a fact that may be made more acute now that the FDA has placed a black box warning on all antidepressants. This has resulted in many pediatricians and adolescent medicine specialists no longer wanting to prescribe these medications and instead referring their patients to psychiatrists.

It would seem a "no-brainer" that as a result of these developments child-trained and adult-trained adolescent psychiatrists should be drawing closer together and eliminating artificial barriers between them, but it is unclear that with some of the entrenched administrative leadership of the Academy this will happen until they no longer steer the ship.

Finally, many of us know that our past president, Sid Weissman, is running again for the Presidency of the APA. He faces a popular opponent, but he has been campaigning hard and was a vocal presence at the Assembly meeting. We were also treated to campaign visits by Nada Stotland and Pat Recupero, running for Vice President. I was impressed by both of these women, who seemed more often to be running jointly than in opposition to each other. Ballots will be mailed December 22 of this year.

***

The Right to Consent: Competency and Responsibility in Teens.

by Charles Huffine

I have been a lonely, and passionate, advocate for lowering the age of consent for teens for healthcare generally, but specifically for mental health and substance abuse treatment. My arguments have been based on evidence that teens by at least 14 have been shown to exercise as good an ability to make informed consent for medical care as do 18 and 25 year-olds. Average teens, given clear information and sufficient time to think about it, act in their own best interest as well as young adults. This is based on research conducted and reviewed by Weithorn and Campbell and cited by Forehand and Ciccone in an article to be published in the next Annals of Adolescent Psychiatry. In my response to that article, which will also be published in the same Annals, I will argue that the weight of evidence supports youth rights to determine their own care. I will also argue that youth who have committed capital crimes should be treated as less mature due in part to their incomplete brain development. I will cite brain development research, as do Forehand and Ciccone, which supports this contention. Are these two points of view in conflict? I will try to argue this issue.

A rather exceptional stand was taken in the 1970's by Washington State regarding youth rights. The legislature acted to lower the age of consent for mental health and substance abuse treatment to 13. This followed legislation assuring the right to consent to reproductive healthcare from the time of fertility, a woman's rights issue with youth rights implications. I have practiced adolescent psychiatry in a social climate influenced by this policy my entire professional life. It seems to me to have had a positive impact on the nature of treatment in our state as it has forced caregivers to focus more on treatment relationships. It certainly has positively shaped my work with youth. These Washington state laws have less to do with the right to obtain mental health or substance abuse treatment independent of parental approval (a right rarely exercised) than with the corollary of the right to consent; the right to refuse care. Youth have always been able to avoid outpatient care by not showing up. But in Washington they cannot be summarily locked up in residential treatment programs. Parents can, and do, exercise control over their adolescents. Empowered parents realize that they have significant control of their children as they control the resources of the family. They can skillfully create respect, shame, or inspire their youth to be better people, but parents can't place their youth in a hospital or residential program without the consent of their teenager.

Schools, courts, police and other state agencies do effectively address the needs of out-of-control youth. However when their needs seem to warrant being involuntarily placed in a secure facility, such needs must be judged by clear criteria as to whether they meet the state's requirements for loss of their basic right to freedom. For someone who is used to youth having rights regarding treatment, forced placement seems to be an unwarranted abrogation and the legal test for supervening basic rights in a free society has always been a stringent one. Evidence must be clear and compelling. In Washington, the law defines the compelling reasons for involuntarily admitting a teen in a manner similar to adult commitment laws. There is an additional process defined for "at-risk youth," which is also subject to a review process and which addresses behavior that is dangerous and out of control. Thus in Washington State, barring formal commitment with legal and/or administrative review, youth deemed to need a mental health services must be convinced though a process based on a respectful relationship and patient education as is the case for young adults. Short term stays in hospitals or residential programs, aimed at intervening in a crisis, are widely accepted as an essential ingredient in the spectrum of care for children and adolescents.

It is important to keep in mind that there is essentially no data supporting the efficacy of residential treatment. It is the clinical judgment of many that skills learned when in forced care, away from one's home and social network, fail to generalize when a teen is released into the community. Long term residential treatment creates a social environment where the power gradient between adults and youth is grossly distorted. An institution, therefore, cannot support adolescent development dependent on some freedom to experiment and make mistakes. Forced care may often involve an abdication of our responsibility for forging a viable treatment relationship with our adolescent patients. Relationship rich care is perceived as unrealistic given budget con-

Washington State...legislature acted to lower the age of consent for mental health and substance abuse treatment to 13.

Huffine, con't on Page 9