

FORENSIC EVALUATORS' SOCIAL ATTITUDES
AND MENTAL STATE AT THE TIME OF
THE OFFENSE OPINIONS

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ABSTRACT

Evaluator opinions of defendants' mental state at the time of the offense (MSO) can influence the trier of fact (e.g., judge, jury) and have substantial implications for justice and fairness; however, research suggests these judgments have poor interrater reliability. One explanation is that individual differences, such as social attitudes, may unintentionally bias evaluators. The current vignette-based study examined whether individual differences in forensic evaluators' right-wing authoritarianism and social dominance orientation were associated with their MSO psycholegal opinions. Results indicate forensic evaluators higher in Traditionalism (a component of right-wing authoritarianism) are more likely to opine a defendant meets the criteria for a Not Guilty by Reason of Insanity verdict; however, overall, individual differences in forensic evaluators' right-wing authoritarianism and social dominance orientation are not associated with their MSO psycholegal opinion. These findings underlie the importance of examining specific individual difference factors to gain better insight into what factors may or may not influence forensic evaluators' psycholegal opinions.

DEDICATION

For my personal and academic families

LIST OF ABBREVIATIONS AND SYMBOLS

α	Cronbach's alpha: index of internal consistency
ACT	Authoritarianism, Conservatism, and Traditionalism Scales
ALI	American Law Institute
β	Beta coefficient: the degree of change in the outcome variable for every unit of change in the predictor variable
DNA	Deoxyribonucleic acid
F	F-statistic: ratio of two variances
f^2	Cohen's F-squared: a measure of effect size
IDA	Insanity Defense Attitude Scale
IDA-R	Insanity Defense Attitude-Revised Scale
IDS	Insanity Defense Support Scale
M	Mean: the sum of a set of values divided by the number of values in the set
M.D.	Doctor of Medicine
MSO	Mental State at the Time of the Offense
N	Sample size
NGRI	Not Guilty by Reason of Insanity
p	p-value: probability associated with the occurrence under the null hypothesis of a value as extreme as or more extreme than the observed value
Ph.D.	Doctor of Philosophy

Psy.D.	Doctor of Psychology
r	Pearson product-moment correlation
R^2	R-squared statistic: measure of the proportion of variance for a dependent variable that's explained by independent variable(s)
RWA	Right-Wing Authoritarianism Scale
SD	Standard Deviation: value of variation from the mean
SDO	Social Dominance Orientation Scale
t	t-statistic: ratio of the departure of the estimated value of a parameter from its hypothesized value to its standard error
VIF	Measure of how much variance is inflated
χ^2	Chi-squared statistic: measure of the difference between the observed and expected frequencies of the outcomes of a set of variables
η^2	Eta-squared: a measure of effect size
<	Less than
=	Equal to

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1. INTRODUCTION

It has long been a foundational assertion of the law that in order to be truly culpable, one must have both committed a bad act, *actus reus*, and have done so with a guilty mind, *mens rea*. Therefore, those who have broken the law but did not have intent to perform the illegal act are said to lack *mens rea*. One such way *mens rea* can be absent is due to the presence of a severe mental illness that impairs an individual's mental abilities to such a degree as to excuse the individual from criminal responsibility, as well as punishment. Since the 18th century, when this principle was introduced in England (*Rex v. Arnold*, 1724), the criteria for legal exemption from punishment due to impaired *mens rea* has transformed over the years.

In the United States, a defendant determined to lack *mens rea* may be adjudicated Not Guilty by Reason of Insanity (NGRI). While specific legal criteria for a finding of NGRI vary by jurisdiction, they typically align with one of three standards. The M'Naghten standard, the most popular basis for legal insanity in the United States (FindLaw, 2019), requires that in order to meet criteria for an NGRI verdict, at the time of the offense, the defendant was "labouring under such a defect of reason from disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know what he was doing was wrong" (M'Naghten case, 1843, p. 718). Some criticisms of this standard include that it is too strict (Zilboorg, 1943) and narrowly defines insanity as a cognitive issue (i.e., mere intellectual knowledge that the act was wrong) without considering important emotional controls (American Law Institute, 1985). In response to these criticisms, three states with the M'Naghten standard introduced a volitional criterion (FindLaw, 2019), often called the "irresistible impulse

standard,” to allow for a verdict of NGRI if at the time of the offense the defendant was responding to an overpowering urge (Stephen, 2014). However, critics argue this added criterion is susceptible to feigning given that determining what qualifies as “irresistible” or “overpowering” is subjective and hard to quantify (*Commonwealth v. Woodhouse*, 1960).

