

RELIGIOUS WORSHIP - - RIGHT TO

THE LAW

Each patient shall... "Have the right to **religious worship within the facility** if the patient desires such an opportunity and a clergyman of the patient's religious denomination or society is available to the facility. The provisions for such worship shall be available to all patients on a nondiscriminatory basis. No individual may be coerced into engaging in any religious activities." § 51.61(1)(l), Wis. Stats. [Emphasis added]

"(1) All **inpatients** shall be allowed to exercise their right to **religious worship** as specified under s. 51.61(1)(l), Stats., and this section.

(2) The director of each treatment facility serving **inpatients** shall seek **clergy** to be available to meet the religious needs of the inpatients.

(3) The director or designee shall make reasonable provision for inpatients to attend **religious services either inside or outside the facility**, except for documented security reasons, and shall honor any reasonable request for **religious visitation** by the representative of any faith or religion.

(4) **Visiting clergy** shall have the same access to inpatients as staff clergy except that visiting clergy may be required to work with and be accompanied by staff clergy.

(5) A patient whose **disruptive behavior** interferes with other patients' right to worship shall be removed from worship services."

DHS 94.16, Wis. Admin. Code [Emphasis added.]

DECISIONS

1. The **alcohol treatment program** did **not require** the individual to **attend Alcoholics Anonymous (AA) or the steps that have religious aspects**. Thus, his **right** to freedom of religious worship was **not violated**. (Level III decision in Case No. 98-SGE-02 on 10/13/98, upheld at Level IV)
2. A client in the community complained about her **telephone conversation with a crisis worker on a suicide hotline**. She felt that the crisis worker was disrespectful and offensive, especially when it came to the topic of spiritual support since the client was not a spiritual or religious person. The conversation was not recorded, so it was difficult to establish exactly what the crisis worker said to her. But it was obvious that the client was in despair and that the **crisis worker was trying every approach she knew to try to reach out to her**. The crisis worker asked her about family, friends, religious,

spiritual or other supports she could turn to. **It is not, *per se*, inappropriate** to ask a caller on a crisis line **if they have any spiritual or religious beliefs that might help them** through a very trying time. For some, such support can be a comfort. (Level IV decision in Case No. 07-SGE-04 on 6/26/08)

3. A grievant alleged that the therapist proselytized to him after he informed the therapist that religious talk was counter therapeutic for him. Patients have the right to be treated with dignity, respect and recognition of their individuality by all employees of the provider. It was held that the therapist's action of **repeatedly broaching the subject of religion after the patient expressed that he no longer believed in god and did not find a discussion of religion helpful was a violation of the client's right to be treated with respect and dignity.** (Level III decision in 13-SGE-0009 decided on 3/20/2013)
4. A patient was receiving services at a Community Based Residential Facility under a commitment order and an involuntary medication order. The patient alleged that the provider took the patient's head scarf and did not return it. Her treatment record reflected that she wore a head scarf but never mentioned that the head scarf was a problem or that it was taken by staff. **The grievant did not meet her burden of proof that her scarf was taken away because she produced no evidence other than her own testimony.** (Level IV decision in Case No. 15-SGE-0001 on 10/17/2016)

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