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Dynamic Deconstructive Psychotherapy

Dynamic Deconstructive Psychotherapy (DDP) is a 12- to 18-month, manual-driven treatment for adults with borderline personality disorder and other complex behavior problems, such as alcohol or drug dependence, self-harm, eating disorders, and recurrent suicide attempts. DDP combines elements of translational neuroscience, object relations theory, and deconstruction philosophy in an effort to help clients heal from a negative self-image and maladaptive processing of emotionally charged experiences. Neuroscience research suggests that individuals having complex behavior problems deactivate the regions of the brain responsible for verbalizing emotional experiences, attaining a sense of self, and differentiating self from other, and instead activate the regions of the brain contributing to hyperarousal and impulsivity.

DDP helps clients connect with their experiences and develop authentic and fulfilling connections with others. During weekly, 1-hour individually adapted sessions, clients discuss recent interpersonal experiences and label their emotions, while also reflecting upon their experiences in increasingly complex and realistic ways, to start the longer-term process of self-acceptance. Therapists must learn to recognize, understand, and make use of their own intense emotional reactions elicited by clients in order to foster recovery, avoid burnout, and provide novel experiences in the client-therapist relationship that support individuation and challenge clients' basic assumptions about themselves and others.

Implementers should be licensed therapists (i.e., psychologists, clinical social workers, psychiatrists, marriage and family therapists). Training is required to implement the full model.

Descriptive Information

Areas of Interest	Mental health treatment Co-occurring disorders
Outcomes	Review Date: October 2011 1: Symptoms of borderline personality disorder 2: Depression 3: Parasuicide behaviors 4: Heavy drinking

Outcome Categories	Alcohol Mental health Suicide Trauma/injuries Treatment/recovery
Ages	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)
Genders	Male Female
Races/Ethnicities	American Indian or Alaska Native Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	Outpatient
Geographic Locations	Urban Suburban Rural and/or frontier
Implementation History	Presentations and workshops on DDP have been provided throughout the United States and internationally since 2000. Full implementation of the intervention has taken place at Upstate Medical University, State University of New York.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: Yes
Adaptations	No population- or culture-specific adaptations of the intervention were identified by the developer.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.

IOM Prevention Categories

IOM prevention categories are not applicable.

Quality of Research

Review Date: October 2011

Documents Reviewed

The documents below were reviewed for Quality of Research. The [research point of contact](#) can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

[Gregory, R. J., Chlebowski, S., Kang, D., Remen, A. L., Soderberg, M. G., Stepkovitch, J., et al. \(2008\). A controlled trial of psychodynamic psychotherapy for co-occurring borderline personality disorder and alcohol use disorder. *Psychotherapy: Theory, Research, Practice, Training*, 45\(1\), 28-41.](#)

[Gregory, R. J., DeLucia-Deranja, E., & Mogle, J. A. \(2010\). Dynamic Deconstructive Psychotherapy versus optimized community care for borderline personality disorder co-occurring with alcohol use disorders: A 30-month follow-up. *Journal of Nervous and Mental Disease*, 198\(4\), 292-298.](#)

Study 2

Gregory, R. J., Mustata, G. T., & Deranja, E. (2011). Six-month outcomes of Dynamic Deconstructive Psychotherapy vs Dialectical Behavior Therapy for borderline PD at a university clinic. Unpublished manuscript, Upstate Medical University, State University of New York.