In 1954, the Court of Appeals for the District of Columbia ruled that a defendant may be found NGRI if the crime was a “product of a mental disease or defect” (*Durham v. U.S.*, 1954, pp. 874-875). The broadness of the Durham standard afforded mental health experts the opportunity to provide comprehensive testimony regarding the psycholegal issue; however, by expanding the NGRI criteria without stipulating a legal definition of mental disease or defect, there was inconsistency in application by both mental health experts and courts (Packer, 2009). In response, the U.S. Supreme Court narrowed the definition of mental defect by stating it was “any abnormal condition of the mind which substantially affects mental or emotional processes and substantially impairs behavior controls” (*McDonald v. United States*, 1962, p. 851). While this clarification once again emphasized the importance of behavioral control, it did not go far enough to provide experts with clear guidelines regarding how to determine if a lack of behavioral control is the product of a mental disease or defect (Packer, 2009).

In 1962, the American Law Institute proposed a comprehensive alternative to the M’Naghten, irresistible impulse, and Durham standards, which stated:

a person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he lacked substantial capacity either to appreciate the criminality [wrongfulness] of his conduct or to conform his conduct to the requirements of the law. (American Law Institute, 1985)

Importantly, the ALI standard contains two prongs (one cognitive and one volitional) and stipulates a defendant may be found NGRI if they meet *either* criterion. The cognitive prong differs from the M’Naghten standard in that it focuses on the degree to which a defendant *appreciates* the moral wrongfulness of their actions, as opposed to simply having the *intellectual knowledge* their actions were against the law (Fingarette, 1972). This distinction is considered more lenient, in that it accounts for individuals with severe psychopathology (e.g., delusions) that might preclude their judgment but who were still cognitively aware of the illegality of their actions. Take for example, an individual who believes she must kill a mailperson in order to save mankind from the mailperson’s plot to destroy America. This individual may be aware that killing someone is illegal, but due to her mental illness, believes her actions are morally justified. The volitional prong of the ALI standard varies from the irresistible impulse standard in that it shifted focus from the *strength* of the behavioral impulse to the individual’s *ability to control* the impulse, which some believe is more observable and quantifiable (Packer, 2009).

As of 2019, 25 states follow the M’Naghten standard or some variant, one state utilizes the Durham standard, 21 states (including Washington D.C.) have adopted the ALI standard or some variant, and four states have no formal insanity defense but still allow for *mens rea* to be considered at trial (FindLaw, 2019).

Mental State at the Time of the Offense Evaluations

When a defendant’s culpability is questioned based on their mental state and they raise an NGRI defense, a forensic mental health evaluator may assess the defendant and opine as to their mental state at the time of the offense (MSO; Packer, 2009). The evaluator’s opinions regarding the defendant’s psychological capacities at the time of the alleged offense are then considered by, and often influential on, legal decision makers when determining a defendant’s criminal

responsibility (Rogers et al., 1984; Wettstein et al., 1991). Therefore, psycholegal opinions derived from MSO evaluations have significant implications for fairness and justice in that they may contribute to a defendant either receiving a disciplinary response (if found criminally responsible) or possible treatment (if found NGRI). Denial of the correct outcome leads to a miscarriage of justice wherein a defendant with mental illness is not afforded the opportunity for proper healthcare or a defendant who should be held accountable for their actions is not appropriately punished (Gowensmith et al., 2013; Knoll & Resnick, 2008). Given the high stakes in these types of cases, it is critical these judgements be fair and impartial; that is, they should not be influenced by factors idiosyncratic to the forensic evaluator.

