



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Rogers Behavioral Health Eating Disorder Center

Medical Director: Brad Smith, MD
Clinical Directors: Nicholas Farrell
Clinical Manager: Jenifer Waite-Wollenburg
Contact: Jean Corrao
Phone: (262) 646-1351
Email: jcorrao@rogershospital.org
Website: <http://www.rogershospital.org>

34700 Valley Road
Oconomowoc, WI 53066

Treatment Providers:

Brad Smith, MD
Nicholas Farrell, PhD
Todd Eisenberg MD
Mary Ellen Butler, PsyD

Payment Options:

Private Insurance
Self-pay

Populations Served:

Children
Adolescents

Treatment Strategy:

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:

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 Behavioral Health's Eating Disorder Center is located at the 50-acre, wooded lakeside Oconomowoc location. Rogers was the first eating disorders treatment provider in the nation to offer exclusive eating disorders treatment for men and boys, and is one of a few programs in the country to offer a specialized residential eating disorders treatment program for adults with co-occurring anxiety disorders. The Eating Disorder Center serves individuals who are 12 years old and above, male or female, and provides comprehensive assessments as well as intensive, evidence-based treatment. The Eating Disorder Center provides residential programming for individuals with OCD, OC-spectrum and related anxiety disorders, simultaneously with their eating disorder programming. 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 to help patients significantly reduce their OCD symptoms to a manageable level. Evidence-based therapies have been proven to be the most effective for OCD as documented by numerous research studies. Behavioral specialists are trained internally at Rogers' "CBT University," an intensive training process involving didactic classroom lectures, reading lists and shadow shifts led by elite medical staff, including Bradley C. Riemann, PhD, a leading expert in CBT, ensuring that new staff members are prepared to provide the exemplary level of specialized care that Rogers' offers. 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 patient 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. The over-the-phone assessment includes administering a self-rating scale called a Y-BOCS (adult) to help assess the severity and type of symptoms for patients with OCD. This helps us to determine an appropriate level of care. 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 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 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:

This residential dual program for children, adolescents and adults can treat co-occurring conditions, such as OCD, OC-spectrum disorders and anxiety disorders. OC-spectrum disorders treated at Rogers include: trichotillomania, skin picking, body dysmorphic disorder (BDD) and other disorders. If a patient does 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 patients dually for their disorders 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 40 to 45 days.

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

The Eating Disorder Center has a maximum census of 32 individuals.

School Facilities:

An education therapist is available for children and adolescents in the program for three days per week, for one hour and 30 minutes per day. Children and adolescents participate in a simulated school setting to address the patient's school refusal, perfections, or assigned school work.