Measures Used in CIMH Aggression Replacement Training™ Projects

Cricket Mitchell, PhD
CIMH Evaluation Consultant
Discussion Points to Guide Workshop

• Experience with ART measures
  – Which ones?
  – For which purposes?
    • e.g., used to guide decision-making?
    • e.g., used to guide discussions with client and/or family?

• Questions about ART measures
  – Purpose? Administration? Scoring? Clinical Utility?

• Anecdotes about use of ART measures
  – Successes
  – Challenges

• Participant goals for workshop
Measures Used in Aggression Replacement Training™

• **Description, Administration, Scoring, and Clinical Utility**
  – Program Outcome Measures:
    • Youth Outcome Questionnaires© (YOQ & YOQ-SR)
    • Eyberg Child Behavior Inventory/Sutter-Eyberg Student Behavior Inventory™ (ECBI/SESBI)
  – Component-Specific Outcome Measures:
    • Skill Streaming Checklists (for Skill Streaming)
    • Aggression Questionnaire© (for Anger Control)
    • How I Think Questionnaire© (for Moral Reasoning)
  – Satisfaction Questionnaires:
    • One for each of the three group components
  – Fidelity Forms:
    • One for each of the three group components
# Aggression Replacement Training™ Program

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## Skill Streaming

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## Moral Reasoning

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<td>Moral Reasoning Satisfaction Questionnaire</td>
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Note about “when” to administer:

• The beginning and end of each component-specific group cycle may also be the beginning and end of your Aggression Replacement Training™ program
  – Particularly when all three group components are run concurrently (as opposed to sequentially)

• So, program outcome measures (i.e., YOQ-SR, ECBI) may be administered at the same time as component-specific outcome measures (i.e., SS Checklist, AQ, HIT)
Aggression Replacement Training™
Program Outcome Measure:
Youth Outcome Questionnaires©
(YOQ & YOQ-SR)
CIMH YOQ & YOQ-SR Training

- Information on the administration, scoring, and clinical utility of the YOQ & YOQ-SR was obtained from each measure’s respective Administration and Scoring Manual published by OQ Measures, LLC.
YOQ & YOQ-SR Description

• General measure of functioning
• Assesses the global mental health functioning of children and youth
  – Parent/caregiver report for children ages 4-18
  – Self-report for adolescents 12-18
• Sensitive to clinical change in short periods of time
• Available at no fee under CIMH’s statewide license to partnering agencies
• **Required** for all CSA-funded CalGRIP sites and for LA PEI sites
YOQ & YOQ-SR Description

- 64 items
- 5-point Likert scale response options*
  - Never or Almost Never
  - Rarely
  - Sometimes
  - Frequently
  - Almost Always or Always
*Response values vary by item

- Six Scale Scores
  - Intrapersonal Distress (ID)
  - Somatic (S)
  - Interpersonal Relations (IR)
  - Social Problems (SP)
  - Behavioral Dysfunction (BD)
  - Critical Items (CI)

- Total Score
Example: Items from the YOQ-SR©

• I want to be alone more than others my same age.
• I argue or speak rudely to others.
• I cooperate with rules and expectations of adults.
• I have a hard time trusting friends, family members, or other adults.
• My emotions are strong and change quickly.
YOQ & YOQ-SR Administration

• Administered **twice** to assess program outcomes:

1. **Pre-Aggression Replacement Training™**
   – Before running all three group components

2. **Post-Aggression Replacement Training™**
   – After running all three group components
### Aggression Replacement Training™ Program

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YOQ & YOQ-SR Administration

• “… during the past 7 days.”
• Ask parents and youth to fill out the questionnaires as honestly as possible
  – Informants can easily be influenced by the attitude of the person administering the scale
  – Let them know that this questionnaire will help you, as a clinician, better understand how the child is doing overall
• Ask parents and youth to complete all items
YOQ & YOQ-SR Scoring

• For each item, transfer the value corresponding to the selected response into the box at the right-hand side of the page titled, ‘For Office Use Only’
  – Each item loads onto one of the six scales (e.g., ID, SP, IR)
  – Note that some items have negative response option values

• Sum the items in each scale on Side1
  – Add the numbers in all boxes under the heading ID and enter that subtotal into the ID box at the bottom of the page
  – Repeat for each scale