Hypothetically, if in practice MSO evaluations were not influenced by individual factors of the forensic evaluator, then they may be considered interchangeable, in that any evaluator might yield the same penultimate conclusion on criminal responsibility. However, according to a review of 483 MSO evaluations in Hawaii, where statutes dictate that three independent evaluators (one in the public sector and two in the private sector) perform evaluations in each case where the insanity defense is being pursued, all three evaluators agreed unanimously regarding the defendant's MSO in only 55.1% of the cases. Unanimous agreement only increased to 61.1% when two of the evaluators gave an opinion on sanity and the third did not (Gowensmith et al., 2013). In practice, there is also variation in the frequency of opined insanity by individual evaluators. For example, while the majority of evaluators opine defendants meet NGRI criteria around 16.9% of the time, some individual evaluators are outliers, in that they never opine a defendant legally insane or opine the defendant insane over 50% of the time (Gardner et al., 2018; Murrie & Warren, 2005). This remains true when controlling for occupational setting and typical referral source, factors that may impact opinion rates (Gardner et

al., 2018). Collectively, these findings indicate that some amount of variance in MSO psycholegal opinions may be attributable to differences between evaluators.

Indeed, previous research suggests individual biases on the part of the evaluator can affect psycholegal opinions, including those derived from an MSO evaluation. Some evaluators may be swayed by explicit motivators, such as social justice (Gorman, 1983) and money (Anderten et al., 1980; Schetky & Colbach, 1982). Perhaps more concerning, forensic evaluators can be influenced by implicit factors as well, which present more of a challenge in identifying and rectifying. One such implicit motivator is adversarial allegiance, wherein the forensic evaluator unintentionally pursues evidence that supports a legal outcome congruent with the party by which they are retained (Murrie et al., 2013). Evidence for this effect can be found in empirical studies utilizing mock criminal cases (Murrie et al., 2013; Otto, 1989) and case law research examining real-world cases (DeMatteo et al., 2014). Further, Guarnera and colleagues (2017) proposed additional factors that can potentially contribute to the variability in MSO psycholegal opinions such as unstandardized methods for MSO evaluations, limited training, and, most notably, individual differences between evaluators.

Right Wing Authoritarianism

One individual characteristic that possibly affects evaluator objectivity in MSO evaluations is right-wing authoritarianism (e.g., Homant & Kennedy, 1987b; Neal & Brodsky, 2016). Broadly, right-wing authoritarianism refers to a social attitude regarding the ideal relationship between the group and the individual which places value on the goal of collective security and cohesion at the expense of individual freedom (e.g., Duckitt, 1989; Feldman, 2003; Funke, 2005). Historically, researchers conceptualized right-wing authoritarianism as a unidimensional personality trait, comprised of tightly covarying qualities, which was relatively

stable over time (e.g., Adorno et al., 1950; Altemeyer, 1981). This single construct included beliefs in uncritical loyalty to moral authority (i.e., “Submission”), aggression toward out-group members (i.e., “Aggression”), and adherence to conventional values (i.e., “Conventionalism”; Altemeyer, 1981). Several measures were developed based on this traditional view of right-wing authoritarianism, such as the F scale (Adorno et al., 1950) and Right-Wing Authoritarianism Scale (RWA; Altemeyer 1981, 1998). Decades of research indicate the F scale is flawed in its theoretical base and design (for a review see Altemeyer 1981; Duckitt, 1989). The F scale’s inconsistent multidimensionality, ambiguity, susceptibility to acquiescence, and lack of predictive validity eventually led Altemeyer (1981) to conclude that it “cannot measure the construct it was intended to” (p. 25).

