

Mothers and Babies Group Fidelity Rating Form

Session 1

Date of Today's Session: ____/____/____	Agency: _____
Group Facilitator: _____	Group Cohort: _____

Rating Method: Live Observation () Self-Report () Videotape () Audiotape () Transcript ()

Name of Rater (if used): _____ (Tape ID#: _____)

Directions: Please indicate the extent to which the group facilitator covered each topic during the session.

Adherence Checklist: Session 1- Introduction to the Mothers and Babies Program

- Topic 1- Welcome to the Sessions and Introductions
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 2- Purpose and Overview of the Program
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 3- Group Guidelines
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 4: "My Parents, My Teachers" Video
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 5: Stressors and the Mother-Baby Relationship
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 6: How This Program Can Help Me
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 7- Managing My Personal Reality
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 8: Quick Mood Scale Introduction and Personal Project
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 9- Feedback and Preview
__ Completely Covered __ Partially Covered __ Not Covered At All

List Any Challenges/Successes When Discussing the Topics in Today's Session: _____

Mothers and Babies Group Fidelity Rating Form

Session 2

Date of Today's Session: ____/____/____	Agency: _____
Group Facilitator: _____	Group Cohort: _____

Rating Method: Live Observation () Self-Report () Videotape () Audiotape () Transcript ()

Name of Rater (if used): _____ (Tape ID#: _____)

Directions: Please indicate the extent to which the group facilitator covered each topic during the session.

Adherence Checklist: Session 2- Pleasant Activities Help Make a Healthy Reality for My Baby and Me

- Topic 1- Agenda and General Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 2- Personal Project Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 3- Violet and Mary's Days
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 4: How Does What We do Affect How We Feel?
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 5: What Do You Like to Do?
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 6: What to Babies Like to do?
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 7- How do Babies Learn?
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 8: Overcoming Obstacles
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 9- Personal Project
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 10- Feedback and Preview
__ Completely Covered __ Partially Covered __ Not Covered At All

List Any Challenges/Successes When Discussing the Topics in Today's Session: _____

Mothers and Babies Group Fidelity Rating Form

Session 3

Date of Today's Session: ____/____/____	Agency: _____
Group Facilitator: _____	Group Cohort: _____

Rating Method: Live Observation () Self-Report () Videotape () Audiotape () Transcript ()

Name of Rater (if used): _____ (Tape ID#: _____)

Directions: Please indicate the extent to which the group facilitator covered each topic during the session.

Adherence Checklist: Session 3- Thoughts and My Mood

- Topic 1- Agenda and General Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 2- Personal Project Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 3- Violet and Mary's Days
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 4: "What are Thoughts?"
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 5: The Path that Leads to a Healthy Mood
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 6: Helpful Thoughts and Harmful Thought's
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 7- Types of Harmful Thought Patterns and "Talking Back"
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 8: Personal Project
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 9- Feedback and Preview
__ Completely Covered __ Partially Covered __ Not Covered At All

List Any Challenges/Successes When Discussing the Topics in Today's Session: _____

Mothers and Babies Group Fidelity Rating Form

Session 4

Date of Today's Session: ____/____/____	Agency: _____
Group Facilitator: _____	Group Cohort: _____

Rating Method: Live Observation () Self-Report () Videotape () Audiotape () Transcript ()

Name of Rater (if used): _____ (Tape ID#: _____)

Directions: Please indicate the extent to which the group facilitator covered each topic during the session.

Adherence Checklist: Session 4- Fighting Harmful Thoughts and Increasing Helpful Thoughts

- Topic 1- Agenda and General Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 2- Personal Project Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 3- Thoughts about Becoming a Mother
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 4: Helpful and Harmful Thoughts Related to Being a Mother
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 5: Ways to Change Harmful Thoughts that Affect My Baby and Me
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 6: Thinking about My Future
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 7- Thinking about My Baby's Future
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 8: Personal Project
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 9- Feedback and Preview
__ Completely Covered __ Partially Covered __ Not Covered At All

List Any Challenges/Successes When Discussing the Topics in Today's Session: _____

Mothers and Babies Group Fidelity Rating Form

Session 5

Date of Today's Session: ____/____/____	Agency: _____
Group Facilitator: _____	Group Cohort: _____

Rating Method: Live Observation () Self-Report () Videotape () Audiotape () Transcript ()

Name of Rater (if used): _____ (Tape ID#: _____)

Directions: Please indicate the extent to which the group facilitator covered each topic during the session.

Adherence Checklist: Session 5- Contact with Others

- Topic 1- Agenda and General Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 2- Personal Project Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 3- Violet and Mary's Days
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 4: The Relationship Between Mood and Contact with Others
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 5: Breaking the Cycle Between Negative Mood and Contact with Others
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 6: People in My Life and the Ways They Support Me and My Baby
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 7- Personal Project
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 8: Feedback and Preview
__ Completely Covered __ Partially Covered __ Not Covered At All

List Any Challenges/Successes When Discussing the Topics in Today's Session: _____

Mothers and Babies Group Fidelity Rating Form

Session 6

Date of Today's Session: ____/____/____	Agency: _____
Group Facilitator: _____	Group Cohort: _____

Rating Method: Live Observation () Self-Report () Videotape () Audiotape () Transcript ()

Name of Rater (if used): _____ (Tape ID#: _____)

Directions: Please indicate the extent to which the group facilitator covered each topic during the session.

Adherence Checklist: Session 6- Interpersonal Relationships and My Mood & Graduation

- Topic 1- Agenda and General Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 2- Personal Project Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 3- Communication Styles and My Mood
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 4: Getting My Needs Met
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 5: Roles Changes and Transitions and Our Mood
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 6: Program Review
__ Completely Covered __ Partially Covered __ Not Covered At All

- Topic 7- Graduation
__ Completely Covered __ Partially Covered __ Not Covered At All

List Any Challenges/Successes When Discussing the Topics in Today's Session: _____

