



International  
OCD  
Foundation

## OCD and Related Disorders Clinic Profile

# Rogers Memorial Hospital – Oconomowoc

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### **Treatment Providers:**

Mark Rossing, MD  
Bradley Riemann, PhD  
Rachel Leonard, PhD  
Chad Wetterneck, PhD  
Eddie Tomaich  
David Jacobi, PhD  
Peter Lake, MD  
Andrew Butchart, DO  
Todd Eisenberg, MD

### **Payment Options:**

Private Insurance  
Self-pay

### **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—Oconomowoc, founded in 1907, rests on 50 acres of wooded lakefront property in Wisconsin's rural lake country. Just two miles away is the hospital's Silver Lake Outpatient Center, which offers an intensive outpatient program (IOP) and partial hospital program (PHP) for adults, children and adolescents with OCD, OC-spectrum and related anxiety disorders. The partial hospital program for adults provides treatment six hours per day, five days per week. The partial hospital program for children and adolescents provides treatment six and a half hours per day, five days per week. The intensive outpatient programs for adults and children and adolescents provides treatment three hours per day, four days per week. 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 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 a 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 intensive outpatient programs (IOP) and partial hospital programs (PHP) for adults, children and adolescents 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 an IOP or PHP program is about five to seven weeks.

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

For children and adolescents, the maximum census in the intensive outpatient program is eight individuals and the maximum census for the partial hospital program is four individuals. For adults, the maximum census in the OCD Center (residential programming) is 28 individuals, the maximum census in the partial hospital program is eight and the maximum census in the intensive outpatient program is also eight.

### **School Facilities**

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