

**COURT OF APPEALS
DECISION
DATED AND FILED**

September 6, 2006

Cornelia G. Clark
Clerk of Court of Appeals

NOTICE

This opinion is subject to further editing. If published, the official version will appear in the bound volume of the Official Reports.

A party may file with the Supreme Court a petition to review an adverse decision by the Court of Appeals. See WIS. STAT. § 808.10 and RULE 809.62.

Appeal No. 2006AP985

Cir. Ct. No. 2000ME422

STATE OF WISCONSIN

**IN COURT OF APPEALS
DISTRICT II**

IN THE MATTER OF THE MENTAL COMMITMENT OF LAURA J.M.:

COUNTY OF WAUKESHA,

PETITIONER-RESPONDENT,

v.

LAURA J. M.,

RESPONDENT-APPELLANT.

APPEAL from an order of the circuit court for Waukesha County:
LINDA VAN DE WATER, Judge. *Affirmed.*

¶1 BROWN, J.¹ Laura J.M. appeals from the extension of her commitment under WIS. STAT. ch. 51. Laura was first committed to the care and

¹ This appeal is decided by one judge pursuant to WIS. STAT. § 752.31(2)(d) (2003-04). All references to the Wisconsin Statutes are to the 2003-04 version unless otherwise noted.

custody of Waukesha County in 2000, and the court has extended her commitment continually since then. Laura appeals the most recent extension, in October 2005. The sole issue on appeal is whether there is sufficient evidence in the record to support the circuit court's finding of a substantial likelihood that Laura would be a proper subject for commitment if treatment were withdrawn. Because we find that the testifying experts supplied such evidence, we affirm.

¶2 To involuntarily commit a person under WIS. STAT. ch. 51, a court must find by clear and convincing evidence that the person is mentally ill, dangerous, and treatable. WIS. STAT. § 51.20(1)(a)1., 2., § 51.20(13)(e). In cases where the person has been undergoing treatment because of a previous commitment, the “dangerousness” requirement may be satisfied by a showing that there is a substantial likelihood, based on the individual's treatment record, that the individual would be a proper subject for commitment if treatment were withdrawn. Sec. 51.20(am). Laura does not dispute the findings of mental illness or the appropriateness of treatment. Rather, Laura claims that the record does not contain evidence supporting a likelihood of physical harm or violent behavior if treatment is withdrawn.

¶3 Laura has been diagnosed with schizoaffective disorder. At the extension hearing, Laura's case manager testified that Laura had told her on multiple occasions that she would not take her antipsychotic medication if she were not under commitment. A psychologist who had repeatedly examined Laura, when asked if he agreed with her diagnosis of schizoaffective disorder, stated:

Yes. She has had periods of time in which she has been grossly psychotic, decompensated, where she has had times of delusions. That also has been accompanied by periods of significant depression. There have been prior attempts to harm herself going back to at least 1993, when she had stabbed herself in the stomach with a knife. I think most

recently in 2004 when she was attempting to overdose on some medication that she had gotten from another patient.

The psychologist also testified that in his opinion, if Laura ceased to take her antipsychotic medication, decompensation² would occur.

¶4 Laura concedes that the testimony supports the conclusion that she will not take her medicine consistently absent a commitment and that this may lead to decompensation. She argues only that the evidence fails to supply the logical link between this predicted decompensation and harm to herself or others.

¶5 Certainly, the evidence could be clearer on this point. The psychologist stated that Laura had, in the past, decompensated, and also that she had repeatedly attempted to harm herself; he did not make explicit that the attempts at self-harm had come as a result of decompensation, or that, in his opinion, future decompensation would lead to self-harm. Nevertheless, we conclude that the inference that the circuit court drew from the testimony was reasonable. The psychologist spoke of past instances of decompensation and of self-harm in response to one question and was describing the features of Laura's mental illness. Reading this testimony, we find that it is reasonable to conclude that the two were related and to further draw the inference that future decompensation could lead to future self-harm. This inference, in turn, supports the court's finding that Laura would be a proper subject for commitment if treatment were withdrawn; and we must therefore affirm. *State v. Friday*, 147 Wis. 2d 359, 370-71, 434 N.W.2d 85 (1989) ("It is not within the province of this

² "Decompensation" is defined as the "inability to maintain defense mechanisms in response to stress, resulting in personality disturbance or psychological imbalance." THE AMERICAN HERITAGE DICTIONARY OF THE ENGLISH LANGUAGE (4th ed. 2000).

court or any appellate court to choose not to accept an inference drawn by a factfinder when the inference drawn is a reasonable one.”).

By the Court.—Order affirmed.

This opinion will not be published. *See* WIS. STAT. RULE 809.23(1)(b)4.

