

The Borderline Feature of Negative Relationships and the Intergenerational Transmission of Child Maltreatment Between Mothers and Adolescents

Stephanie Kors, Jenny Macfie, Rebecca Mahan, and Gretchen Kurdziel-Adams
The University of Tennessee, Knoxville

The current study examined the intergenerational transmission of child maltreatment in the context of maternal self-reported borderline features (affective instability, negative relationships, identity disturbance, and self-harm/impulsivity) and a maternal borderline personality disorder (BPD) diagnosis. We sampled 41 adolescents of 14 to 18 years of age and their mothers. A total of 19 mothers had a diagnosis of BPD, and 22 mothers were comparisons without the disorder. Results revealed that a maternal diagnosis of BPD was associated with physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse, but not supervisory neglect. Maternal BPD features were associated with emotional abuse, sexual abuse, and physical neglect, but not physical abuse, emotional neglect, or supervisory neglect. Results indicated that families whose mother had BPD experienced more intergenerational transmission of child maltreatment (regardless of perpetrator) between mothers and their adolescent offspring than did offspring of normative comparisons. Further, the borderline feature of negative relationships most strongly predicted transmission to the next generation. Neglect and overall maltreatment transmitted from mother to adolescent, whereas sexual abuse and physical abuse did not. Results are discussed in terms of the cascading impact of maltreatment across generations, particularly in families of mothers with BPD.


Keywords: child maltreatment, borderline personality disorder, borderline features, adolescents, intergenerational transmission

Child maltreatment is one risk factor associated with the etiology of borderline personality disorder (BPD; Ball & Links, 2009; Widom, Czaja, & Paris, 2009). The prevalence of maltreatment histories reported by individuals with BPD is far above that reported by individuals without BPD (Carlson, Egeland, & Sroufe, 2009). Not only are those with BPD more likely to report maltreatment as children than normative controls, but their adolescent offspring are also more likely to report maltreatment (Kurdziel, Kors, & Macfie, 2018), suggesting that maternal BPD may play a role in the potential for transmission of maltreatment from parent to child. Indeed, self-reported features of the disorder (affective instability, negative relationships, identity disturbance, and impulsivity/self-harm) in adults are associated with a risk of perpetrating substantiated child abuse (Perepletchikova, Ansell, & Axelrod, 2012). Lacking from the literature on the intersection of

BPD and maltreatment, however, is the *intergenerational transmission* of child maltreatment in families whose mother has BPD, which is significant, given the strikingly high rates of maltreatment in both generations. There is only one study to date investigating the role of maternal borderline personality in the intergenerational transmission of maltreatment, which found continuity of maltreatment was partially mediated by parental borderline pathology (Paul et al., 2019).

Although the majority of those who experience child maltreatment are resilient in their ability to break the cycle of maltreatment (Kaufman & Zigler, 1987), a significantly higher portion of children whose caregiver experienced maltreatment will experience it themselves as compared with children whose caregiver did not experience maltreatment (Cort, Toth, Cerulli, & Rogosch, 2011). Furthermore, individuals who experience childhood maltreatment are likely to struggle with psychological problems in adulthood (Higgins & McCabe, 2001), which can negatively impact their ability to provide a safe and supportive environment for offspring. Indeed, mothers with a history of maltreatment used harsher parenting with their offspring than did mothers without a history of maltreatment (Dubowitz et al., 2001). Moreover, a history of maltreatment also increases risk of interpersonal violence later in life, which subsequently increases the risk of offspring maltreatment (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Whitfield, Anda, Dube, & Felitti, 2003). Offspring of mothers who have a history of maltreatment may, therefore, be at a higher risk of transmission than offspring of nonmaltreated mothers due to the lasting consequences of their own experiences of maltreatment, thus perpetuating the family pattern of maltreatment.

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 Stephanie Kors, Jenny Macfie, Rebecca Mahan, and Gretchen Kurdziel-Adams, Department of Psychology, The University of Tennessee, Knoxville.

Rebecca Mahan is now at the Department of Psychiatry and Behavioral Science, SUNY Upstate Medical University. Gretchen Kurdziel-Adams is now at Division of Psychology/Department of Psychiatry, Harvard Medical School/Cambridge Health Alliance.

