

# Criminal thinking style among chronic hospitalized schizophrenic patients



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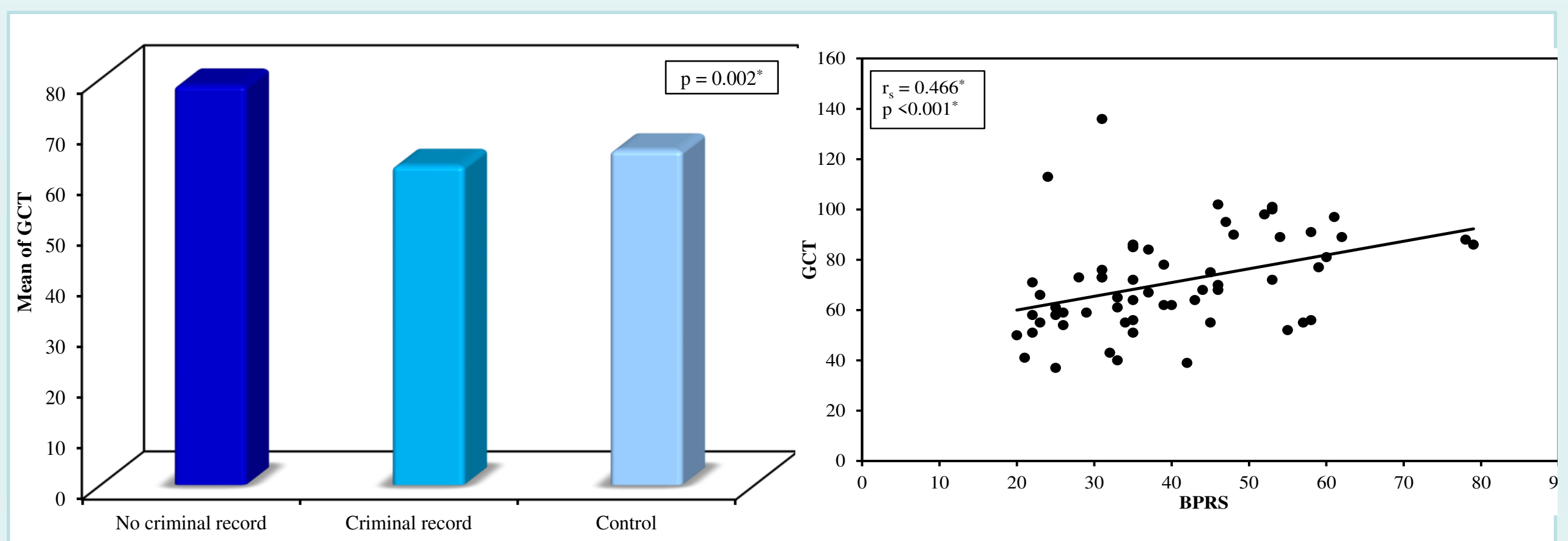
**Background:** Literature shows higher frequency of aggression and criminal activity among psychiatric patients during periods of active or untreated psychosis, compared to normal population. Authors suggested emotional recognition deficit, co morbid substance abuse and poor compliance with medication. The construct of criminal thinking style reflects a tendency to adopt a specific relevant cognitive bias. Our study aims at assessing criminal thinking style among patients with chronic schizophrenia with or without criminal record

**Methods:** Sixty male chronic schizophrenic patients were recruited from an inpatient hospital setting, thirty with criminal records and thirty without any criminal history. Patients with cognitive impairment, thyroid or supra renal glands dysfunction and co-morbid drug abuse were excluded. All subjects were subjected to Brief Psychiatric Rating Scale BPRS for assessing the severity of psychotic symptoms. Criminal thinking was assessed using the short version of Psychological Inventory of Criminal Thinking Styles PICTS. The short version of PICTS is a 35-item, self-report measure, designed to assess thought patterns that are associated with criminal behavior. Severity of criminal thinking is determined by calculating T-scores from the initial raw scores as follows: low (< 40), average (≥40, <60), high/Clinically Significant (≥60, <70), and very high (≥ 70). Results were compared to a group of matching healthy control males.

**Results:** Moderate correlation was found between the severity of psychotic symptoms and severity of criminal thinking, in addition to significantly higher general initial raw score of PICTS among schizophrenic patients without criminal records, unlike the second group, which could be attributed to the fact that patients in the later group were hospitalized for longer periods within a structured health care setting.

**Conclusion:** Compliance with treatment and hospitalization settings may contribute to decrease criminal bias style of thinking among male patients with chronic schizophrenia. This implies the necessity of the presence in a well-controlled treatment setting to achieve lower criminal thinking bias and hence predict the outcome after discharge.

	Group (1) (no criminal record)	Group (2) (criminal record)	
Age (years)	31.37 ± 7.9	42.7 ± 9.6	p<0.001*
Duration of illness (years)	7.82 ± 5.6	12.92 ± 8.54	p<0.05*
BPRS scores	43.9 ± 15.13	35.97 ± 11.77	p<0.05*
PICTS raw scores	78.8 ± 18.43	62.97 ± 17.8	p<0.001*



## References

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2. Gross N. Criminal Thinking in a Community Mental Health Sample: Effects on Treatment Engagement, Psychiatric Recovery, and Criminality. Thesis, DrCh. Texas: Texas Tech University, 2014.

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