



International  
OCD  
Foundation

## OCD and Related Disorders Clinic Profile

# Renewed Freedom Center for Rapid Anxiety Relief

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### **Treatment Providers:**

Jenny Yip, PsyD

### **Payment Options:**

Self-pay

### **Populations Served:**

Adults  
Adolescents  
Children

### **Treatment Strategies Offered:**

Cognitive Behavioral Therapy (CBT)  
Exposure and Response Prevention (ERP)  
Family Therapy  
Group Therapy  
Habit Reversal  
Prescribe Medication  
Teletherapy

### **Areas of Specialty (in addition to OCD in general):**

Body Dysmorphic Disorder (BDD)  
Hoarding Disorder  
Skin Picking (Excoriation Disorder)  
Trichotillomania (Hair Pulling Disorder)

### **Summary of our services:**

The Renewed Freedom Center for Rapid Anxiety Relief was established in 2008 to help those suffering from OCD and related anxiety disorders. Due to the lack of specialized pediatric OCD services, the Renewed Freedom Center has a separate program that focuses on intensive OCD treatment for children and adolescents within the family system. Since family members are oftentimes reluctantly involved in and affected by the sufferer's behaviors or rituals, our philosophy is to involve the family or primary caretakers in the treatment when necessary. The program is led by Executive Director Dr. Jenny C. Yip. Dr. Yip is actively involved in patient care and the implementation of each individually-tailored treatment plan. Our staff consists of licensed psychologists, psychiatrists, marriage; family therapists, and post-doctoral fellows. Each clinician has extensive training in cognitive behavior therapy (CBT) for anxiety disorders, specifically prolonged exposure and response prevention (ERP) for OCD and OC spectrum disorders.

Due to our highly individualized treatment approach, space is limited in our intensive outpatient program (IOP). Acceptance is determined based on severity and necessity of each case. Treatment involves a multidisciplinary team providing state-of-the-art mindfulness-based strategic cognitive behavior therapy to help sufferers experience immediate relief. Our mission is to provide the most effective, brief treatment while equipping individuals and family members with essential tools to manage symptoms beyond termination of therapy.

### **Treatment Planning Process**

Treatment is tailored to each patient's individual needs, and is derived from our thorough 3-hour initial evaluation that assesses detailed symptoms of OCD and related co-morbid conditions. The evaluation inquires into the patient's specific symptoms, history, onset of the condition, and psychosocial factors such as the individual's family and larger system that may influence the treatment. Although this initial evaluation determines the specifics and order of the treatment approach, the assessment process is always an ongoing one as new data discovered after the initial evaluation is considered and incorporated into the treatment strategy. Each treatment plan takes into account the individual's developmental level, adaptive functioning, and the family context as they relate to the disorder. All evaluations and treatment planning are completed by the executive director Dr. Jenny C. Yip.

### **Core Treatment Components**

This program utilizes mindfulness-based cognitive behavior therapy, prolonged exposure & response prevention, paradoxical strategic interventions within the family system, and supportive group therapy when appropriate as the core treatment components. Psychoeducation about anxiety and the vicious OCD cycle lays the foundation of treatment, increasing patient motivation and effort level. When necessary, habit reversal training, interoceptive exposures, deep relaxation training, systematic exposures, and social skills training are also incorporated into the treatment plan to address comorbid conditions. Our psychiatrists will only prescribe medication when absolutely necessary or when pre-existing medications need to be managed. Collaboration with community resources, including other professional providers and academic personnel, is integrated into our systemic treatment approach. The treatment phase is followed by the relapse prevention program to ensure each patient is equipped with the necessary tools to manage any symptom that may surface after

termination of the program. For our out-of-town patients, follow-up outpatient care is coordinated with the individual's regular provider, including necessary treatment management consults. Weekly to monthly telehealth consults are also arranged directly with the patient for follow-up care as needed.