Correspondence concerning this article should be addressed to Stephanie Kors, Department of Psychology, The University of Tennessee, Knoxville, 312C Austin Peay Building, 1404 Circle Drive, Knoxville, TN 37916. E-mail: skors@vols.utk.edu

Moreover, some features of BPD may put offspring at a particular risk for transmission. Those with BPD are especially prone to unstable, tumultuous relationships (American Psychiatric Association, 2013), which is an identified risk factor for child maltreatment (Waldfoegel, Craigie, & Brooks-Gunn, 2010). Individuals with BPD may be more likely to raise children in less stable environments, given their increased risk of chronic interpersonal difficulties. Indeed, research on the quality and stability of romantic relationships of those with BPD has found that approximately half of romantic partners of women with the disorder meet criteria for a personality disorder themselves (Bouchard, Sabourin, Lusier, & Villeneuve, 2009).

Thus, the interaction of maternal psychopathology and maternal maltreatment history may put offspring at an elevated risk. However, little research has explored maternal BPD in relation to the risk for the intergenerational transmission of maltreatment, and no research to date has examined which features of the disorder might be related to such a relationship. This is an important gap because of the role of maltreatment in the etiology of BPD and the subsequent risk to their offspring of developing BPD themselves. Indeed, only one study to date has investigated maternal borderline personality as it relates to intergenerational transmission of maltreatment; Paul et al. (2019) found that maternal borderline personality partially mediated the continuity of maltreatment from one generation to the next. We seek to build upon the findings of Paul et al. (2019) by examining how particular features of the disorder might improve our understanding of the role BPD might play in the transmission of maltreatment.

The Current Study

The current study examined intergenerational transmission of maltreatment in a sample of mothers with and without BPD and their adolescent offspring. We hypothesized as follows:

Hypothesis 1a: Maternal borderline features (affective instability, negative relationships, self-harm/impulsivity, and identity disturbance) would be associated with maternal history of maltreatment.

Hypothesis 1b: Maternal BPD diagnosis would be associated with maternal history of maltreatment.

Hypothesis 2a: Families whose mother has BPD would experience more intergenerational transmission of maltreatment than families whose mother does not have BPD.

Hypothesis 2b: The maternal borderline feature of negative relationships will predict the intergenerational transmission of child maltreatment over and above other borderline features (i.e., affective instability, self-harm/impulsivity, identity disturbance).

Hypothesis 3a: Mother's experience of sexual abuse, physical abuse, and neglect will be associated with their offspring's experience of the sexual abuse, physical abuse, and neglect, respectively.

Hypothesis 3b: Mother's experience of overall maltreatment (any subtype) will be associated with her offspring's experience of overall maltreatment.

Method

Participants

The current study sampled 41 adolescents of 14 to 18 years of age ($M = 15.62$, $SD = 1.30$) and their mothers, who participated in a larger study examining offspring of mothers with BPD. The current sample comprises a subsample from the original sample and included 19 adolescents whose mothers had BPD and 22 adolescents whose mothers did not have BPD. This sample is slightly smaller than the original sample due to malfunctioning recording equipment, which was necessary to retrieve data for the current measures. The sample demographics were consistent with the characteristics of the surrounding area in which the data were collected. See Table 1 for demographic information.

Recruitment

Research assistants recruited adolescents and their mothers with and without BPD from the community and from mental health clinics. Clinicians at mental health clinics were contacted, briefed on the study, and asked to distribute brochures to patients who displayed symptoms of BPD. In addition, researchers directly

Table 1
Demographic Information

Variable	Whole sample $N = 41$ $M (SD)$	BPD group $n = 19$ $M (SD)$	Comparison group $n = 22$ $M (SD)$	$t(41)$
Adolescent age (years)	15.61 (1.30)	15.22 (1.13)	15.82 (1.32)	1.16
Family yearly income (\$)	26,273 (14,975)	23,578 (11,354)	28,030 (16,939)	0.89
Number of adults in home	1.84 (0.75)	1.80 (0.76)	1.87 (0.76)	0.27
Number of children in home	2.13 (1.21)	1.67 (0.742)	2.43 (1.40)	1.98
	%	%	%	χ^2
Adolescent gender (female)	47	47	48	0.51
Adolescent ethnic minority	8	4	13	0.73
Mother has GED/H.S. Diploma	80	7	89	6.87*
Mother marital status (single)	34	34	34	2.61

Note. BPD = borderline personality disorder; GED = general equivalency diploma; H.S. = high school.