Research suggests the RWA is a reliable and predictive measure of constructs conceptually associated with right-wing authoritarianism, such as fundamentalist religiosity, right-leaning politics, and ethnocentrism (for a review see Altemeyer 1981, 1998). However, many criticize the measure based on its psychometric properties and its conceptualization of the overarching construct as unidimensional (for a review see Funke, 2005). For example, although Altemeyer (1981) recognized three components of right-wing authoritarianism (i.e., Submission, Aggression, and Conventionalism), he viewed them as covarying constructs that comprised a single personality trait; however, if these constructs do not covary reliably then some nuance may be lost, as highlighted in this thought experiment proposed in Funke (2005):

Consider three items (A; S; C) measuring one facet of authoritarianism each on a 7-point Likert scale. The lowest possible global (sum) score would be three (1; 1; 1), the highest 21 (7; 7; 7). One can infer the combination of the subdimensions one-to-one from the global score, but only at the extremes of the codomain.

However, with a global score of four instead of three (resp. 20 instead of 21) this score-combination projection becomes ambiguous with three combinations each (e.g., 1; 1; 2 or 1; 2; 1 or 2; 1; 1). The theoretical mean of the global sum score in our example is 12, a figure that can be obtained by every one out of 37 (!) possible combinations (totaling $7^3 = 343$ combinations). (p. 197)

Indeed, the modern consensus in psychology literature is that right-wing authoritarianism is best understood as a *multidimensional social attitude*, as opposed to a single personality trait (e.g., Duckitt, 1989; Feldman, 2003; Funke, 2005). While this social attitude may be influenced by personality, contrary to the traditional view of right-wing authoritarianism, it is not conceptualized as an expression of one's personality and is instead an expression of one's emotional identification with a social group (Duckitt, 1989). In this view, Altemeyer's constructs of Conventionalism, Submission, and Aggression covariate because the more one identifies with a certain group, the more they demand conformity to that group's norms, respect for ingroup authorities, and punishment for nonconformers, respectively.

Duckitt and colleagues (2010) reconceptualized these underlying mechanisms of right-wing authoritarianism as three social attitudes reflecting one's beliefs regarding the relationship between the group and the individual, which is primarily determined by one's emotional identification with that group. Additionally, they renamed them to Conservativism (i.e., Altemeyer's Submission), Authoritarianism (i.e., Altemeyer's Aggression), and Traditionalism (i.e., Altemeyer's Conventionalism). Conservativism is described as attitudes favoring uncritical obedience to existing authorities and institutions. Authoritarianism reflects attitudes favoring strict, punitive control. Finally, Traditionalism suggests attitudes favoring old-fashioned social norms and values (Duckitt et al., 2010). Generally, individuals high in right-wing

authoritarianism draw on one or more of these constructs to express social attitudes that aim to maintain the security of the community even if that would mean sacrificing the rights of individual citizens. These covarying social attitudes contribute, in part, to prejudicial attitudes towards outgroup members.

Based on the triarchic model of right-wing authoritarianism, Duckitt and colleagues (2010) developed the Authoritarianism, Conservatism, and Traditionalism (ACT) measure. The ACT consists of 36 items on a seven-point Likert scale (strongly disagree to strongly agree), which load onto the three conceptual factors described above (Authoritarianism, Conservatism, and Traditionalism). This three-factor measure is a statistically better fit with previous empirical findings than the RWA, as shown with confirmatory factor analysis (Duckitt et al., 2010; Funke, 2005), and is reliable across multiple cultures (i.e., Israel, United States, and New Zealand; Duckitt et al., 2010). The ACT demonstrates high convergent validity with the RWA, even after removing those items taken directly from the RWA.

The individual scales of the ACT also display discriminant validity. Only the Authoritarianism scale is correlated with more punitive attitudes (e.g., harsher prison sentences, greater military force). Only the Conservatism scale is associated with deferential beliefs and behaviors towards authority. Finally, only the Traditionalism scale is associated with religiosity and opposition to social change (e.g., legalizing gay marriage, contraceptives for teenagers). Importantly, the scales also differentially covary. For example, while Authoritarianism is consistently correlated with support for the government using excessive force, the secondary covariate depends on whether the targets of such force are undermining traditional values (Traditionalism) or social stability (Conservatism). Furthermore, the individual ACT scales

show strong predictive validity; for example, Authoritarianism predicts political party affiliation (Duckitt et al., 2010).