• Sum the items in each scale on Side 2
• Transfer the subtotals from Side 1 to Side 2
• Sum the subtotals to determine Scale Scores
• Sum the Scale Scores to determine Total Score
  – Note that it is possible to have negative values for scores
YOQ & YOQ-SR Scoring

• **Missing Data (items that are left blank)**
  – Substitute a mean item response for the missing item
    • Determine in which scale the missing item belongs
    • Add up the other items in that scale, and determine their average
    • Substitute the average score for the missing response (round up to the nearest whole number)
  – If 5 or more items are missing, consider the questionnaire invalid
Clinical Utility of the YOQ & YOQ-SR

• **Total Score**
  – Possible scores range from -16 to 240
  – Clinical cutpoints
    • 46 or higher on the YOQ
    • 47 or higher on the YOQ-SR
  – **Lower** scores indicate more normative, non-clinical, aspects of general mental health functioning

• **Elevations on certain scales indicate areas of specific distress for the child/youth**
Clinical Utility of the YOQ & YOQ-SR

• Intrapersonal Distress (ID) Scale
  – Possible scores range from -4 to 68
  – Clinical cutpoints
    • 16 or higher on the YOQ
    • 17 or higher on the YOQ-SR
  – Assesses the amount of emotional distress in the child/youth, including anxiety, depression, fearfulness, hopelessness, and self-harm
  – High scores indicate a considerable degree of intrapersonal distress in the child/youth
Clinical Utility of the YOQ & YOQ-SR

- Somatic (S) Scale
  - Possible scores range from 0 to 32
  - Clinical cutpoints
    - 5 or higher on the YOQ
    - 6 or higher on the YOQ-SR
  - Indicates change in **somatic distress or physical complaints**
  - High scores indicate the parent/caregiver is aware of, or the youth is experiencing, a high number of somatic symptoms; while low scores indicate either absence or unawareness of them
Clinical Utility of the YOQ & YOQ-SR

• Interpersonal Relations (IR) Scale
  – Possible scores range from -6 to 34
  – Clinical cutpoints
    • 4 or higher on the YOQ
    • 3 or higher on the YOQ-SR
  – Assesses issues relevant to the child/youth’s relationship with parents, other adults, and peers
  – High scores indicate significant interpersonal difficulty; while low scores reflect a cooperative, pleasant interpersonal demeanor
Clinical Utility of the YOQ & YOQ-SR

• **Social Problems (SP) Scale**
  – Possible scores range from -2 to 68
  – Clinical cutpoints
    • 3 or higher on the YOQ & YOQ-SR
  – Assesses **problems that are socially related including aggression and delinquency**
  – A feature of these items is that they are slow to change; whereas, content tapped by many of the other scales often changes over a period of time as a result of treatment intervention
Clinical Utility of the YOQ & YOQ-SR

• Behavioral Dysfunction (BD) Scale
  – Possible scores range from -4 to 40
  – Clinical cutpoints
    • 12 or higher on the YOQ
    • 11 or higher on the YOQ-SR
  – Assesses inattention, hyperactivity, impulsivity, concentration, ability to organize tasks, and ability to handle frustration
Clinical Utility of the YOQ & YOQ-SR

• Critical Items (CI) Scale
  – Possible scores range from 0 to 36
  – Clinical cutpoints
    • 5 or higher on the YOQ
    • 6 or higher on the YOQ-SR
  – Assesses areas such as paranoia, obsessive-compulsive behaviors, hallucination, delusions, suicide, mania, and eating disorders
Clinical Utility of the YOQ & YOQ-SR

- Assesses a variety of specific areas of difficulty in youth mental health functioning
- Assists in initial clinical impressions
- Provides valuable information to guide treatment/interventions
- Comparisons of pre/post scores reveal areas of clinical improvement as well as areas of potential unmet need
## Summary of YOQ/YOQ-SR Score Ranges and Clinical Cutpoints

<table>
<thead>
<tr>
<th>YOQ/YOQ-SR Scale</th>
<th>Range of possible scores</th>
<th>Clinical Cutpoint for YOQ</th>
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Aggression Replacement Training™
Program Outcome Measure:
Eyberg Child Behavior Inventory™
(ECBI™)
and Sutter-Eyberg Student Behavior Inventory™
(SESBI-R™)
CIMH ECBI Training