### **Parents, Family Members, Friends, Teachers, etc. Involvement**

OCD tends to add stress to the dynamic and impair the functioning of the home environment. In children and adolescents, OCD symptoms typically involve other family members causing an adverse effect on the quality of family life. In an attempt to reduce the child's anxiety and fear, family members become servants to the child's avoidance behaviors and compulsions. They may accommodate compulsions in order to avoid conflict and maintain peace. However, such accommodations only serve to reinforce the obsession and the maintenance of the vicious OCD cycle. Since OCD tends to infiltrate all areas of the sufferer's life, when treating a patient within the family, our program entails that at least one parent or significant family member be present during treatment unless contraindicated. The psychoeducation process about anxiety and the vicious OCD cycle lays the foundation of treatment for the patient and increases understanding and empathy for family members. With understanding and empathy, family members are better equipped to respond to and interact with the sufferer more effectively. By being present during the treatment process, family members also learn to model after the therapist in their response to the sufferer's compulsive behaviors. Family members' responses and attitudes are critical components to the patient's successful recovery during and following treatment. Thus, treatment involving family members includes empathic listening and communication skills training to promote healthy and positive interactions. The family support system significantly impacts the prognosis and outcome of OCD treatment. For patients who find support from involving significant friends, the friends are welcome to participate in the psychoeducation process to have a better understanding of OCD and how to interact with the patient without enabling the obsessive-compulsive symptoms. Our program also collaborates directly with the patient's academic and work setting when necessary and conducts in-house workshops upon request to increase understanding of OCD.

### **Treatment of Co-Morbid Disorders**

The program is devoted to treating individuals, within the family system, suffering from severe OCD, OC spectrum disorders, and related comorbid conditions. This includes body dysmorphic disorder (BDD), hoarding, skin picking, nail biting, trichotillomania, hypochondriacal/health-related anxiety, panic disorder, social/performance anxiety, medical/dental & specific phobias, posttraumatic stress disorder (PTSD), separation anxiety, and eating disorders.

### **Individual Therapy**

Patient schedules vary depending upon treatment necessity. Our intensive outpatient program (IOP) involves 2 daily prolonged treatment sessions occurring Monday through Friday or Monday through Saturday when appropriate. Patients in our regular IOP typically meet individually with Dr. Yip for the first 90 to 120-minute morning "preparation session." Psychoeducation, review of previous assignments and exercises, skills building, and tools troubleshooting are covered in the morning session. After a 30 to 60-minute break for lunch, the patient resumes treatment with a co-therapist individually for the second 90 to 120-minute

afternoon “training session”.

Prolonged in vivo/imaginal exposures and other exercises are carried out in the afternoon session to reinforce the skills learned from the morning session. When appropriate, patients may participate in group therapy offered on various days to enhance the tools acquired through the individual sessions. New assignments that parallel the day’s treatment objectives are designated for the remainder of the afternoon/evening before the day’s session concludes. Dr. Yip and the treatment team are also available to the patient to troubleshoot problems that may arise with the assigned exercises after the day’s session completes. Patients are permitted to continue working on these assignments individually at the Renewed Freedom Center when appropriate.

### **Length of Stay**

Our intensive outpatient program (IOP) runs Mondays through Fridays or Mondays through Saturdays when necessary. The length of the IOP is typically 3 consecutive weeks. However, the length may be extended depending upon the severity and complexity of each case. This is usually predetermined from the initial evaluation and planned accordingly into the schedule before treatment commences. If treatment needs to be extended beyond the initial plan, it can usually be arranged given enough notice. On a typical day, patients meet with Dr. Yip individually for 90 to 120 minutes during the morning “preparation session.” This is followed by a short break, individual exercise, and group therapy on various days when appropriate and as indicated by the individually tailored treatment plan. Patients then meet individually with a co-therapist for 90-120 minutes during the afternoon “Training Session.” This is followed by a second short break and self-monitored exposures and exercises at the Renewed Freedom Center. Further exposures/exercises are assigned for the evening to be completed by the patient on his/her own to reinforce the skills learned during the day. Our accelerated program offers a less rigorous alternative for those needing more than traditional once-weekly therapy but less than the IOP.

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

Full census for this program is 4.