

STATE OF WISCONSIN

To Dan

Date 5/23 Time 9:15

WHILE YOU WERE OUT

Ms Susan Van Den Berg
of Sheila Support AB 116

Phone (414) 762-9503

Telephoned		Please Call	
Called to See You		Rush	
Returned Your Call		Will Call Again	

Message AB 116 (Children must consent to Alcohol or Drug treatment)
What is the status?



Party Receiving Call
Joe Smith

STATE OF WISCONSIN

To Dan

Date 4-16 Time 10:42

WHILE YOU WERE OUT

Mr. Jack Westman
of _____

Phone (727) 394-8336

Telephoned	<input checked="" type="checkbox"/>	Please Call	<input checked="" type="checkbox"/>
Called to See You		Rush	
Returned Your Call		Will Call Again	

Message Re: Assembly bill 116
bill doesn't go far enough
psychiatric hospitalization
& developmental disabilities



Party Receiving Call
DT

Rossmiller, Dan

From: Jack C. Westman, M.D. [jwestma1@tampabay.rr.com]
Sent: Monday, April 16, 2001 7:54 AM
To: dan.rossmiller@legis.state.wi.us
Subject: Fw: Assembly Bill 116

Dear Dan:

I have had the opportunity to review Assembly Bill 116 and would like to follow its progress in the Senate.

I support the provisions of Assembly Bill 116 that strengthen legitimate parental authority in making decisions regarding the in-patient treatment of adolescents for alcohol and drug abuse.

I am enclosing and attaching a file of a brief that outlines my opinions regarding the background of present statute and the reasons why modifying that legislation is necessary. It is based on forty years of experience as a child and family psychiatrist.

Assembly Bill 116 really should go further. It should include mental illnesses and developmental disabilities in the changes it makes for alcohol and drug abuse. Representative Mark Miller voted against the Bill because it did not cover those conditions.

Please let me know if I you have questions or suggestions at (727) 393-8506

Jack

Assembly Bill 116

Assembly Bill 116 strengthens legitimate parental authority and corrects existing legislation that fails to recognize adolescence as an immature stage of life.

Adolescents present a dilemma for policy makers. They are neither children nor adults, but they are still minors. At the core of this dilemma is the failure to understand that they are not free-standing individuals and that adolescence is a unique phase of human development. Adolescents are dependent upon their parents for both support and decision making.

Adolescents are not regarded as legally emancipated until they reach the age of majority as defined by their state of residence. Their ability to operate a motor vehicle, marry, enlist in the armed forces, and purchase tobacco and alcohol is limited by age-graded statutes. Ironically, however, under certain circumstances they are treated as adults in the legal system. One of those circumstances is in making decisions regarding their treatment for mental illnesses, developmental disabilities, and alcohol and drug abuse.

In the 1980s, a well-intended, but misguided, movement aimed to redress the plight of adolescents who had been neglected and abused by their parents and were hospitalized for the treatment of mental illness, developmental disabilities, and alcohol and drug abuse. The perception then was that the legal rights of adolescents were violated when they were admitted by their parents to inpatient facilities for treatment against their will. There also was the false assumption that without an adolescent's consent, treatment would be ineffective.

As a result, legislation was enacted to require the consent of persons 14 years of age and over for admission to psychiatric and alcohol and drug abuse treatment facilities. The unintended consequences have been that many adolescents have not received the treatment they need and that estrangement between adolescents and their parents has been aggravated by pitting their presumed

rights against each other. Both of these undesirable outcomes far outweigh any possibility that inpatient treatment might be harmful for adolescents.

The basic right of adolescents is the right to competent parenting, not to adult decision making privileges. For this reason, the default assumption should be that parents bear the responsibility for making major decision that affect the lives of their adolescents, not that adolescents are capable of mature decision making.

Adolescents do not possess the full capacity to make critical judgments that affect their health and well-being. Although it has attained most adult characteristics by the age of 18, the brain does not fully mature until the 20s. Adolescents also have not had enough life experience to enable them to fully understand the consequences of their actions. A typical characteristic of many adolescents is the tendency to view themselves as invulnerable, leading to inordinate risk-taking. In fact, the most mature adolescents respect their parents and do not want to make major decisions for themselves. The least mature adolescents are the ones who are the most likely to demand adult decision-making privileges.

Some parents are neglectful or abusive. But this does not mean that their offspring should be accorded adult decision making rights. It does mean that juvenile courts are needed to adjudicate the need for in-patient treatment when there is evidence of parental abuse, neglect or abandonment, but juvenile court procedures are not needed for all adolescents who are admitted to in-patient treatment programs.

Legislation should be based on the principle that parents and guardians are in the best position to make major decisions for their adolescents. It also must recognize that some parents and guardians are unable to exercise legitimate parental authority.

Adolescents are not free-standing individuals. They still are responsive to both the challenges and the advantages of family membership. In the majority of instances, adolescents with mental disorders and addictions have troubled family relationships. Those estranged, often alienated, relationships should be healed through treatment rather than accentuated by pitting the rights of parents against the rights of adolescents. Adolescents, parents, and society (burdened with the costs of child abuse and neglect) all suffer when troubled family relationships are not treated and resolved. Parents and adolescents can make life difficult for each other, but they also can be powerful sources of healing.

My only criticism of Assembly Bill 116 is that it does not go far enough in recognizing the immaturity of adolescents and the irresponsibility of some parents. It should eliminate the requirement of minor consent for assessment, treatment planning, and in-patient treatment for mental illnesses and developmental disabilities as well as for alcohol and drug abuse. It should replace honoring the "discharge within 48 hours" clauses for mental illness and developmental disability on an adolescent's request with a parent or guardian request, as it does for alcohol and drug abuse. It also should recognize that some parents are irresponsible by retaining the language that permits adolescents to request admission for in-patient treatment when their parents refuse to request admission or cannot be found.

The most helpful legislation in this area would enable parents to participate in the treatment of their minor children and adolescents. The most effective treatment of minors who require hospitalization for mental illnesses and alcohol and drug abuse includes family therapy. Most parents want to participate, but a few (those who are abusive or neglectful) need a legislative mandate or a court order

to involve them in family therapy.

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