



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Rogers Memorial Health – Tampa Bay

Regional Medical Director: Stephanie Eken, MD, FAAP

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Treatment Providers:

Eric A. Storch, PhD

Stephanie Eken, MD

Phillip Seibell, MD

Joshua Nadeau, PhD

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 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:

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–Tampa Bay offers intensive outpatient programs (IOP) and partial hospital programs (PHP) for children, teens and adults with OCD, OC-spectrum and related anxiety disorders. A partial hospital program is also available for children and teens with autism spectrum disorder (ASD) and co-occurring OCD or anxiety. The intensive outpatient programs provide treatment three hours per day, five days per week. The OCD and anxiety partial hospital program provides treatment six hours per day, five days per week, and the Anxiety and Mood Disorders in ASD partial hospital program offers treatment five 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 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' 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 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), 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 a patient 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 a partial hospital or intensive outpatient program is about five to seven weeks.

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

Both partial hospital and intensive outpatient programs have a maximum census of twelve adults and twelve 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.