Right-Wing Authoritarianism in the Psycholegal Context

It is well established that right-wing authoritarianism is associated with a variety of legal attitudes and outcomes in lay people and jurors. Specifically, individuals higher in right-wing authoritarianism are more punitive, in that they are more likely to support mandatory sentencing (Feather & Souter, 2002) and recommend the death penalty (Barnett et al., 2004; McKelvie, 2013). Regarding cases involving the NGRI defense, mock jurors higher in right-wing authoritarianism are less likely to view the defendant as mentally ill, more likely to believe the defendant was responsible for their actions, and less likely to find the defendant NGRI (Cutler et al., 1992). In a meta-analysis, Narby and colleagues (1993) found that both traditional and legal authoritarianism correlated with jurors' tendency to convict ($r = .11$ and $r = .19$, respectively), although legal authoritarianism significantly more so ($\chi^2 = 23.71$), an effect also found in a more recent meta-analysis (Devine & Caughlin, 2014).

Regarding forensic evaluators specifically, there is reason to believe individual differences in right-wing authoritarianism may be associated with psycholegal opinions, including those derived from an MSO evaluation. Using qualitative analyses of interviews with forensic psychologists concerning biases in psycholegal evaluations, Neal and Brodsky (2016) identified sources of bias including policy ideology, reluctance to accept shifting social norms, and attitudes toward the crime or defendant. Additionally, evaluators who are politically very liberal or conservative may be less likely than slight liberals and moderates to opine a defendant NGRI (Homant & Kennedy, 1987b); however, this finding is inconsistent (Homant & Kennedy, 1987a) and there were notable methodological limitations of these studies that may have affected

these results. For example, Lillyquist's (1980) Locus of Responsibility for Crime Scale was used to assess participants' political ideology; however, a review of the literature does not indicate it is valid for this purpose. Additionally, data were not anonymous as participants were encouraged to sign their name on the research survey in order to participate in follow up studies. Given these limitations, additional research is needed to determine if there is indeed a relationship between forensic evaluators' individual differences in right-wing authoritarianism and their MSO psycholegal opinions.

Social Dominance Orientation

Another distinct, yet related, concept comprising prejudicial attitudes is one's social dominance orientation, described as reflecting the "extent to which one desires that one's ingroup dominate and be superior to outgroups" (Pratto et al., 1994; p. 742). Social dominance orientation underlies beliefs that society should be hierarchical and based on socially constructed variables (e.g., gender, race, class), as well as practices that result in social inequality (e.g., racism, sexism, nationalism). According to Rocco (2008), individuals high in social dominance acquire their social security at the expense of others' who they perceive to be inferior. Similar to right-wing authoritarianism, social dominance orientation is considered a social attitude, not a personality trait, because of its high correlation with other attitudinal measures and reactivity to situational controls (Duckitt & Fisher, 2003; Duriez & Van Hiel, 2002; Guimond et al., 2003).

Initially, due to their consistent high and positive correlation, researchers believed social dominance orientation and right-wing authoritarianism similarly predict a single concept of generalized prejudice, wherein individuals hostile toward one outgroup would also be assumed to be hostile toward other outgroups (Altemeyer, 1998, Duriez & Van Hiel, 2002). However, this apparently stable correlation (and the foundation for the generalized prejudice model) may be

misleading. Initial studies on the topic invariably examined subgroups most likely to experience prejudice in the real world (e.g., racial minorities, religious minorities), subgroups typically viewed as socially subordinate and threatening, thus potentially eliciting both greater right-wing authoritarianism and social dominance.