• Information on the administration, scoring, and clinical utility of the ECBI & SESBI was obtained from the measures’ Professional Manual, written by Sheila Eyberg and Donna Pincus, published by Psychological Assessment Resources, Inc. (PAR)
ECBI™ and SESBI-R™ Description

- Target-specific measure of functioning
- Measures the current frequency and severity of child disruptive behavior problems
  - Parent/caregiver report for children ages 2-16
  - Teacher report for children ages 2-16
- Valid and reliable
- Sensitive to clinical change
- Available for purchase through PAR
- **Required** for LA PEI sites
ECBI™ and SESBI-R™ Description

- ECBI: 36 items
- SESBI-R: 38 items
- 7-point Likert scale response options
  - Never (1)
  - Seldom (2-3)
  - Sometimes (4)
  - Often (5-6)
  - Always (7)

- Two Scales
  - Intensity
    - Frequency with which the child exhibits the behaviors
  - Problem
    - Extent to which the parent or teacher considers the behaviors to be a problem for him/herself
Example: Items from the ECBI™

• Refuses to do chores when asked
• Argues with parents about rules
• Has temper tantrums
• Hits parents
• Lies
• Physically fights with friends own age
• Is overactive or restless
Example: Items from the SESBI-R™

• Teases or provokes other students
• Does not obey school rules on his/her own
• Demands teacher attention
• Acts bossy with other students
• Sasses teacher
• Physically fights with other students
• Has difficulty staying seated
ECBI/SESBI Administration

- Administered **twice** to assess program outcomes:
  1. Pre-Aggression Replacement Training™
     - Before running all three group components
  2. Post-Aggression Replacement Training™
     - After running all three group components
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Aggression Replacement Training™ Program

When
What
Who
Before Program (all group components) Youth Outcome Questionnaire-Self Report and/or Eyberg Child Behavior Inventory Sutter-Eyberg Student Behavior Inventory Youth, Parent/Caregiver, and/or Teacher/Staff
After Program (all group components) Skill Streaming Checklist youth
Anger Control Aggression Questionnaire youth
Moral Reasoning How I Think Questionnaire youth
ECBI™ and SESBI-R™ Administration

- Approximately 5 minutes to complete
- Parents and/or teachers complete independently
  - Written at a 6th grade reading level
  - Can be read aloud if necessary/desired
- There are no “right” or “wrong” answers; encourage honest responses
  - Informants can easily be influenced by the attitude of the person administering the scale
  - Let them know that this questionnaire will help you, as a clinician, better understand how the child is doing overall
- Ask parents (and teachers) to complete all items
ECBI™ and SESBI-R™ Scoring

• Calculate the Intensity scale Page 1 subtotal by summing the marked scores and recording this sum in the space provided
• Tally the number of Problem responses for which a “Yes” rating was provided, and record this total in the Page 1 subtotal for the Problem scale
• Transfer Page 1 subtotals to appropriate row on Page 2
• Calculate Page 2 subtotals in the same manner as Page 1
• Each scale total raw score is obtained by summing Page 1 and Page 2 subtotals
ECBI™ and SESBI-R™ Scoring: Missing Data

- If more than four items missing from Intensity scale, it is invalid and cannot be scored
  - With three or fewer items missing, circle 1 (Never) and calculate raw score

- If more than four items missing from Problem scale, it is invalid and cannot be scored
  - With three or fewer items missing, circle the “No” response and calculate raw score
ECBI™ and SESBI-R™ Scoring

- ECBI Raw Scores (36 items):
  - Intensity Scale Raw Scores Range from 36-252
  - Problem Scale Raw Scores Range from 0-36

- SESBI-R Raw Scores (38 items):
  - Intensity Scale Raw Scores Range from 38-266
  - Problem Scale Raw Scores Range from 0-38
ECBI™ and SESBI-R™ Scoring