Supplementary Materials

[Goldman, G. A., & Gregory, R. J. \(2009\). Preliminary relationships between adherence and outcome in Dynamic Deconstructive Psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 46\(4\), 480-485.](#)

[Goldman, G. A., & Gregory, R. J. \(2010\). Relationships between techniques and outcomes for borderline personality disorder. *American Journal of Psychotherapy*, 64\(4\), 359-371.](#)

[Linehan, M. M., Comtois, K. A., Brown, M. Z., Heard, H. L., & Wagner, A. \(2006\). Suicide Attempt Self-Injury Interview \(SASII\): Development, reliability, and validity of a scale to assess suicide attempts and intentional self-injury. *Psychological Assessment*, 18\(3\), 303-312.](#)

[Pfohl, B., Blum, N., St. John, D., McCormick, B., Allen, J., & Black, D. W. \(2009\). Reliability and validity of the Borderline Evaluation of Severity Over Time \(BEST\): A self-rated scale to measure severity and change in persons with borderline personality disorder. *Journal of Personality Disorders*, 23\(3\), 281-293.](#)

Outcomes

Outcome 1: Symptoms of borderline personality disorder

Description of Measures	<p>Symptoms of borderline personality disorder were measured using the Borderline Evaluation of Severity Over Time (BEST), a 15-item self-report measure with three subscales: negative thoughts and feelings, negative behaviors, and positive behaviors. The BEST is used to assess the degree of impairment or interference from each of the DSM-based diagnostic symptoms of borderline personality disorder. For example, the item "Worrying that someone important in your life is tired of you or is planning to leave you" is rated on a 5-point scale from "none/slight" to "extreme." The combined score ranges from 12 to 72, with higher scores representing greater impairment due to borderline personality disorder symptoms.</p>
Key Findings	<p>In a randomized clinical trial, adults diagnosed with borderline personality disorder and active alcohol abuse or dependence were assigned either to a group receiving DDP or to a control group receiving optimized community care (e.g., given referrals to alcohol rehabilitation centers and provided with the names of psychiatric clinics and therapists in the community). Treatment with DDP was discontinued for all patients between 12 and 18 months after initial enrollment in the trial. The BEST was administered at baseline and at 3-, 6-, 9-, 12-, and 30-month follow-up. Compared with control group participants, DDP participants had significantly lower BEST scores at 12-month follow-up (38.4 vs. 33.6; $p < .05$). Over time, from baseline through 30-month follow-up, DDP participants had a significantly greater decrease in BEST scores than control group participants ($p = .027$), a difference associated with a large effect size (Cohen's $d = 1.31$).</p> <p>In another study, patients diagnosed with borderline personality disorder were assigned to a group receiving DDP, a group receiving comprehensive Dialectical Behavior Therapy (DBT), or a control group receiving optimized community care (e.g., receiving weekly individual therapy that was unstructured and psychodynamically oriented). The BEST was administered at baseline and at 6-month follow-up. At 6-month follow-up, DDP participants had significantly lower BEST scores (33.2) than DBT participants (42.7; $p = .025$) and control group participants (40.0; $p = .02$), after controlling for differences in baseline severity and age. These group differences were associated with medium and large effect sizes (Cohen's $d = 0.74$ and 1.1, respectively).</p>
Studies Measuring Outcome	<p>Study 1, Study 2</p>
Study Designs	<p>Experimental, Quasi-experimental</p>

Quality of Research Rating	3.3 (0.0-4.0 scale)
Outcome 2: Depression	
Description of Measures	Depression was measured using the Beck Depression Inventory (BDI), a 21-item self-report instrument. Each item presents statements relating to a symptom of depression, with each statement rated on a scale from 0 to 3. Total scores range from 0 to 63, with higher scores representing more severe depression.
Key Findings	<p>In a randomized clinical trial, adults diagnosed with borderline personality disorder and active alcohol abuse or dependence were assigned either to a group receiving DDP or to a control group receiving optimized community care (e.g., given referrals to alcohol rehabilitation centers and provided with the names of psychiatric clinics and therapists in the community). Treatment with DDP was discontinued for all patients between 12 and 18 months after initial enrollment in the trial. The BDI was administered at baseline and at 3-, 6-, 9-, 12-, and 30-month follow-up. Compared with control group participants, DDP participants had significantly lower BDI scores at 12-month follow-up (25.1 vs. 21.0; $p < .05$). Over time, from baseline through 30-month follow-up, DDP participants had a significantly greater decrease in BDI scores than control group participants ($p = .007$), a difference associated with a large effect size (Cohen's $d = 1.25$).</p> <p>In another study, patients diagnosed with borderline personality disorder were assigned to a group receiving DDP, a group receiving comprehensive Dialectical Behavior Therapy (DBT), or a control group receiving optimized community care (e.g., receiving weekly individual therapy that was unstructured and psychodynamically oriented). The BDI was administered at baseline and at 6-month follow-up. At 6-month follow-up, DDP participants had significantly lower BDI scores (17.3) than DBT participants (21.7; $p = .005$) and control group participants (26.3; $p = .01$), after controlling for differences in baseline severity and age.</p>
Studies Measuring Outcome	Study 1 , Study 2
Study Designs	Experimental, Quasi-experimental

