

## Agenda for Treatment Team Meeting

Date:

Time:

**Medical: (nursing) if DDTT involved both nursing staff should report out or send an updated report. This is to ensure DDTT and residential teamwork in tandem with each other.**

med changes

med concerns

symptoms observed (both medical and psychiatric)

Hospitalizations Medical or Psychiatric

**Clinical (behavior specialists, therapists etc., DDTT clinical member)**

behavioral changes

behavioral concerns

noted psychological stressors.

Review any debriefs that have occurred.

Noted Antecedents/setting events.

**Residential Program: (program specialist, house supervisor and DDTT service coordinator).**

Team concerns

Operational needs

Communication