



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Rogers Behavioral Health in Minneapolis

Regional Medical Director: Stephanie Eken, MD, FAAP

Clinical Director: Tracey Lichner, PhD, LP

Director of Operations:

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Eden Prairie, MN 55344

Treatment Providers:

Tracey Lichner, PhD, LP

Stephanie Eken, MD

Julie Lesser, MD

Lauren Ehret, PhD

Payment Options:

Private Insurance

Self-Pay

Scholarships available

Populations Served:

Adults

Adolescents

Children

Treatment Strategies Offered:

Cognitive Behavioral Therapy (CBT)

Exposure and Response Prevention (ERP)

Family Education

Group Therapy

Habit Reversal

Medication Management

Skills Training

Treatment for Co-occurring Conditions

Areas of Specialty in OC-spectrum:

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

Summary of our Services:

Since 1997, Rogers Behavioral Health has provided comprehensive, specialized OCD treatment. Today, Rogers is the largest provider of OCD services and one of the most respected in the United States. Rogers Behavioral Health in Minneapolis offers intensive outpatient care and partial hospitalization care for children, teens, and adults with OCD, OC-spectrum and related anxiety disorders. Partial hospitalization care provides patients with six hours of treatment per day, five days a week, and intensive outpatient care provides treatment three hours per day, five days per week. Rogers also offers anxiety and depression recovery care for individuals on the Autism Spectrum in Tampa, Philadelphia, Skokie, and Walnut Creek.

These treatment options allow our caring and experienced staff to match the intensity of intervention to the severity of a patient's disorder, ensuring that patients obtain symptom reduction. Our Parent University sessions keep family involved in their child or teen's treatment and helps ensure a successful transition back to home life. Regular educational seminars help parents become familiar with components and terminology that children learn while at Rogers, allowing parents to become comfortable applying these principles later.

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. Supported by the Rogers treatment experience, people coping with mental health concerns from coast to coast and internationally have created a life worth living.

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 enrolled, 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 system.

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 the patient returns 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:

Both the adult and child/adolescent partial hospitalization and intensive outpatient programs treat 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 a patient does have a co-occurring condition, he or she is 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 a partial hospitalization and intensive outpatient program is about six to eight weeks.

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

Partial Hospitalization: 8 Adults and 8 children/adolescents

Intensive Outpatient: 8 Adults and 8 children/adolescents

School Facilities:

An education therapist or specialist is available for children and adolescents in the partial hospitalization program for five hours per week, one hour per day. Children and adolescents participate in a simulated school setting to address the patient's school refusal, perfections, or assigned school work. This treatment approach is also based on CBT with an emphasis on ERP.