

**Intensive Treatment Program Description:
OCD Center and Cognitive Behavioral Therapy Services at
Rogers Memorial Hospital in Oconomowoc, Wisconsin
February 2009**

1. When did you open your program?

1997: Partial hospitalization services for Obsessive-Compulsive Disorder opens at Rogers Memorial Hospital

1999: The Obsessive-Compulsive Disorder Center at Rogers Memorial Hospital opens, providing residential treatment for adults with OCD and severe anxiety disorders.

2004: The Child & Adolescent Center at Rogers Memorial Hospital adds intensive cognitive-behavioral therapy treatment services for OCD and severe anxiety disorders as a component of the center's comprehensive program for teens dealing with a wide range of child psychiatry concerns.

2006: Rogers Memorial Hospital opens a residential treatment facility at its Oconomowoc campus that features specialized programming for adults with co-occurring OCD, anxiety disorders and eating disorders.

2007: Rogers Memorial Hospital opens The Child Center, the only residential program in the nation providing children ages 8 to 13 longer term intensive psychiatric care and cognitive-behavioral therapy services to treat OCD and anxiety disorders.

2. Please describe the staff that work at your program in terms of their backgrounds, credentials and experience.

Cognitive-behavioral therapy treatment services are under the clinical direction of Bradley C. Riemann, Ph.D. Dr. Riemann is a leading expert in the assessment, treatment and research of anxiety disorders and is a member of the Scientific Advisory Board of the Obsessive Compulsive Foundation, Inc. Each patient is assigned to a core clinical team consisting of psychiatry, behavioral specialists, nursing and social services staff that conduct a detailed assessment, develop the treatment goals and exposure hierarchy, then facilitate and monitor the patient's progress.

3. Is this program devoted entirely to treating individuals with OCD or will other OCD spectrum disorders or anxiety disorders also be addressed?

Our treatment services are specifically designed to treat OCD, OC spectrum disorders such as trichotillomania and body dysmorphic disorder and other anxiety disorders (i.e., generalized anxiety disorder, panic disorder, agoraphobia, social anxiety disorder, and post traumatic stress disorder)

4. Please describe the core treatment components of your program (e.g., use of medication, ERP, group therapy, etc.).

Treatment goals are accomplished through a program consisting of individual work sessions and group psychotherapy. The program's staff uses a strict cognitive-behavioral approach and graduated exposure hierarchy for each individual. For OCD, the main emphasis is Exposure and Ritual Prevention. In addition to ERP, cognitive restructuring strategies are also taught. We have a psychiatrist on staff to oversee medication management for patients as clinically indicated.

5. Please describe the treatment planning process at your program.

Prior to admission, an initial telephone screening, which includes administration of the Y-BOCS as well as an assessment of related psychosocial factors, is conducted and then reviewed by the clinical director and key clinical staff. Based on this review, a recommendation is made for the appropriate level of care. On admission, a comprehensive evaluation is conducted, which includes a battery of assessments to ascertain the patient's medical, emotional, educational, developmental and social history. This detailed

assessment also includes administration of Y-BOCS, generation of exposure exercises and creation of graduated exposure hierarchy.

6. If someone has a co-morbid condition, can he or she participate in your program? Will there be treatment for the co-morbid condition? If so, can you give an example?

Yes. In all four of its intensive residential centers, Rogers Memorial Hospital has the ability to treat individuals with co-morbid conditions. As an example, Rogers Memorial has a dedicated unit and staff providing specialized treatment for adults with co-morbid OCD and eating disorders at the Eating Disorders Center. The child & adolescent centers utilize a combination of intensive psychiatric care and CBT services to treat OCD and co-morbid conditions in children ages 8 and up.

7. Are parents, family members, friends, teachers, etc. included in the treatment? If yes, please describe how.

Family members are an important part of treatment and recovery. In many instances, therapy or education sessions that include family members is provided. We will contact identified family members and other professionals to discuss treatment progress and any recommendations for continuing care following treatment. Families are expected to participate in the treatment process by attending family sessions/group education either in person or by telephone. In addition, staff work with the patient and family to anticipate issues that may arise after discharge, and then help the individual and family develop a plan that best meets that patient's recovery needs.

8. How often do patients in the program meet with staff individually? How long are these individual sessions?

In each of the five treatment programs for individuals with OCD offered at Rogers Memorial Hospital, patients meet individually with a behavior specialist on a daily basis.

9. Is there a set time period for a patient's treatment in the program? What is the overall time commitment to the program (for example, attend daily for three weeks)? How much flexibility is there in extending someone's stay if needed?

In all of the treatment programs listed here, the length of stay is open-ended. For adults in residential treatment, the average length of stay is 60-90 days; for children and adolescents in the residential centers, the average is 45-60 days. For the OCD partial hospitalization program, the minimum commitment is Mondays through Thursdays from 3 to 6 p.m. for three consecutive weeks, with an average of five weeks. Throughout the patient's treatment, staff monitor many variables (i.e. past history, current status and stage of illness, support systems, resources, risk factors, response to treatment, etc.).

10. Is there a homework or "self directed" component to the treatment?

Yes. In the residential centers about 90 minutes per day of behavioral therapy homework is assigned; in the OCD partial hospitalization program, approximately two hours of homework is assigned each day.

11. Please describe the relapse prevention strategies you use in your program.

Our overall goal is for patients to complete at least 75% of their hierarchy during their treatment stay. If this goal is met, our outcome studies show that the individual has an 83% chance of maintenance of the gains made during treatment. Prior to discharge, the treatment team will develop a plan for continuing care, which may include partial hospitalization, outpatient therapy, family therapy and support groups.

12. What kind of follow-up do you do for those who complete your program? Will the members or your treatment team be in contact with or willing to consult with the individual's regular treatment provider(s)?

Rogers Memorial Hospital is committed to providing smooth transitions for our patients after discharge. With the proper consents, the clinical team works closely with the referring professionals to assist in

making these plans. For patients without an outpatient provider, our clinical team will make appropriate referrals and consultation.

13. Do you offer a sliding fee scale or scholarships for those who cannot afford your program?

After admission to the program, there is a dedicated staff member who is available to act as a liaison with the patient's insurance company and address concerns. If the patient does not have sufficient insurance coverage to complete treatment, this staff member will help arrange a payment plan through the hospital's finance department. In some instances, the hospital foundation may provide a two week continuation scholarship.

14. Does your program only work with individuals who are local or are there arrangements for those who come from farther away (for example, lodging arrangements)?

Rogers Memorial Hospital's residential centers provide intensive treatment for children, adolescents and adults from throughout the nation in a home-like setting with 24-hour staffing. Our partial hospitalization program offer patients from the local area extra support when transitioning from residential to outpatient treatment or a supplement to outpatient therapy. The half-day schedule provides intensive therapy yet allows patients to stay involved with work, family or school commitments. The hospital has arrangements with several local hotels to provide discounted rates for patients and their families.

15. Please add any information you think would be helpful in describing the unique aspects of your program if this has not been covered in the questions above.

There are two key points that differentiate the OCD services at Rogers Memorial Hospital:

- 1) The development of each hierarchy is very thorough and taps into every aspect of the individual's phobic avoidance.
- 2) Our emphasis on the graduated nature of exposures increases compliance and helps to reduce refusal/drop out rates.