Currently, the prevailing theory postulates these social attitudes predict prejudice for different reasons (i.e., threat to relative dominance [social dominance orientation] as opposed to threat to social harmony [right-wing authoritarianism]; Duckitt, 2001, 2006). Essentially, strong social dominance is rooted in a view of the world that it is a competitive jungle, in which one must be ruthless to survive. Alternatively, high right-wing authoritarianism stems from the belief that the world is a threatening and dangerous place, thus there is a strong need for security and certainty. The proposed independence of social dominance orientation and right-wing authoritarianism was based on the observation that these social attitudes were only highly correlated in countries with stark ideological contrasts and were weakly correlated in countries with less structured political behaviors (Duckitt, 2001; Roccato & Ricolfi, 2005).

This Dual Process Motivational approach is substantiated by the literature that indicates social dominance orientation and right-wing authoritarianism distinctly measure prejudicial attitudes independently of each other (Asbrock et al., 2010; Duckitt & Sibley, 2007; Ekehammer & Akrami, 2003). For example, Duckitt and Sibley (2007) found that prejudice towards dangerous groups (e.g., drug dealers, Satanists, violent criminals) was correlated only with right-wing authoritarianism; prejudice towards derogated groups (e.g., unattractive people, psychiatric patients, the unemployed, immigrants) was related only to social dominance orientation; and prejudice towards dissident groups (e.g., protesters, feminists, individuals who criticize authority) was significantly correlated with both, although more so for right-wing

authoritarianism than social dominance orientation. Subsequent studies substantiated these results and established the causal nature of the relationships (Asbrock et al., 2010; Duckitt & Bizumic, 2013).

To measure an individual's social dominance orientation, Pratto and colleagues (1994) developed the Social Dominance Orientation (SDO) Scale. The SDO Scale consists of 16 items towards which the examinee indicates their degree of positive or negative feelings on a Likert scale (very negative to very positive). Over the years, researchers introduced shorter versions of the scale, such as the 14-item SDO Scale (Pratto et al., 1994) and even a 4-item version (Pratto et al., 2013), all of which are deemed reliable ($\alpha = .84$ for the 14-item version and $\alpha = .85$ for all other versions; Lee et al., 2011). However, the full 16-item version remains the most popular and reliable, $\alpha = .86$ (Lee et al., 2011). Further, the SDO Scale is the most common measure of social dominance orientation, has been translated for use in many countries (Lee et al., 2011; Meyer, 2012), and is considered cross-culturally valid (Pratto et al., 2000). Notably, the SDO Scale is significantly, although weakly, correlated with the ACT Composite Score ($r = .17$), Conservatism scale ($r = .23$), and Authoritarianism scale ($r = .26$), but nonsignificantly with the Traditionalism scale ($r = -.03$; Duckitt & Bizumic, 2013).

Lee and colleagues (2011) conducted a meta-analysis examining the utility of the SDO Scale and found support for the SDO Scale's construct validity; scores positively correlated with ideologies of inequality and negatively correlated with advocacy efforts for greater inclusivity and equality. Specifically, high scores on the SDO Scale were significantly associated with measures of racism ($r = .47$), heterosexism ($r = .43$), sexism ($r = .40$), nationalism ($r = .40$), and support for progressive social policies ($r = -.39$). Further, individuals with high scores on the

SDO Scale tend to hold conservative beliefs ($r = .71$) and vote for extreme right-wing candidates/causes ($r = .51$; Hiel & Mervielde, 2002).

Social Dominance Orientation in the Psycholegal Context

While studies directly comparing the predictability of right-wing authoritarianism and social dominance orientation have not included the specific subgroup of defendants pleading NGRI (e.g., Asbrock et al., 2010; Duckitt & Bizumic, 2013; Duckitt & Sibley, 2007), inferences may be possible from examining the overall literature. Based on Duckitt and Sibley's aforementioned classifications, this subgroup is not likely to be considered "dissident" in that defendants pleading NGRI do not oppose official policies in the same way as protesters and feminists. Therefore, either right-wing authoritarianism or social dominance orientation, but not likely both, would predict prejudicial attitudes toward this subgroup.

