DBT Referral Checklist – Adults		
Age.	 25+. 18+. If 18 – 25-year-old pathway is not open to referrals at the time (check with Charlotte if uncertain of status), these referrals need to be screened in accordance with adult's referral checklist. 	
Care Co- Ordinator or named clinician allocated.	 Care Co-Ordinator or named clinician allocated. If referral is accepted, and there is no Care Co-ordinator or named contact in place, inform referrer that if the person referred is accepted for DBT a Care Co-Ordinator or named clinician (refer to named clinician policy) will have to be allocated to start DBT. Assessment can proceed in the meantime. 	
Risk to self (in context of emotion dysregulation).	 Life threatening behaviours: Current and/or historical suicide attempts i.e. overdoses; ligaturing; jump to cause injury; slitting wrist (with the intent to complete suicide) and further risk if cuts are vertical along veins); intentionally not complying with prescribed medication use. Ongoing and current suicidal ideation. Deliberate self-harm of ongoing and regular frequency i.e. cutting which could include wrists; burning; scolding; ingestion or insertion of objects; headbanging; hitting self; hairpulling; scratching. NOTE: consider that people of some cultural communities and men may use other methods to regulate emotions instead of forms of self-harm specified above. Other forms may be quality of life interfering behaviours at a high level in the context of regulating emotions such as substance use i.e. alcohol and/or illegal drugs. These to be present alongside points regarding suicidal behaviours for the person to be appropriate for a DBT assessment. 	
Risk to others (in context of emotion dysregulation).	 History of violence towards others and ongoing risk to others. Frequent outbursts of anger leading to aggressive behaviours towards others and/or the environment. NOTE: consider how some people, in particular men, may present with violence towards others alongside suicidal behaviours to be appropriate for a DBT assessment. 	

Other risk behaviours (in context of emotion dysregulation).	 Substance use but not dependency i.e. high alcohol and/or illegal substance use. Eating problems but not diagnosed eating disorder. Risky sexual behaviours i.e. unprotected. 	
Impact on daily living (in context of emotion dysregulation).	 Prolonged and high levels of emotional instability resulting in an inability to cope under stress. Short spells of normal functioning, disproportionately disrupted by frequent minor-moderate crises or stresses Frequent disrupted or unstable work/home/family life including relationships. 	
Other services	 High levels of contact with other services i.e. A&E crisis team; HTT; duty. Crisis team involvement in the last 6 months. Attendance at A&E for mental health reasons in the last 6 months. Mental health admissions in the last year and/or historically. NOTE: People, in particular of some cultural backgrounds and men, may not seek/receive support from services. Therefore, they may not be frequent users of other services and their needs would still be considered appropriate for a DBT assessment. 	
Where DBT is not appropriate		

- Severe learning disability where adaptations to DBT would not meet learning needs. Consider whether any intervention in CASCADE may be more appropriate.
- Primary diagnosis of substance use.
- Current psychotic illness.
- *Eating disorder with BMI less than 18.
- Can be treated effectively in primary care or CMHT Psychological Services or other specialist (tertiary) services.

^{*}this is not an absolute exclusion criteria