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**

<table>
<thead>
<tr>
<th>Date of Today's Session: <strong><strong>/</strong></strong>/__________</th>
<th>Agency: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Facilitator: __________________________</td>
<td>Group Cohort: ______________________</td>
</tr>
</tbody>
</table>

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.

- 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.

- **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: __________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________