Quality of Research Rating	3.5 (0.0-4.0 scale)
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Outcome 3: Parasuicide behaviors

Description of Measures	Parasuicide behaviors were measured using the Lifetime Parasuicide Count (LPC), a structured interview that assesses the frequency of parasuicide behaviors, including overdoses, cutting, and burning. Participants indicate the behaviors they have engaged in, and for each, whether they were "intending to die," "ambivalent," or "not intending to die." The LPC contains the same items regarding frequency and intent of parasuicide behavior as the Suicide Attempt Self-Injury Interview (SASII). Assessment occurred at baseline and at 3-, 6-, 9-, 12-, and 30-month follow-up.
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Key Findings	In a randomized clinical trial, adults diagnosed with borderline personality disorder and active alcohol abuse or dependence were assigned either to a group receiving DDP or to a control group receiving optimized community care (e.g., given referrals to alcohol rehabilitation centers and provided with the names of psychiatric clinics and therapists in the community). Treatment with DDP was discontinued for all patients between 12 and 18 months after initial enrollment in the trial. Over time, from baseline through 30-month follow-up, DDP participants had a significantly greater decrease in parasuicide behaviors than control group participants ($p = .002$), a difference associated with a medium effect size (Cohen's $d = 0.52$).
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Studies Measuring Outcome	Study 1
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Study Designs	Experimental
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Quality of Research Rating	3.0 (0.0-4.0 scale)
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Outcome 4: Heavy drinking

Description of Measures	The Addiction Severity Index (ASI) was used to measure heavy drinking, defined as drinking five or more drinks on a single occasion, in the past 30 days. The ASI is a structured interview with seven domains: medical, legal, employment, drug, alcohol,
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family, and psychological functioning. Assessment occurred at baseline and at 3-, 6-, 9-, 12-, and 30-month follow-up.

Key Findings	In a randomized clinical trial, adults diagnosed with borderline personality disorder and active alcohol abuse or dependence were assigned either to a group receiving DDP or to a control group receiving optimized community care (e.g., given referrals to alcohol rehabilitation centers and provided with the names of psychiatric clinics and therapists in the community). Treatment with DDP was discontinued for all patients between 12 and 18 months after initial enrollment in the trial. At 12-month follow-up, DDP participants reported significantly fewer days of heavy drinking than control group participants ($p = .04$). There was no statistically significant difference between groups over time from baseline through 30 months.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.4 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult)	80% Female 20% Male	90% White 3.3% American Indian or Alaska Native 3.3% Black or African American 3.3% Hispanic or Latino
Study 2	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	78.6% Female 21.4% Male	89.3% White 10.7% Race/ethnicity unspecified

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Symptoms of borderline personality disorder	3.5	3.5	3.0	3.6	3.5	2.9	3.3
2: Depression	4.0	4.0	3.0	3.6	3.5	2.9	3.5
3: Parasuicide behaviors	2.5	2.5	3.0	3.6	3.5	3.1	3.0
4: Heavy drinking	4.0	4.0	3.0	3.5	3.5	2.5	3.4

Study Strengths

The BEST, BDI, and ASI are gold-standard instruments widely used with psychiatric patient populations. Both studies included a manual-driven approach as well as individualized competency assessment and weekly supervision of therapists. The sample sizes were comparable to those in other studies of similar populations, and attrition rates were good considering the population. The researchers were conservative in accounting for missing data and either carried forward most recent observations or used mean substitution, which can increase power and decrease type II error (the failure to detect a significant effect). In one study, randomization procedures resulted in two treatment groups similar in demographics and baseline measures. Both studies used an intent-to-treat analysis, with one of the studies using a modified analysis to ensure a minimum "dose" of treatment in all groups.