Given individuals with psychiatric diagnoses, particularly those pleading NGRI for violent offenses, are likely to be perceived as dangerous (Angermeyer & Dietrich, 2006; Fuller Torrey, 2011; Rüsçh et al., 2005), it stands to reason that right-wing authoritarianism would be the major predictor. I have already presented an argument supporting this notion (see *Right-Wing Authoritarianism*). Alternatively, defendants pleading NGRI might be perceived as "derogated" similarly to general psychiatric patients (Duckitt & Sibley, 2007), thus, social dominance orientation may be the major predictor. Indeed, research does suggest that individuals high in social dominance are more likely to support punitive policies and are less favorable towards the insanity defense (Crawley & Suarez, 2016; Mooney, 2019; Sidanius & Liu, 1992). Ultimately, in order to make the determination if either influence forensic evaluators' NGRI psycholegal opinions, it is imperative to assess for both constructs of prejudice.

Attitudes toward the NGRI Defense

Finally, another potential confounding individual characteristic which possibly affects evaluator objectivity in MSO evaluations is their attitude towards the insanity defense (Adjorlolo et al., 2018; Homant & Kennedy, 1987a, 1987b). Research shows lay people in the United States hold negative perceptions of the insanity defense, such that it is overused or a legal loophole through which truly guilty individuals evade justified punishment (Knoll & Resnick, 2008; Perlin, 2017; Steadman et al., 1993). It is no wonder, then, why jurors who endorse these beliefs hold negative attitudes toward the insanity defense (Bloechl et al., 2007; Vitacco et al., 2009), and those who hold negative attitudes toward the insanity defense are less likely to find a defendant NGRI (Louden & Skeem, 2007; Roberts & Golding, 1991; Skeem et al., 2004).

Notably, negative attitudes toward the insanity defense occur in professional populations as well, including those who work closely with individuals with severe mental illness (Adjorlolo et al., 2018; Homant & Kennedy, 1987a; Jordan & Myers, 2003). Adjorlolo and colleagues (2018) assessed attitudes toward the insanity defense in a sample of 113 registered mental health nurses. They found that nurses in a psychiatric hospital displayed negative attitudes toward the insanity defense despite their requisite training in and exposure to mental health issues. Further, the nurses' views on criminal blameworthiness and punitiveness were more influential on their attitudes toward the insanity defense than their perceptions of mental illness.

Regarding forensic evaluators, specifically, there is reason to believe psychologists are less sympathetic toward the insanity defense than psychiatrists (Homant & Kennedy, 1987b; Homant et al., 1986), although this effect may not be robust (Homant & Kennedy, 1986; 1987a) and is susceptible to methodological limitations (e.g., evaluators' attitudes toward the insanity defense was measured on a single, unvalidated 11-point scale). This potential association may be

important given forensic evaluators' attitudes toward the insanity defense are highly positively correlated with their opinion regarding a defendant's criminal responsibility (Homant & Kennedy, 1986; 1987a; 1987b). Specifically, evaluators who are less favorable toward the insanity defense are less likely to opine a defendant meets NGRI criteria. Collectively, these findings suggest forensic evaluators, perhaps particularly psychologists (Homant & Kennedy, 1987b; Homant et al., 1986), conducting MSO evaluations may have biases against the insanity defense which may affect their objectivity in practice. Therefore, to better understand the unique influences of right-wing authoritarianism and social dominance orientation, it may be important to measure attitudes toward the insanity defense and control for its influence on forensic evaluators' MSO psycholegal opinions.

Early attempts to measure attitudes toward the insanity defense included only one question (Cutler et al., 1992; Ellsworth et al., 1984; Homant & Kennedy, 1986); however, more sophisticated, multi-item approaches were soon developed (e.g., Insanity Defense Support Scale [IDS; Hans, 1986] and Roberts & Golding's [1991] scale). The IDS uses 16 items on a 4-point Likert-type scale to assess the following five factors: Punishment (i.e., extent to which an individual with severe mental illness should be punished), Perceived Injustice, Perceived Danger, Psychiatric Treatment, and Effectiveness (i.e., usefulness of NGRI procedures). Although individuals' responses in these domains predict their overall opinions of the insanity defense (Hans, 1986), more extensive analyses of its psychometric properties (e.g., predictive validity, reliability) have not been conducted (Skeem et al., 2004). A second measure, developed by Roberts and Golding (1991) consists of 20 items on a Likert scale which load onto the following four factors: Strict Liability Orientation (i.e., degree to which one's mental state is relevant to blame/punishment), Detention Concerns, Insanity Irrelevant to Guilt, and Death Penalty

