

# Gap between recommended and actual practice in pediatric obsessive–compulsive disorder



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## Practice Points

- Community practice in psychology and psychiatry has lagged behind practice parameter recommendations.
- Inconsistent with practice guidelines that indicate the use of cognitive-behavioral therapy, psychological treatment in the community of pediatric obsessive–compulsive disorder (OCD) often consists of general supportive, eclectic, psychodynamic, or other nonevidence-based therapy.
- Although effective, antidepressant medication is often the first treatment used for mild and moderate presentations of OCD, which is inconsistent with practice guidelines.
- These are systemic problems in care offered to children with OCD which are perpetuated by inconsistencies in training programs and ideology.

**SUMMARY** Pediatric obsessive–compulsive disorder is a debilitating disorder that has a clear evidence base for what treatments ‘work’ (i.e., cognitive-behavioral therapy and serotonin-reuptake inhibitor medications). Yet, the provision of such therapies does not follow practice parameters resulting in suboptimal treatment response and the potential for adverse health outcomes. This article will present widely used clinical practices for pediatric obsessive–compulsive disorder that are at odds with evidence-based practice guidelines. Potential areas for remediation in training and dissemination efforts will be highlighted.

Over the past several decades, there has been a powerful movement towards disseminating empirically based mental health treatments throughout the fields of psychology and psychiatry. Underlying this movement is a need for “the integration of best research evidence with clinical expertise and patient values” [1] to individualize treatment delivery and maximize patient outcomes. Unfortunately,

however, these policies and standards have not always translated well into applied practice for many childhood (and adult) psychiatric disorders, resulting in substandard care for many children and families, as well as the possibility for adverse treatment effects. This article reviews the evidence-based literature in pediatric obsessive–compulsive disorder (OCD) as well as the nonevidenced practice that is all

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