



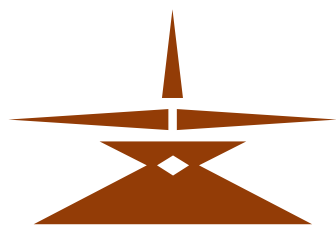
Spring 2017

# Life at Rogers

## Celebrating 110 Years of Service in Wisconsin



In 1907, Dr. Arthur Rogers and his wife, Theresa, opened the Oconomowoc Health Resort. Thanks to Dr. Rogers' leadership and dedication to innovative therapies, we've expanded our commitment to high-quality, evidence-based care to three hospitals and six outpatient clinics across Wisconsin, as well as a growing network of regional centers in five additional states.



**ROGERS**  
BEHAVIORAL HEALTH

110 years

1907-2017

To celebrate, we're hosting a networking reception immediately following our continuing education seminar, "Harnessing the Power of CBT," on Thursday, June 1, in Milwaukee from 5 to 6:30 pm. Visit the referral partners section of [rogersbh.org](http://rogersbh.org) to learn more.

**If you would like to attend the reception, please send an email to [rsvp@rogersbh.org](mailto:rsvp@rogersbh.org) by May 24.**

## New programs, new options

We're meeting your need for behavioral health programming by adding and expanding our treatment options. Here's what's new:

- **In Madison:** an OCD and anxiety partial hospital program for adults complements the existing intensive outpatient option.
- **In Oconomowoc:** our FOCUS Adolescent Mood Disorder Program is expanding its space at Rogers-Oconomowoc, adding beds for comprehensive residential treatment for more teens.
- **In Brown Deer:** a general mental health partial hospital program for adults; evening intensive outpatient programming for adults with addiction; and intensive outpatient programs for teens with internalizing disorders and general mental health needs will all soon be available.
- **Outside of Wisconsin:** Rogers Behavioral Health-Philadelphia opens May 22, making Pennsylvania the sixth state with Rogers' services. In Florida, a unique new program for treatment of anxiety and mood disorders for children on the autism spectrum, a first for Rogers, launched in Tampa.

## Quiet, respectful students slip through the cracks

The naughty child in class is, once again, causing a disruption. He throws his backpack down on the floor and shoves one of his classmates. Across the room, a child ignores the outburst and quietly continues his work. Both children are struggling with depression, but teachers and staff members are more likely to reach out to the aggressive child’s family to discuss treatment options.

Nancy Goranson, PsyD, attending psychologist for the child and adolescent day treatment programs at Rogers Memorial Hospital–West Allis, explains children who behave differently may experience similar struggles with anxiety, depression or other mental health concerns. “The challenge is, children who keep to themselves and don’t get into trouble are more likely to go unnoticed and continue suffering in silence.”

### Eighty percent of children with anxiety and 60% of children with depression are not receiving the treatment they need.

Dr. Goranson recommends looking for these warning signs in your quieter students:

- Difficulty starting a conversation or talking with others
- Expressing thoughts of wanting to die or harming themselves



If a student fits this description, Dr. Goranson recommends expressing your concerns with the child and his or her parents, encouraging them to request a screening.

“Many parents believe children have to be in an extreme situation to receive treatment,” she says. “But that isn’t true. The earlier we address children’s behaviors, the better chance we have of preventing those behaviors from becoming established.”

Day treatment, partial hospital and intensive outpatient options are offered for both groups of children in Brown Deer, Kenosha and West Allis, Wisconsin, with openings available this summer for all programs.



## Dr. Michael Miller receives prestigious honor

Michael M. Miller, MD, medical director of the Herrington Recovery Center and president of the Rogers hospital medical staff, has been named a Distinguished Life Fellow of the American Psychiatric Association (APA).

As the highest designation APA bestows, Distinguished Lifetime Fellowship honors those members whose professional accomplishments have been widely recognized by peers and colleagues and marks a significant milestone in the career of its recipients. Dr. Miller originally became a Fellow of the APA in 2004. He is also a Distinguished Fellow of the American Society of Addiction Medicine, having originally been named a Fellow of ASAM in 1997.

## Visit our new website

We want to make your online journey as simple and helpful as possible, so we’ve created a new website: **rogersbh.org**. Bookmark the referral partners section ([rogersbh.org/referral](https://rogersbh.org/referral)) on your phone or computer.



