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## An algorithm for the treatment of schizophrenia in the correctional setting: the Forensic Algorithm Project.

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### Abstract

The **Forensic Algorithm Project** (FAP) was born of the need for a holistic approach in the **treatment** of the inmate with **schizophrenia**. **Schizophrenia** was chosen as the first entity to be addressed by the **algorithm** because of its refractory nature and high rate of recidivism in the **correctional setting**. **Schizophrenia** is regarded as a spectrum disorder, with symptom clusters and behaviors ranging from positive to negative symptoms to neurocognitive dysfunction and affective instability. Furthermore, the clinical picture is clouded by Axis II symptomatology (particularly prominent in the inmate population), comorbid Axis I disorders, and organicity. **Four subgroups of schizophrenia were created** to coincide with common clinical presentations in the **forensic** inpatient facility and also to parallel 4 tracks of intervention, consisting of pharmacologic management and programming recommendations. The **algorithm** begins with any antipsychotic medication and proceeds to atypical neuroleptic usage, augmentation with other psychotropic agents, and, finally, the use of clozapine as the common pathway for refractory **schizophrenia**. Outcome measurement of pharmacologic intervention is assessed every 6 weeks through the use of a 4-item subscale, specific for each **forensic** subgroup. A "floating threshold" of 40% symptom severity reduction on Positive and Negative Syndrome Scale and Brief Psychiatric Rating Scale items over a 6-week period is considered an indication for neuroleptic continuation. The **forensic algorithm** differs from other clinical practice guidelines in that specific programming in certain prison environments is stipulated. Finally, a social commentary on the importance of state-of-the-art psychiatric **treatment** for all members of society is woven into the clinical tapestry of this article.

PMID: 11078038 [PubMed - indexed for MEDLINE]

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