* $p < .05$.

recruited participants from the community through posted flyers, which asked questions related to BPD, such as “Do you often make impulsive decisions?” Researchers recruited comparison adolescents and their mothers through brochures distributed at events in the community and through flyers posted in the community requesting mother and adolescent participation in a study on child development.

Procedure

The study was approved by the university institutional review board (IRB) and by IRBs of referral agencies that had an IRB. Mothers interested in participating in the study were screened over the phone for demographic information as well as preliminary questions regarding BPD symptoms. A research assistant then interviewed participants at either the participant’s home or a meeting place suggested by the participant. During this initial meeting, informed consent from the mother and informed assent from the adolescent, demographic information for the family, and maternal self-reported BPD symptoms were gathered. Participants then scheduled a 3-hr laboratory visit with research assistants. Compensation was provided for the participants’ time. During this visit, the mother and adolescent completed self-report questionnaires. Additionally, mothers participated in a structured clinical interview for BPD.

Measures

Demographics. Research assistants obtained demographic information through the Mt. Hope Family Center’s Interview (Mt. Hope Family Center, 1995). See Table 1.

Borderline personality disorder. A licensed psychologist administered the Structured Clinical Interview for the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, Axis II disorders (SCID-II; First, Spitzer, Gibbon, & Williams, 1997) to assess for BPD following the participants’ completion of a brief self-report screening questionnaire for the disorder, which is designed to be preliminary to the SCID-II. The SCID-II is a semistructured interview, which has demonstrated adequate interrater reliability and internal consistency (Lobbestael, Leurgans, & Arntz, 2011).

Borderline features. Mothers completed the Personality Assessment Inventory (PAI; Morey, 1991) to assess for maternal borderline features. The Borderline Features Scale of the PAI (PAI-BOR) is a 24-item inventory that measures responses on a 4-point Likert scale, ranging from *false* to *very true*. The PAI-BOR

measures borderline features through four subscales: Affective Instability, Identity Disturbance, Negative Relationships, and Self-Harm/Impulsivity, as well as total borderline features, which is an aggregate of the four subscales (Morey, 1991). The PAI-BOR has been established as an empirical means of evaluating borderline symptomology, with a cutoff score of 38 for clinical range (Trull, 1995). In the current sample, 37% had a total borderline features score in the clinical range. Total borderline features and diagnosis of BPD were significantly positively correlated in the current sample, $r = .85, p < .01$.

Childhood maltreatment. Research assistants coded transcripts of the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984) to assess for childhood experiences of abuse and neglect for both mothers and adolescents. The AAI is designed to assess the interviewees’ current stance toward attachment to his or her caregivers in childhood by asking the participant to describe in detail their relationship with each of their caregivers. The interview includes questions such as “Were your parents ever threatening to you in any way?”, “Some people have memories of threats or of some kind of behavior that was abusive—Did anything like this ever happen to you, or in your family?”, and “Did you ever feel rejected as a child?” The AAI has been used previously as a measure of maltreatment (Bailey, Moran, & Pederson, 2007; Madigan, Vaillancourt, McKibbin, & Benoit, 2012).

The Maltreatment Classification System (Barnett, Manly, & Cicchetti, 1993) categorizes child maltreatment by subtype of abuse and neglect. The presence or absence of each subtype of child maltreatment was coded for each participant. See Table 2 for percentages of maltreatment subtypes in each group in the current sample. Overall maltreatment and subtypes (sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect, supervisory neglect, and overall neglect) were coded for both mothers and adolescents as present/absent. Presence/absence of intergenerational transmission was coded for each family regardless of which subtype was reported. Two researchers each coded all the mothers’ and their adolescents’ AAIs blind to which mother was related to which adolescent. Adequate interrater reliability to correct for chance agreement between coders was obtained for each subtype of maltreatment: mother’s maltreatment (sexual abuse, $k = 1.00$; physical abuse, $k = 1.00$; emotional abuse, $k = .89$; emotional neglect, $k = .92$; physical neglect, $k = .91$; overall neglect, $k = 1.00$; and supervisory neglect, $k = .91$) and adolescents’ maltreatment (sexual abuse, $k = 1.00$; physical abuse, $k = 1.00$; emotional abuse, $k = .94$; emotional neglect, $k = .95$; physical neglect, $k = .95$; overall neglect, $k = 1.00$; and supervi-