- Convert Raw scores to T scores
  - T scores are standardized scores with a mean of 50 and a standard deviation of 10
  - Intensity scale T score conversions are in Appendix C (ECBI) and Appendix E (SESBI-R)
    - Pg 53 and pg 57 of the ECBI/SESBI-R Professional Manual
  - Problem scale T score conversions are in Appendix D (ECBI) and Appendix F (SEBI-R)
    - Pg 55 and pg 59 of the ECBI/SESBI-R Professional Manual
Clinical Utility of the ECBI™ and SESBI-R™

- Higher scores indicate a greater level, or greater frequency, of conduct-disordered behavior (Intensity) and a greater impact on the parent or teacher (Problem)
Clinical Utility of the ECBI™ and SESBI-R™

- T scores ≥ 60 are clinically significant
  - ECBI Intensity Raw Score ≥ 131
  - ECBI Problem Raw Score ≥ 15
  
  - SESBI-R Intensity Raw Score ≥ 151
  - SESBI-R Problem Raw Score ≥ 19

- T scores < 60 are within the normal range
Clinical Utility of the ECBI™

• Parenting education workshops and parent training interventions can be helpful even to those who do not score in the clinical range
  – Behavior problems of “normal” children are often annoying to parents and others
  – ECBI is sensitive to change even when initial administration is not in clinical range
Clinical Utility of the ECBI™

• Discrepancies between scores on the ECBI Intensity and Problem scales can occur; however, it happens relatively infrequently…
Clinical Utility of the ECBI™

When the Intensity score is low and the Problem score is high, interpret cautiously

- Parent could have a low tolerance for normal misbehaviors of child
- Parent may have unrealistically high expectations for child conduct and an authoritarian parenting style
- Parent may have limited understanding of child behavior and the kinds of behavior problems that are developmentally appropriate
- Parent may be attempting to cope with chaotic and difficult circumstances and be overwhelmed by the stressors of child rearing
Clinical Utility of the ECBI™

• …When the Intensity score is high and the Problem score is low
  – Parent may have a high tolerance for misbehavior
  – Parent may hold well-intentioned beliefs about permissive parenting that are mismatched to the temperament of his/her child
  – Parent may be detached from the child either because of the child’s problems or because of characteristics in the parent’s own personality
Clinical Utility of the SESBI-R™

• The SESBI-R is a newer measure with much less empirical study than the ECBI
  – While cutoff scores are provided to estimate the severity of child behavior problems at school, there is a wide variability both within and between geographic locations
  – Use caution in interpretation, and consider prevailing local customs and norms as needed
Clinical Utility of the ECBI™ and SESBI-R™

• Comparisons of pre/post scores reveal specific areas of treatment-related improvement in child disruptive behavior
  – e.g.,
  • Does the frequency of disruptive child behavior decrease substantially?
  • Does the extent to which disruptive child behaviors are problematic to parents and/or teachers improve?
Aggression Replacement Training™ Component-Specific Outcome Measure for Skill Streaming: Skill Streaming Checklists
Skill Streaming Checklist

Description

• Measures the extent to which a youth exhibits pro-social skills (a strength-based measure)
• Elementary and Adolescent versions available
  – Youth self-report
  – Parent/caregiver report
  – Teacher/staff report
• Provided at no additional fee to all CIMH-sponsored Aggression Replacement Training™ sites
• **Required** for all CSA-funded CalGRIP sites
Skill Streaming Checklist

Description

• 50 items (adolescent)
• 60 items (elementary)
• 5-point Likert scale response options
  – Almost never (1)
  – Seldom (2)
  – Sometimes (3)
  – Often (4)
  – Almost always (5)

• Total Score
  – Note: A subset of items can be administered, corresponding to the specific set of pro-social skills youth are being taught. This is referred to as a “targeted assessment”.

