

TREATMENT PARTICIPATION

THE LAW

Each [patient] shall... “Have the right to be fully **informed** of his or her treatment and care and to **participate in the planning** of his or her treatment and care.”

§ 51.61(1)(fm), Wis. Stats. [Emphasis added.]

“Each patient shall be **informed** of his or her treatment and care and shall be permitted and encouraged to **participate** in the **planning** of his or her **treatment and care.**”

DHS 94.09(1), Wis. Admin. Code [Emphasis added.]

DECISIONS

1. A patient wanted to **bring a friend** to her **therapy sessions**. The service provider agreed that there are times that it may be appropriate, especially if the person is a primary support person for the client. Bringing another person to a therapy session **requires a signed release** from the patient. Since the requested remedy was provided here, this issue was considered resolved. (Level III decision in Case No. 00-SGE-03 on 9/12/01.)
2. A service recipient felt her **case manager** was **too controlling** of her life. She usually **accompanied** the individual to her **doctor appointments**, but **did most of the talking**. However, the doctor had ordered the case manager to monitor the individual's psychotropic medications and to visit her weekly. Thus, it was appropriate for the case manager to accompany her and report to the doctor. The individual also had private appointments with her doctor, so her right to treatment was **not violated**. (Level III decision in Case No. 01-SGE-05 on 11/29/01.)
3. A patient wanted to **continue the individual therapy** she had received for 9 years, but the service provider **shifted** to only doing **group therapy** with her. She had been made aware months in advance of the upcoming change in services. But her **interim plan** for transitioning to group therapy was **not documented** or consented to by the patient. Thus, her **right to treatment** and her right to informed consent were **violated**. It was recommended that the service provider create a space on its treatment plans for the patient's signature and that they fully document all services received by the patient. (Level III decision in Case No. 01-SGE-09 on 3/27/02.)
4. A patient **wanted** to **choose** a **new psychiatrist** after her case was transferred from a doctor she had been seeing to another doctor. The service

provider tried to accommodate her request, but the two psychiatrists she asked for declined to accept her on their caseloads. The accommodation **attempts were reasonable**. No violation of her rights was found. (Level III decision in Case No. 01-SGE-09 on 3/27/02.)

5. Patients have the **right to involve** their **spouses** in **home-visit** treatment sessions unless their participation is contraindicated for treatment reasons. The service provider should either allow such participation or explain to the patient why it is contraindicated. The patient would have to **sign a release** of information to allow the spouse to be present during treatment sessions. (Level III decision in Case No. 01-SGE-09 on 3/27/02.)
6. A patient's **treatment plan** focused on the patient's **suicidal ideation** and safety. His doctor developed the plan based on the information he had at the time. Where the patient claimed, at a much later date, that **he lied** to the doctor, his right to prompt and adequate treatment was **not violated**. (Level IV decision in Case No. 99-SGE-05 on 3/29/02, upholding the Level III.)
7. A therapist did not present his written assessment and treatment plan to the patient prior to beginning treatment. The **treatment plan** was developed after the first session but not signed by the patient until after the third session. The plan **should have been provided** to the patient **prior to his second session**. This was a violation of the patient's rights to participate in his treatment planning and to provide informed consent for treatment. (Level IV decision in Case No. 01-SGE-07 on 3/29/02, reversing the Level III decision.)
8. A complainant claimed he was not allowed to participate in the planning of his treatment with regard to **joint marriage counseling**. It was found that these **were individual sessions for his wife** in which **he was invited** to be present. No rights violation was found since it was **not his treatment** that was involved. It was concluded that **joint marriage counseling, per se, is not mental health treatment** to which "patient rights" apply. There was no violation of his rights, even if it was joint marriage counseling. (Level IV decision in Case No. 02-SGE-07 on 3/10/04.)
9. A **methadone clinic** took away a client's **Sunday take-home privileges** after some incidents. The client had a positive breathalyzer test result for alcohol, had lost her take-home bottle, and had taken an overdose of another medication. She was informed in writing of the requirements to restore her Sunday take-home privilege, which included having no positive breathalyzers for alcohol and obtaining a letter from her psychiatrist stating that in his/her best clinical judgment that she was responsible and could handle her Sunday take home bottle. Her **right to be treated fairly was not violated** because the clinic had **significant, appropriately documented reasons** to take away her Sunday take-home dose. The Sunday take-home dose was eventually

restored in an individualized and appropriate manner. (Level III decision in Case No. 04-SGE-02 on 12/20/04)

10. An outpatient client alleged that her right to **ongoing participation** in her treatment planning was violated. The **right to participate** in the planning of treatment interventions and modalities is **continuous** and ongoing throughout the course of treatment. But it is **limited** by both the **therapist's abilities** and the **therapist's professional decision-making**. That is to say, clients do not have the right to direct their therapy, but rather to offer insight and feedback about what they believe is effective treatment for them. (Level III Grievance Decision in Case No. 05-SGE-12 on 5/16/06)
11. A client's right to be treated with dignity and respect was **violated** by the **lack of shared decision-making** and **collaborative planning** during the **evaluation and assessment phase** of her services. While the service provider does maintain the right to choose which clients they will or will not see, their assessment and evaluation of a client's treatment needs should also **recognize and respond to a client's request** for more frequent visits. They need to **clearly define the purpose of the assessment** and set **reasonable expectations** for the client. (Level III Decision in Case No. 05-SGE-003 on 6/8/06)
12. A patient complained that **an internal medicine specialist, rather than a psychiatrist, provided her prescriptions**. This was **not a rights violation**, particularly since a psychiatrist initially evaluated her and provided a diagnosis and prescription recommendations. She has a right to participate in her treatment and, **if she was unhappy with her doctor, she could have requested a second opinion**. (Level III decision in Case No. 11-SGE-01 on 6/28/11)
13. A patient's **right to participate in her treatment planning** was **not violated** when she asked to switch to another group, the provider transferred her to that group, and then she decided she wanted to attend a different group. The provider denied her request for financial coverage and/or a referral to the third group. The **provider was not obligated to recommend that particular group for her. They offered all the services that they determined would be appropriate and helpful for her, based on her individual assessments**. (Level III decision in Case No. 11-SGE-01 on 6/28/11)
14. A client's **right to participate** in her treatment planning was **not violated** when the hospital determined that her medications should not be changed. Her **doctor did consider her input** before making a decision to keep her prescription the same. She **was given a second medical opinion** regarding her medication and she retained the right to refuse the medication prescribed to her. (Level III decision in Case No. 11-SGE-02 on 06/27/11)