Table 2
Point-Biserial Correlations Between Maternal Borderline Features and Her History of Maltreatment

Variables	Total BPD features	Affective instability	Identity disturbance	Negative relationships	Self-harm/Impulsivity
1. Overall maltreatment	.23	.19	.13	.28	.27
2. Physical abuse	.19	.24	.15	.29	.01
3. Sexual abuse	.58***	.54***	.60**	.60***	.39**
4. Neglect	.42***	.45***	.38*	.37*	.34*

Note. BPD = borderline personality disorder.
* $p < .05$. ** $p < .01$. *** $p < .001$.

sory neglect, $k = .96$). Researchers resolved any discrepancies together. Intergenerational transmission of maltreatment was coded when both mother and offspring reported a history of maltreatment (regardless of subtype).

Results

Preliminary analyses revealed significant group differences between mothers with and without BPD on education background ($\chi^2 = 6.87, p < .05$). However, education background was not significantly correlated with outcome variables, so it was not controlled for in analyses.

As proposed in Hypothesis 1a, we conducted Pearson's correlations to test associations between maternal diagnosis of BPD and a categorical measure of her history of maltreatment (overall maltreatment, physical abuse, sexual abuse, and neglect). Our hypothesis was supported. Analyses revealed maternal diagnosis of BPD was significantly correlated with overall maltreatment, $r = .47, p < .01$, physical abuse, $r = .35, p < .05$, sexual abuse, $r = .66, p < .01$, and overall neglect, $r = .51, p < .01$.

To test Hypothesis 1b, that maternal borderline features would be associated with a categorical measure of her history of maltreatment (overall maltreatment, physical abuse, sexual abuse, and neglect), we conducted point-biserial correlations. Total borderline features and each individual borderline feature were significantly associated with sexual abuse and neglect. The only borderline feature marginally associated with a mother's overall experience of maltreatment was negative relationships. Negative relationships were also the only borderline feature marginally significantly associated with physical abuse. See Table 2 for correlations.

To test Hypothesis 2a, that families whose mother has BPD would experience more intergenerational transmission than those without BPD, we conducted a χ^2 test with categorical variables of maternal BPD diagnosis (yes/no) and presence/absence of intergenerational transmission of maltreatment. The χ^2 tests revealed that families of mothers with BPD experienced more intergenerational transmission of maltreatment than normative comparisons, $\chi^2(1, N = 41) = 20.25, p < .01$.

To test Hypothesis 2b, we conducted a logistic regression analysis to test which borderline feature was most highly predictive of intergenerational transmission of child maltreatment. The borderline feature of negative relationships was entered into Step 1, and affective instability, self-harm/impulsivity, and identity disturbance were entered into Step 2. The categorical variable of intergenerational transmission of child maltreatment served as the dependent variable. Our hypothesis that negative relationships would predict intergenerational transmission above and beyond other borderline features was supported. The borderline feature of maternal negative relationships was a significant predictor, which made the likelihood of intergenerational transmission of child maltreatment 1.5 times more likely ($p < .05$). Additionally, the borderline feature of affective instability was marginally significant in predicting likelihood of intergenerational transmission of child maltreatment, making transmission 1.37 times more likely ($p < .10$). See Table 3.

To test Hypothesis 3a, that mother's experience of sexual abuse, physical abuse, and neglect will be associated with their offspring's experience of the sexual abuse, physical abuse, and neglect, we conducted three χ^2 tests with categorical (presence/

Table 3
Binary Logistic Regression of Borderline Features Versus Intergenerational Transmission of Child Maltreatment

Predictor	B	SE	OR	95% CI	
				LL	UL
Affective instability	.32*	.18	1.37	0.96	2.00
Identity disturbance	-.24	.20	0.80	0.53	1.17
Negative relationships	.43**	.19	1.54	1.07	2.22
Self-harm/impulsivity	-.14	.20	0.48	0.59	1.28

Note. OR = odds ratio; CI = confidence intervals; LL = lower limit; UL = upper limit. $R^2 = .45$ (Cox and Snell), $R^2 = .60$ (Nagelkerke).