## Spotting the red flags of substance abuse in school

Amy Kuechler, PsyD, attending psychologist for the Adolescent Dual Diagnosis program at Rogers Memorial Hospital–Brown Deer, has answered the most common questions teachers and school staff members have about substance abuse:

**What are the signs of substance abuse in students?**  
It can be difficult to recognize signs of substance use in adolescents because it’s a time of major change. When a child begins using substances, you will likely notice major changes in mood and behavior that are longer lasting and appear to be more of a persistent change of being than a temporary state. Be on the lookout for unusual moodiness (particularly increased irritability and anger); a drop in grades; and engagement in risky behaviors such as criminal activity, skipping classes, or associating with a negative peer group. Significant changes noticed at home such as disengaging with the family, withdrawing, and extreme attempts at privacy can also be warning signs to possible substance use.

**How are students hiding substances?**  
Many schools are finding substances and related contraband in lockers and book bags. It’s becoming more common for students to store clear alcohol in water bottles so they can drink at school. Probably the most difficult substances to monitor are prescription pills. Students can easily hide their or another family member’s prescription medications, such as ADHD medications, in their pockets or backpacks and sell or trade them with classmates.

**How does treatment help?**  
Our Adolescent Dual Diagnosis Partial Hospital Program (PHP) can treat substance use and underlying mental health concerns at the same time. For example, if a teen is using drugs or alcohol to cope with symptoms of anxiety, the program will educate the teen on alternative healthy coping strategies, teach them how to



re-frame their situation, and better manage their anxiety without the need of a drug. It’s important to increase the teen’s awareness of their emotions and behaviors to help them make healthier choices for themselves now and for their future.

To schedule a visit from Dr. Kuechler or other Rogers’ representatives to your school, contact outreach representative Bre Meyer at **262-646-1767** or email [bmeyer@rogersbh.org](mailto:bmeyer@rogersbh.org).

*Pending state approval, the Adolescent Recovery Program, a new residential treatment option for teens with mental health and substance use disorders, will open later this year at Rogers Memorial Hospital–West Allis.*

## Rogers–Appleton patient shares secret life with bulimia

For over 20 years, Twila kept her bulimia a secret from everyone. As part of her disorder, she repeatedly vomited any and all food she consumed—or just didn’t eat at all. Over the course of her disorder, Twila underwent \$30,000 worth of dental work to repair acid erosion and had major surgery to remove her large intestine.

Surgeons who knew Twila for many years as a strong, healthy person didn’t suspect an eating disorder and diagnosed her with mega colon, a condition that typically affects the elderly. “I couldn’t tell them the truth,” she says. “Instead, I allowed them to be dumbfounded as to how someone so young and healthy could have mega colon.”

A few years later, Twila entered a dark period of depression, which was the push she needed to enroll in the Eating Disorder partial hospitalization program at Rogers Memorial Hospital–Appleton.

After Twila’s treatment team began peeling away the layers of her disorder, she began to see she wasn’t indestructible. “I thought I was doing a good job of using coping skills, like over-exercising, as a way to avoid purging,” she says. “But they were actually denial skills for hiding the disorder. Not only was I not dealing with it, I was making it worse.”

If you suspect someone is over exercising or has disordered eating habits, Twila urges you to have a conversation with them. “Even though it isn’t anyone’s fault that no one questioned me, I would give anything to have had someone ask me, ‘What’s going on?’” she says. “I lost a lot of years to anger and self-loathing. I missed out on so many enjoyable moments with my children, family, and friends because my eating disorder kept me from living my life.”

Eating disorder treatment is available at Rogers’ Oconomowoc, Madison and Appleton locations.

# Life at Rogers



34700 Valley Road  
Oconomowoc, WI 53066-4500

Non Profit  
Organization  
U.S. Postage  
PAID  
Milwaukee, WI  
Permit No. 1161

## Introducing...



**Oludamilola Salami, MD**, is medical director of adult inpatient services at Rogers–Oconomowoc. In addition to his clinical work, Dr. Salami has

contributed to neuropsychiatric research and has lectured to various professional audiences. He has also been nominated by his peers for inclusion in Best Doctors in America® for 2017.



**Michelle Bensen, MD**, is an addiction specialist at Herrington Recovery Center, where she provides diagnostic and medical care for adults receiving

residential treatment for drug or alcohol addiction. Dr. Bensen has extensive practice experience in the areas of non-opioid, multidisciplinary pain management and addiction, previously in the Minocqua area.



**Eduardo Meza, MD**, is a child and adolescent psychiatrist at Rogers–West Allis. Dr. Meza is a member of the American Medical Association

and he was named a fellow of the American Psychiatric Association (APA).

Admission to Rogers begins with a telephone screening with a member of our admissions staff. Every case is reviewed by a doctor to determine the best level of care.

Call **800-767-4411** or visit **[rogersbh.org](http://rogersbh.org)**.