



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Rogers Memorial Health - Nashville

Regional Medical Director: Stephanie Eken, MD, FAAP
Clinical Co-Directors: Amy Mariaskin, PhD, and Bunmi Olatunji, PhD
Director of Operations: Stephanie Upchurch
Contact: Kristy Kaul
Phone Number: (844) 615-3221
E-mail: kkaul@rogersbh.org
www.rogershospital.org

Medical Plaza East - St. Thomas West Campus
4230 Harding Road, Suite 707
Nashville, TN 37205

Treatment Providers:

Stephanie Eken, MD, FAAP
Amy Mariaskin, PhD
Bunmi Olatunji, PhD

Payment Options:

Self-Pay
Private Insurance

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 addition to OCD in general):

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 Memorial Hospital has provided OCD programming since 1997. Over time, our level of services has evolved and grown into Rogers Behavioral Health, a system which provides comprehensive specialized services to communities across the country where an evident need is present. Rogers is the largest provider of OCD services and one of the most respected in the United States. Rogers Behavioral Health–Nashville offers an intensive outpatient program (IOP) and partial hospital program (PHP) for OCD, OC-spectrum and related anxiety disorders. The intensive outpatient program provides treatment three hours per day, four days per week. The partial hospital program provides treatment six hours per day, five days per week. 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 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’ 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. The over-the-phone assessment includes administering a self-rating scale called a CY-BOCS (child) or 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 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 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

Both the adult and children/adolescent partial hospital 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), 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 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 PHP and IOP programs is about five to seven weeks.

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

Both the partial hospital and intensive outpatient programs have a maximum census of eight adults and eight children/adolescents.

School Facilities

An education therapist is available for children and adolescents in the partial hospital 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.