* $p < .10$. ** $p < .05$.

absence) variables of maternal and offspring maltreatment subtypes (sexual abuse, physical abuse, and neglect). Our hypothesis was partially supported. The χ^2 tests revealed that offspring of mothers who reported neglect histories reported more neglect than normative comparisons, $\chi^2(1, N = 41) = 5.37, p < .05$. Offspring of mothers who reported sexual abuse histories did not report more sexual abuse than normative comparisons, $\chi^2(1, N = 41) = .22, p = .64$. Offspring of mothers who reported histories of physical abuse did not report more physical abuse than normative comparisons, $\chi^2(1, N = 41) = 1.08, p = .30$.

To test Hypothesis 3b, that a mother's experience of overall maltreatment (any subtype) will be associated with her offspring's experience of overall maltreatment, we conducted a χ^2 test. Our hypothesis was supported. Offspring of mothers who reported a history of maltreatment reported more maltreatment than normative comparisons, $\chi^2(1, N = 41) = 4.38, p < .05$.

Discussion

Although 30%–90% of those with BPD report histories of maltreatment (Ball & Links, 2009; Bornovalova, Gratz, Delany-Brumsey, Paulson, & Lejuez, 2006; Carlson et al., 2009; Golier et al., 2003; Zanarini, 2000), there has been limited research examining maternal BPD as it relates to the intergenerational transmission of child maltreatment (Paul et al., 2019). Identifying the associations between maternal BPD features and the transmission of maltreatment from one generation to the next is particularly significant, given the striking similarities between challenges faced by maltreated children and adults with BPD. Notably, children who experience abuse and neglect exhibit relational dysregulation, impulsive behavior, affective dysregulation, and distorted representations of themselves and others (Cicchetti & Valentino, 2006; Rogosch & Cicchetti, 2005; Rogosch, Cicchetti, & Aber, 1995; Shields & Cicchetti, 1997; Toth, Cicchetti, Macfie, Rogosch, & Maughan, 2000), which reflect both the core features of BPD and significant challenges for parenting.

The current study examined maternal BPD in the context of maternal history of child maltreatment and intergenerational transmission of child maltreatment in a sample of 41 adolescents of 14 to 18 years of age and their mothers. Results revealed that a maternal diagnosis of BPD was associated with physical abuse, neglect, and sexual abuse. Maternal BPD features were associated with sexual abuse and neglect but not physical abuse or overall maltreatment. Further, we found that families of mothers with

BPD experience more intergenerational transmission of child maltreatment in families whose mother have BPD. Of the four borderline features (affective instability, negative relationships, identity disturbance, and self-harm/impulsivity), negative relationships predicted intergenerational transmission of maltreatment above and beyond the other borderline features. Overall maltreatment and neglect were found to transmit through generations, whereas sexual abuse and physical abuse was not found to transmit to the next generation.

Although mothers with BPD experience dysfunction in many areas, our results suggest dysregulated interpersonal relations may be most influential to the development of parenting behaviors placing offspring at risk for maltreatment. In the current study, both negative relationships and affective instability increased likelihood of intergenerational transmission of maltreatment, with negative relationships being more highly related to transmission than affective instability. This is in contrast to findings by Zalewski et al. (2014) that poorer parenting from mothers with BPD is more highly related to affective dysregulation rather than interpersonal dysregulation; however, this study did not investigate maltreatment specifically and focused solely on behaviors from the child's mother rather than a more global depiction of a child's experience of inappropriate discipline from adults.

Moreover, the relational patterns of those with BPD, which are often characterized by rejection sensitivity (Strimpfel, 2012) and frantic efforts to avoid abandonment, create challenges for mothers with the disorder, particularly as their offspring enter adolescence, a developmental period often associated with an adolescent's increased desire for autonomy (Taradash, Connolly, Pepler, Craig, & Costa, 2001). Offspring maltreatment has been found to mediate the relationship between maternal borderline features and offspring's narrative representations of the mother-child relationship (Macfie & Kurdziel, 2019). A mother with borderline features may engage in more intrusive and psychologically controlling parenting behaviors as she navigates her adolescent offspring's desire for separation and diminished need for emotional support (Mahan, Kors, Simmons, & Macfie, 2018; Zalewski et al., 2014). If a mother has difficulty with interpersonal relationships outside of the mother-child dyad, it may be more challenging for her to support her adolescent offspring's increasing autonomy, given she may have limited socioemotional support elsewhere. Moreover, chronic maltreatment has been associated with a diminished ability to maintain positive interpersonal relationships (Jaffee & Maikovitch-Fong, 2011), which has been theorized to be a precursor to higher scores for maltreated adolescents on the Negative Relationships subscale of BPD (Hecht, Cicchetti, Rogosch, & Crick, 2014).