Study Weaknesses

The LPC, which measures parasuicide behaviors, has limited published data on reliability and validity. No evidence of intervention fidelity was provided through use of an independently tested fidelity instrument. In one study, the attrition rate in one group was almost twice that of the other groups, and there was some

baseline variance between groups in the severity of symptoms. Small sample sizes did not allow for more rigorous statistical testing of intervention efficacy in either of the studies.

Readiness for Dissemination

Review Date: October 2011

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The [implementation point of contact](#) can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Daily Connections worksheet

Gregory, R. J. (n.d.). Multimedia training module in DDP. Syracuse, NY: State University of New York Upstate Medical University, Department of Psychiatry. Accessed at <http://www.upstate.edu/psych/education/psychotherapy/ddp/flash/upstate.swf>

Gregory, R. J. (n.d.). Remediation for treatment-resistant borderline personality disorder: Manual of Dynamic Deconstructive Psychotherapy. Syracuse, NY: Author. Accessed at http://www.upstate.edu/psych/education/psychotherapy/pdf/ddp_manual.pdf

Program Web site, <http://www.upstate.edu/ddp>

State University of New York Upstate Medical University, Department of Psychiatry. (n.d.). Information form: Borderline personality disorder. Syracuse, NY: Author.

Treatment Expectations

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.3	3.0	3.3	3.2

Dissemination Strengths

The manual contains extensive information on DDP, including an overview of the treatment model, description of the target population, and recommendations for developing and implementing a DDP program. The multimedia training module includes a pre- and posttest, discussions of various techniques, and video vignettes of sessions that illustrate key components of the intervention. The manual describes the qualifications necessary for implementers and clearly lays out the milestones of proficiency in the model. Case consultation and review of videotaped sessions, available to therapists in both individual and group formats, are offered to maximize practitioner skill proficiency. Fidelity measures include a therapist clinical adherence measure with rating instructions and a rating threshold for demonstrating adherence. The materials recommend the use of several validated outcome measures.

Dissemination Weaknesses

Information on the program is available online from a university Web site that shares clinical program information about multiple therapies rather than a site dedicated to providing implementation information and support specifically for DDP. Materials do not address how the intervention should be used or adapted for different cultural groups. The online module contains a few typos and is missing some text. Materials do not specifically outline how to obtain case consultation, session videotape review, or technical assistance. No guidance is provided for using the data gathered with the suggested outcome measures.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The [implementation point of contact](#) can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
DDP manual (includes DPP Adherence Scale)	Free	Yes
Multimedia training module	Free	No
Information Form: Borderline Personality Disorder	Free	No
Treatment Expectations	Free	No
Daily Connections worksheet	Free	No

Half- or full-day, off-site introductory workshop at Upstate Medical University, State University of New York	\$60 to \$100 per participant, depending on group size; no maximum number of participants	No
Half- or full-day, on-site introductory workshop	\$2,000 for half day or \$3,000 for full day, plus travel expenses; no maximum number of participants	No
Phone case consultation and session videotape review for individual therapist or group of therapists	For an individual, \$150 per hour; for a group, \$100 per hour per person for group of two or three, with reduced per-person rate for group of four or five	Yes
On-site technical assistance and coaching	\$2,000 for half day or \$3,000 for full day, plus travel expenses	No
Phone technical assistance and coaching	\$150 per hour	No

Replications

No replications were identified by the developer.

Contact Information

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