

# *Eating Disorder Recovery*

**ROGERS**  
Behavioral Health



*Request a free screening*

800-767-4411

[rogersbh.org](http://rogersbh.org)

# Eating Disorder Recovery at Rogers

At Rogers, treatment is led by physicians who specialize in eating disorders and co-occurring mental health disorders. Patients undergo nutritional stabilization, weight restoration (if indicated), and learn to recognize and modify unhelpful behavioral tendencies and thought patterns related to eating, body image, and exercise. They also get the chance to apply their treatment in real-life experiences.

## What we treat

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Other types of disordered eating patterns, such as orthorexia or atypical anorexia
- Avoidant/restrictive food intake disorder (ARFID)
- Body-focused repetitive behavioral disorders (BFRB)
- Co-occurring OCD, anxiety disorders, posttraumatic stress disorder, and mood disorders

Admission starts with a free, confidential phone screening. To request a screening, call **800-767-4411** or visit **[rogersbh.org](https://www.rogersbh.org)**.





# An evidence-based approach

At Rogers, we use therapeutic methods that research shows to be the most effective for overcoming eating disorders and related challenges. Depending on level of care and diagnosis, patients may engage in:



## **Cognitive behavioral therapy (CBT)**

Research shows that CBT is highly effective in helping people make changes in their behaviors, thoughts, and emotions. Rogers is a national leader in the use of CBT.

## **Exposure and response prevention (ERP)**

A component of CBT, ERP helps individuals gradually confront their fears and reduce their anxiety in a planned manner. Working through these "hierarchies" of addressing fears provides a thorough, creative approach for effective treatment.

## **Nutritional education and planning**

Includes nutritional stabilization, meal preparation training, and ongoing planning for healthy habits and relationships with food.

## **Experiential therapy**

Includes horticultural, recreational, and art therapy to strengthen coping skills while learning to connect and express thoughts in many ways.

## **Family involvement**

Family participation is a key part of recovery that allows for more effective treatment and eases the transition back home. This includes education for family members about their loved one's symptoms, and treatment strategies being used.

# Levels of care

## Inpatient Care

Inpatient care provides around-the-clock monitoring and focuses on medical stability. Rogers offers inpatient care that is solely focused on eating disorders in Oconomowoc, Wisconsin.

### *Adults*

Patients learn strategies not only for the short-term goal of stabilization, but also with long-term recovery goals and ongoing healthy living. An average stay is two weeks.

### *For children and adolescents*

Allows young patients to practice the skills they've learned in a safe, therapeutic environment. An average stay is one to two weeks.

## Outpatient Care

### **Partial Hospitalization Care (PHP)**

*6 hours a day, 5 days a week*

Intensive, structured treatment that provides more hours of therapy in a week and allows patients to remain connected with their social support network. On average, PHP treatment lasts four to six weeks.

### **Intensive Outpatient Care (IOP)**

*3 hours a day, 4 to 5 days a week*

Specialized, short-term treatment to alleviate symptoms, and to assist patients with the transition between PHP care and traditional outpatient treatment. On average, IOP treatment lasts four to six weeks.



Patients, families, and treatment teams work together to determine length of programs based on individual progress and situations.



# Levels of care

## Residential Care

Rogers has been a leader in residential care for eating disorders for more than three decades, and was among the first to offer specialized programming for males. On average, patients stay 45 to 60 days.

*Rogers offers a new space for family cooking training to help those at home understand how to best support their loved one during food preparation and mealtime.*

## For adults



In supportive, home-like settings located in Oconomowoc (with separate locations for adults and adolescents), patients work with treatment teams to become nutritionally and medically stable, develop skills needed to face challenges, and find the resilience to achieve and maintain recovery.

## For adolescents



Teens live on our Oconomowoc campus in a separate location from our adult patients. A dedicated psychiatrist, psychologist, nurse, behavioral specialist, therapist, dietitian, and experiential therapist help each child.

## For children



Younger children can build skills for recovery from eating disorders through Rogers' **OCD and Anxiety Center**.

# Outcomes Data

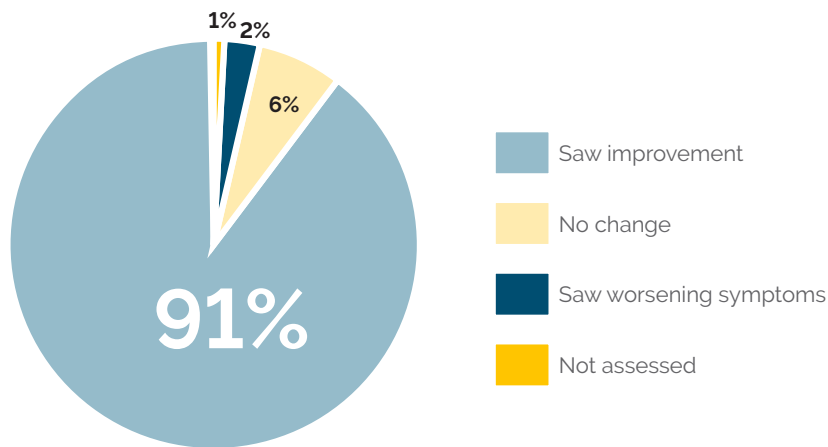
For more than 20 years, Rogers has been measuring the effectiveness of our care in the most transparent, scientifically reliable way possible.

Each year, Rogers conducts nearly a million patient assessments: taken at the start of treatment, at various points throughout treatment, at discharge, and 12 months after care.

Our research team analyzes this data to adjust individual treatment plans based on a patient's progress during treatment, evaluate the effectiveness of each program, and replicate the therapies and approaches that get the best results for our patients across the Rogers system.

## Clinical Global Impressions-Improvement (CGI)

Clinician-rated assessment of patient severity upon admission and assessment of improvement at time of discharge. 91% of our patients were minimally, much, or very much improved by the end of their treatment, as rated by the attending psychologist or psychiatrist.



## The Eating Disorder Examination Questionnaire

Assesses the overall severity of symptoms across four unique eating disorder features: restraint, eating concern, shape concern, and weight concern. The scores from each category are combined for an overall score which indicates the severity of the eating disorder.

### Adult results

	Admission	Discharge
Residential Care	3.13	1.88
Partial Hospitalization Care	3.21	2.20
Intensive Outpatient Care	2.54	1.74

### Adolescent results

	Admission	Discharge
Residential Care	3.21	2.06
Partial Hospitalization Care	2.40	1.41

\*Each score is on a scale of 0 to 6, with higher scores indicating greater eating disorder severity. As shown above, patients receiving treatment at Rogers experienced significant reductions in the severity of their eating disorder.

To see the results of evidence-based treatment at Rogers, visit [rogersbh.org/outcomes](https://rogersbh.org/outcomes).

## **To get started**

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## **Our Mission**

We provide highly effective mental health and addiction treatment that helps people reach their full potential for health and well-being.

## **Locations**

For more information on the services nearest you, visit **rogersbh.org/locations**.

### **California**

Los Angeles  
San Diego  
San Francisco

### **Florida**

Miami  
Tampa

### **Illinois**

Hinsdale  
Skokie

### **Minnesota**

Minneapolis  
St. Paul

### **Pennsylvania**

Philadelphia

### **Tennessee**

Nashville

### **Wisconsin**

Appleton  
Brown Deer  
Kenosha  
Madison  
Oconomowoc  
West Allis

