1. Did you make the right diagnosis?
2. Did you read current literature evidences and/or consider CBT (augmentation)?
3. Was the SRIs clinical trial adequate? How about the dosages and exposure time?
4. Try to hyperdose your SRI or to switch to one other: sometime SSRIs are not that "selective" and this should let "pharmacological tailoring".
5. Try the augmentation way. Is your pharmacological strategy rational? Consider the pharmacokinetic and pharmacodynamic implications.
6. Is this therapy suitable for your patient? Consider age, gender, medical and psychiatric comorbidity, compliance, insight etc…
7. Try to add a low dose of DA-antagonist as haloperidol or pimozide.
8. If a typical antipsychotic is not suitable for your patient, consider an atypical agent (especially in case of EPS sensibility; affective patients may be also mood-stabilized by).
9. Further augmentation may be required. Consider the antiepileptic class and/or others, including: clonidine, propanolol, buspirone and more.