Key Findings:
- No lasting treatment benefits (i.e., decreased problem behaviors like anxiety or aggression or improved age-appropriate behavior) were found in the total sample; however plausible explanations for this finding were provided.
- In families reporting a higher number of stressful life events, children in the intervention group had fewer problems (as rated by their mother) at age 5 than children in the control group.

Implications for Programs:
- Programs focused on early intervention for mothers with postpartum depression may help prevent behavior problems and increase adaptive functioning (age-appropriate development) in their children.
- Programs that serve at-risk mothers can incorporate a depression intervention in the curriculum, to help improve the outcomes for children of depressed mothers.

Implications for Policies:
- Policies should focus on preventative intervention among populations where research establishes a likely positive outcome. Preventative interventions should focus on mothers with postpartum depression who also experience multiple stressors.
- Research support should be implemented for RCTs to examine developmental pathways and mediating effects of interventions that lead to decreased stressors and increased maternal sensitivity.

Avenues for Future Research:
- These findings need to be replicated to eliminate the possible confounding factors in this study. For instance, it is difficult to determine whether the intervention effects were due to the intervention, because of differential attrition. Mothers in the control group who dropped out had less favorable characteristics than those who remained. In future research there should be a focus on recruitment and retention for this high risk population.
- Future research should examine whether a similar intervention would impact the functioning of children whose mothers are experiencing depression symptoms in general, as opposed to postpartum depression in particular.

This study used a randomized controlled trial to examine the long-term effects of an early preventive intervention for mothers with postpartum depression and their infants, with regard to the quality of maternal interactive behavior, child attachment security, self-esteem, ego-resiliency, verbal intelligence, prosocial behavior, school adjustment, and behavior problems at age 5.
### Background Information

#### Methodology:
- This quantitative, longitudinal random controlled trial intervention study used analysis of variance and chi-square comparisons on outcome variables (i.e., maternal sensitivity, child attachment security, self-esteem, ego-resiliency, verbal intelligence, prosocial behavior, school adjustment, and behavior problems) in children of mothers with post-partum depression.
- This article focused on civilian child-mother pairs.

#### Participants:
- 58 Dutch, mother-child dyads (29 pairs in both the experimental and control groups) and 57 teachers participated. Children’s average age was 5.5 months at first testing and 5 years at final testing. Mother’s average age at final testing was 35.7 years.
- 100% of mothers in both groups had a clinical diagnosis of depression at initial testing.

#### Limitations:
- Differential attrition in the experimental and control groups may have influenced findings.
- Only Dutch clinically depressed mothers and their children, along with the children’s’ teachers at age 5, participated.

### Assessing Research that Works

#### Research Design and Sample

<table>
<thead>
<tr>
<th>Quality Rating:</th>
<th>Excellent (⭐⭐⭐)</th>
<th>Appropriate (⭐⭐)</th>
<th>Limited (⭐)</th>
<th>Questionable (⭐)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### Research Methods

<table>
<thead>
<tr>
<th>Quality Rating:</th>
<th>Excellent (⭐⭐⭐)</th>
<th>Appropriate (⭐⭐)</th>
<th>Limited (⭐)</th>
<th>Questionable (⭐)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The research methods (e.g., measurement, analysis) used to answer the research question were...</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### Limitations

<table>
<thead>
<tr>
<th>Quality Rating:</th>
<th>Excellent Minor Limitations (⭐⭐⭐⭐)</th>
<th>Appropriate Few Limitations (⭐⭐⭐)</th>
<th>Limited Several Limitations (⭐⭐⭐)</th>
<th>Questionable Many/Severe Limitations (⭐⭐⭐⭐)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The limitations of this study are...</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### Implications

<table>
<thead>
<tr>
<th>Quality Rating:</th>
<th>Excellent (⭐⭐⭐⭐)</th>
<th>Appropriate (⭐⭐⭐)</th>
<th>Limited (⭐⭐)</th>
<th>Questionable (⭐⭐⭐⭐)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The implications of this research to programs, policies and the field, stated by the authors, are...</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ Not applicable because authors do not discuss implications

#### Overall Quality Rating

⭐⭐⭐⭐⭐