CiMH
Helping You Make the Difference
Example: Items from the Skill Streaming Checklist (adolescent)

• Does the youngster pay attention to someone who is talking and make an effort to understand what is being said?
  – Skill: Listening

• Does the youngster request assistance when he/she is having difficulty?
  – Skill: Asking for Help

• Does the youngster let others know which emotions he/she is feeling?
  – Skill:Expressing Your Feelings
Skill Streaming Checklist
Administration

• “Targeted Assessment”
  – Pre- and Post- test only those skills that have been taught in your ART curriculum
  – i.e., 10 skills are taught – those same 10 skills are selected for pre- and post- outcome assessment
  • When all 50 skills are assessed, the gains youth make in 10 skills tend to be washed out by the 40 skills that youth have not had an opportunity to learn and practice
Skill Streaming Checklist
Administration

• Administered *twice* to assess outcomes specifically related to participation in Skill Streaming groups:

1. Pre-Skill Streaming
   – Before running Skill Streaming groups

2. Post-Skill Streaming
   – After running Skill Streaming groups
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Skill Streaming Checklist Scoring

• Each item on the checklist has five response options with values ranging from 1 – 5

• To obtain the Total Score, sum the values of the responses circled by the respondent
  – If all 50 skills have been assessed,
    Total Scores will range from 50 – 250
  – If 10 skills have been assessed,
    Total scores will range from 10 – 50
Clinical Utility of the Skill Streaming Checklist

• Assesses youth’s use of pro-social skills
  – Higher scores indicate better use of pro-social skills
  – Lower scores indicate poorer use of pro-social skills

• Informs which pro-social skills youth have the greatest need for intervention
  – Can be used to determine which subset of skills are selected for curriculum

• Comparisons of pre/post scores demonstrate outcomes related to participation in Skill Streaming groups
Aggression Replacement Training™
Component-Specific Outcome Measure for Anger Control:
Aggression Questionnaire©
Aggression Questionnaire® (AQ)

Description

• Measures youth tendencies to respond to situations in an aggressive manner
  – Youth self-report ages 9-18

• Copyrighted and published by Western Psychological Services (WPS)

• Strongly recommended for assessing the impact of participation in Anger Control groups
AQ© Description

• 34 items
• 5-point Likert scale response options
  – Not at all like me (1)
  – A little like me (2)
  – Somewhat like me (3)
  – Very much like me (4)
  – Completely like me (5)

• Five Scale Scores
  – Physical Aggression (PHY)
  – Verbal Aggression (VER)
  – Anger (ANG)
  – Hostility (HOS)
  – Indirect Aggression (IND)

• Total Score
Example: Items from the AQ©

- My friends say that I argue a lot.
- I may hit someone if he or she provokes me.
- I have threatened people I know.
- I wonder what people want when they are nice to me.
- I have become so mad I have broken things.
Aggression Questionnaire® Administration

• Administered **twice** to assess outcomes specifically related to participation in Anger Control groups:

1. Pre-Anger Control
   – Before running Anger Control groups

2. Post-Anger Control
   – After running Anger Control groups
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### Moral Reasoning Satisfaction Questionnaire

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Aggression Questionnaire® Scoring

• Tear off the perforated edge to open packet
  – The youth’s circled responses will show on the inside
• For each item, transfer the value corresponding to the circled response into the box at the right-hand side of the page titled
  – Each item loads onto one of the five scales (e.g., PHY, VER, ANG)
• Sum all responses in each scale to determine Scale Scores
• Sum the Scale Scores to determine Total Score
Clinical Utility of the Aggression Questionnaire©

• Assesses a variety of specific aspects of youth self-reported aggression
  – e.g., physical, verbal, indirect

• Informs which aspects of aggression youth have the greatest need for intervention

• Comparisons of pre/post scores demonstrate outcomes related to participation in Anger Control groups
Aggression Replacement Training™ Component-Specific Outcome Measure for Moral Reasoning: How I Think Questionnaire©
How I Think Questionnaire© (HIT) Description

• Measures youth tendencies to engage in self-serving cognitive distortions, or thinking errors
  – Youth self-report for ages 12-19
• Copyrighted and published by Research Press
• Strongly recommended for assessing the impact of participation in Moral Reasoning groups
HIT© Description

• 54 items
• 6-point Likert scale response options
  – Disagree strongly (1)
  – Disagree (2)
  – Disagree slightly (3)
  – Agree slightly (4)
  – Agree (5)
  – Agree strongly (6)

• Eight Scale Scores
  – Self-Centered (SC)
  – Blaming Others (BO)
  – Minimizing/Mislabeling (MM)
  – Assuming the Worst (AW)
  – Opposition-Defiance (OD)
  – Physical Aggression (PA)
  – Lying (L)
  – Stealing (S)

