



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Rogers Behavioral Health OCD and Anxiety Adult Residential Care

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Oconomowoc, WI 53066

Treatment Providers:

Bradley C. Riemann, PhD
Mark Rossing, MD
Mitzi Kramer, MD
Eddie Tomaich, PhD
Brenda Bailey, PhD

Payment Options:

Private Insurance
Self-pay

Populations Served:

Adult

Treatment Strategy:

Cognitive Behavioral Therapy (CBT)
Exposure and Response Prevention (ERP)
Family Education
Group Therapy
Habit Reversal
Prescribe Medication
Skills Training

Areas of Specialty in OC-spectrum:

OCD
Perfectionism

Body Dysmorphic Disorder (BDD)
Hoarding Disorder
Scrupulosity
Skin Picking (Excoriation Disorder)
Tics/Tourettes
Trichotillomania (Hair Pulling Disorder)
Violent/Sexual Obsessions

Summary of our Services:

Rogers OCD and Anxiety Adult Residential Care, previously known as the OCD Center at Cedar Ridge, is located on a relaxing 22-acre wooded peninsula, nestled between two lakes and a short drive from the main Rogers Behavioral Health campus in Oconomowoc. This program provides residential care for adults with OCD, OC-spectrum and related anxiety disorders. We also provide partial hospitalization and intensive outpatient care for adults, teens, and children with OCD and anxiety at the nearby Silver Lake Outpatient Center, various Wisconsin locations, and regional locations.

Our OCD treatment approach is based on cognitive-behavioral therapy (CBT) with an emphasis on exposure and response prevention (ERP). This intensive treatment plan combines medication management and evidence-based therapies in order to help patients significantly reduce their OCD symptoms to a manageable level. Rogers' extensive history and experience treating OCD and related disorders has allowed countless individuals and their families to place their trust in our programs.

Treatment Planning Process

Upon contacting the admissions office, all patients receive a free screening assessment that is reviewed by medical staff to determine the correct level of programming to match the patient's needs. Once arriving for treatment, a patient and a psychiatrist will complete a thorough, in-depth psychiatric assessment. Before programming, the patient and his or her behavioral specialist will develop a detailed individual exposure hierarchy specific to their needs. A patient will work to achieve as many challenges in their hierarchy as possible, with a goal of completing a predetermined percentage of the hierarchy.

Core Treatment Components

Rogers uses intensive evidence-based treatment for all therapy programs. Our treatment approach is based on cognitive behavioral therapy with an emphasis on exposure and response prevention. All treatment includes individual and group therapy, as well as family education, medication management and community outings to ease a patient's transition back into the community.

Parents, Family Members, Friends, Teachers, etc. Involvement:

Since OCD is a disorder that greatly affects the functioning of the whole family, the family needs to play an active and vital role in the treatment process at Rogers. The treatment team works with the patient and his or her family to foster insight and develop effective coping strategies to use once patients return to their usual daily environment. Any necessary family

education is completed within program hours and may include other community members, such as teachers, so long as the patient consents. Rogers' treatment programs help individuals work through real-world challenges that they face in the community, such as struggles in school or family relationships.

Treatment of Co-Morbid Disorders:

The residential program for adults treats OCD, OC-spectrum disorders and anxiety disorders. Rogers has the ability to successfully treat co-occurring conditions, such as major depressive disorder (MDD), eating disorders, and other OC-spectrum or anxiety disorders. If patients do have a co-occurring condition, they are assessed to determine the level of their disorder and are then treated with an individualized therapy plan. Treating co-occurring conditions improves the likelihood that their symptoms will be decreased to a manageable level.

Individual Therapy:

Each person has an individualized treatment plan which includes regular meetings with social workers, psychiatrists, behavioral specialists and experiential therapists, depending on the patient's level of care.

Length of Stay:

Length of stay is dependent on an individual's level of need and the program they are in. On average, a patient's length of stay in the residential program is about 45-60 days.

“Census” (i.e., the maximum number of clients seen at any given time):

The residential program for adults has a maximum census of 28 individuals.