



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Rogers Behavioral Health Child and Adolescent Centers

Medical Directors: Peter Lake, MD (Adolescent Center for OCD and Anxiety)
Cuong Tieu, MD (Child Center)

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Treatment Providers:

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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 Memorial Hospital's Adolescent Center for OCD and Anxiety and Child Center are located at the 50-acre, wooded lakeside Oconomowoc location. The Child Center serves eight- to 12-year-old children and provides comprehensive assessments as well as intensive, evidence-based treatment for children. The Adolescent Center for OCD and Anxiety serves 13- to 17-year-olds and uses an approach that combines intensive psychiatric care with adventure-based experiences. Both centers provide residential programming for individuals with OCD, OC-spectrum and related anxiety disorders. 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 Academy," 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. 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 the 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. The Child Center offers a program titled, "Parent University," which helps familiarize parents and caregivers about the treatment components and terminology a child will learn during treatment. This program is designed to boost caregiver confidence and allow families to apply the principles learned at Rogers in their home.

Treatment of Co-Morbid Disorders:

The residential programs for 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), eating disorders, and other OC-spectrum or anxiety 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 Adolescent Center for OCD and Anxiety is about 70 days and the average length of stay in the Child Center is about 60 days.

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

The Adolescent Center for OCD and Anxiety has a maximum census of 20 individuals and the Child Center has a maximum census of 12.

School Facilities:

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