Several protective factors may prevent individuals who have experienced abuse or neglect from continuing such a cycle of maltreatment. These include receiving emotional support, participating in psychotherapy, and engaging in stable interpersonal relationships (Afifi & MacMillan, 2011). Given that those with BPD are more likely than those without the disorder to have unstable and stormy interpersonal relationships, they may also be less likely to receive emotional support. Lack of emotional support, along with significant life adversity, have been found to increase stress (Adamakos et al., 1986), which has been associated with negative relationships (Webster-Stratton, 1990), and the likelihood of intergenerational transmission of maltreatment (Egeland,

Jacobvitz, & Sroufe, 1988). Thus, those with BPD may be less likely to experience the very protective factors that are known to break the cycle of abuse and neglect and more likely to experience risk factors that make individuals more vulnerable to this cycle.

There are a number of strengths in the current study. Most importantly, the current study is the first to examine how maternal BPD features relate to the intergenerational transmission of child maltreatment. Although one such study examines maternal BPD as it relates to the cycle of abuse and neglect (Paul et al., 2019), no study has yet examined specific features of the disorder that might be related to transmission of maltreatment. Further, we measured various subtypes of abuse and neglect that allowed us to examine how different forms of maltreatment differentially relate to maternal borderline features and whether they uniquely transmit through generations.

There are also some limitations to consider in the current study. First, maltreatment was coded from retrospective reports from the mother and her adolescent offspring, so it is possible that some maltreatment was not accurately reported. Second, although our sample was representative of the area we recruited from, it was relatively homogeneous racially and ethnically. Future research should aim to recruit from racially and ethnically diverse areas to increase generalizability to other areas of the country. Lastly, our study did not account for severity or chronicity of maltreatment in the mother, which has been shown to increase likelihood of transmission (Pears & Capaldi, 2001). Additional studies should examine how severity or chronicity of maternal child maltreatment might interact with maternal BPD features to impact the likelihood of intergenerational transmission in this population.

As BPD is prevalent in men and women equally in community samples (Grant et al., 2008; Sansone & Wiederman, 2014), future studies should examine intergenerational transmission of maltreatment for families of fathers with BPD. Additionally, those with BPD are more likely to experience multiple subtypes of maltreatment, and they are also more likely to experience maltreatment from more than one person (Pietrek, Elbert, Weierstall, Müller, & Rockstroh, 2013). Thus, future research should also examine how perpetrator impacts the consequences of childhood maltreatment both in the context of the development of BPD and the intergenerational transmission of child maltreatment. Additional studies should also examine how developmental timing of maltreatment differentially impacts the likelihood of the maltreatment transmitting to the next generation using longitudinal data. Given that severity of maltreatment has been linked with both severity of BPD features and overall severity of interpersonal relationships (Sansone, Songer, & Miller, 2005; Silk, Lee, Hill, & Lohr, 1995), future research should also examine how chronicity and severity of maltreatment impacts the rate of transmission in the context of maternal BPD.

Conclusion

BPD can create challenges for parenting for mothers, particularly, as it relates to the potential for intergenerational transmission of child maltreatment. There are currently no empirically based treatments for mothers with BPD (Stepp, Whalen, Pilkonis, Hipwell, & Levine, 2012). Given previous findings that 90% of adolescents whose mothers have BPD experience maltreatment (Kurdziel et al., 2018), it will be important for practitioners work-

ing with mothers with BPD to target maternal relational and affective dysregulation in their efforts to reduce risk of transmission of child maltreatment to the next generation. Implementing interpersonal psychotherapy (Stuart & Robertson, 2012) and psychodynamic psychotherapy (Summers & Barber, 2009), which may focus on understanding reoccurring relational difficulties, may be particularly useful to this population.

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