• Total Score
Example: Items from the HIT®

• People should try to work on their problems.
• If I see something I like, I take it.
• When I get mad, I don’t care who gets hurt.
• Everybody lies, it’s no big deal.
• You should get what you need, even if it means someone has to get hurt.
How I Think Questionnaire©
Administration

• Administered **twice** to assess outcomes specifically related to participation in Moral Reasoning groups:

1. Pre-Moral Reasoning
   – Before running Moral Reasoning groups

2. Post-Moral Reasoning
   – After running Moral Reasoning groups
### Aggression Replacement Training™ Program

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How I Think Questionnaire© Scoring

• Use the HIT Questionnaire Computational Form
  – Only one is provided with each HIT manual, this form will need to be copied to score each HIT

• For each item, transfer the value corresponding to the circled response into box under the appropriate scale (item # in parentheses)
  – Each item loads onto one of the nine scales

• Determine each scale’s Mean score
  – Sum all responses and divide by the number of items in that scale

• Determine the Mean Summary Scores (e.g. Overt Scale, Covert Scale, Overall HIT Score)
Clinical Utility of the How I Think Questionnaire©

• Assesses a variety of specific aspects of self-serving youth thinking errors that are likely to contribute to aggression and delinquent behavior
  – e.g., blaming others, assuming the worst, minimizing and mislabeling

• Informs which aspects of thinking errors and associated delinquent behavior youth have the greatest need for intervention

• Comparisons of pre/post scores demonstrate outcomes related to participation in Moral Reasoning groups
Aggression Replacement Training™
Satisfaction Measures
Satisfaction Questionnaires

- Youth self-report satisfaction questionnaires
  - Project-developed
  - Component-specific (one for each of the three types of ART® groups)
  - Six questions each
    - 5-point Likert Scale (Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree)
- Available through CIMH
Example: Skillstreaming Youth Satisfaction Questionnaire

- I enjoyed being in the Skill Streaming groups.
- I learned new skills in these groups.
- I think the group leaders were helpful.
- The other kids/teens in my group were helpful.
- I would be in a group like this again, if I had the chance.
- I would tell a friend to be in a group like this, if he or she had the chance.
Satisfaction Questionnaires Administration

• Administered once to assess youth satisfaction with participation in each of the three group components of Aggression Replacement Training™:

1. Post-group participation
   – After running each group cycle
## Aggression Replacement Training™ Program

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Aggression Replacement Training™
Fidelity Forms
Fidelity Forms

• Facilitator-completed measure of the activities conducted within each group
  – Developed by the ETA Master Trainers
  – Component-specific (one for each of the three types of ART® groups)
  – 5-point Likert Scale (Never, Seldom, Sometimes, Always, Often)

• Completed fidelity forms are faxed to Master Trainer prior to consultation calls
  – Serve as the basis for consultation and for developing the model-adherence of each facilitator within each group component

• Required for all Aggression Replacement Training™ programs
Example: Skillstreaming Fidelity Form

• Were any issues from last Skill Streaming group reviewed?
• Was the skill introduced, steps read and briefly explained?
• Was skill modeled by Trainer/Co-trainer?
• Were all the steps for performing the skill identified during modeling?
• Did each youth role-play the skill of the session as the Main Actor?
Fidelity Form Completion

• Completed by facilitator (and co-facilitator) after every group
  – In any given week, there will likely be many fidelity forms completed

• Completed fidelity forms are faxed (or emailed) to Master Trainer prior to consultation calls
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### Skill Streaming Checklist

- **When**
  - Before component-specific group cycle: Skill Streaming Checklist
  - After each group/class: Fidelity Form for Skill Streaming
- **Who**
  - youth
  - staff/teacher

### Anger Control

- **Before component-specific group cycle**: Aggression Questionnaire
- **After each group/class**: Fidelity Form for Anger Control
  - Facilitator
  - youth

### Moral Reasoning

- **Before component-specific group cycle**: How I Think Questionnaire
- **After each group/class**: Fidelity Form for Moral Reasoning
  - Facilitator
  - youth
Contact Information

• Cricket Mitchell, PhD
  • Email: cmitchell@cimh.org
  • Cell phone: 858-220-6355