay Good Great

How angry were you?

Really Moderately Mildly angry but Not angry
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?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Somewhat</th>
<th>Burning Mad</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  ____

Score

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  ____

Rating Scale:

28 - 30  Exceeds Expected Standard
20 - 27  Meets Expected Standard
< 20  Improvement Needed

TOTAL SCORE out of 30 = ______

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?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________