Attitudes. This measure accurately predicts mock jurors' NGRI verdicts and provides incremental validity after accounting for facts of the case (Roberts & Golding, 1991).

A more recently developed tool to measure individuals' perceptions of the NGRI defense is the Insanity Defense Attitude-Revised (IDA-R; Skeem et al., 2004). Skeem and colleagues developed the original Insanity Defense Attitude (IDA) measure based on popular national and local news sources, factors that influenced participants' decisions in mock jury studies (e.g., Finkel & Handel, 1989; Ogloff, 1991), and validated items from previous measures of insanity defense attitudes (e.g., Cutler et al., 1992; Hans, 1986; Roberts & Golding, 1991). A principle component analysis suggested the IDA had a three-component structure consisting of Strict Liability (i.e., degree to which individuals believe severe mental illness is related to impaired decision making and control), Injustice and Danger (i.e., extent to which individuals believe the NGRI defense is overused), and Treatment Refusal (i.e., degree to which individuals believe one should be held accountable for their actions if they were refusing psychological treatment). Item-level analyses led to the modification of nine items and removal of nine items, including all those which loaded onto the Treatment Refusal factor (Skeem et al., 2004).

The revised version, the IDA-R, consists of 19 items on a five-point Likert-type scale (strongly disagree, disagree, neutral, agree, and strongly agree). A principle component analysis indicated that the same two factors from the IDA, Strict Liability and Injustice and Danger, accounted for 55% of the total variance. The internal consistency for the Strict Liability and Injustice and Danger factors were fair ($\alpha = .68$) and good ($\alpha = .88$), respectively (Skeem et al., 2004). Validation studies support this two-factor structure (e.g., Kivisto & Swan, 2011); however, Vitacco et al. (2009) has proposed an alternative two-factor structure and Adjorlolo et al. (2018) proposed a three-factor structure.

With a sample of 135 former venirepersons, Skeem and colleagues (2004) examined the validity of the IDA-R, which demonstrates good convergent validity when compared to the IDS Punishment scale (reverse keyed; $r = -.75$) and Perceived Danger scale ($r = .67$), as well as adequate convergent validity compared to the Psychiatric Treatment scale ($r = -.37$). These findings were not significantly impacted after removing those items that originated from the IDS. The IDA-R exhibits moderate divergent validity when compared to participants' general attitudes toward individuals with mental illness and participants' level of legal authoritarianism. Additionally, the IDA-R Strict Liability and Injustice and Danger factors demonstrate the ability to predict individuals' likelihood of finding a defendant NGRI ($r = -.47$ and $-.19$, respectively), even after controlling for legal authoritarianism and attitudes toward individuals with mental illness ($\chi^2(4, N = 135) = 41.14, p < .001$). Importantly, the IDA-R predicts verdict better than the IDS, even given the high correlation between items. The IDA-R is generalizable to a variety of populations, such as jury-eligible undergraduates (Bloechl et al., 2007; Kivisto & Swan, 2011), mental health professionals (Adjorlolo et al., 2018), and venirepersons in the United States (Skeem et al., 2004; Vitacco et al., 2009) and Canada (Maeder et al., 2015).

Operational Mechanisms of Bias

The facets of prejudice (i.e., right-wing authoritarianism and social dominance orientation) would be classified as biases on the part of forensic evaluators because they represent nonrandom error, that is, information unrelated to the facts of the case that might impact judgement (West & Kenny, 2011). Bias within a forensic context is not a new phenomenon, nor is it limited to forensic mental health, with research showing that both DNA analyses (Dror & Hampikian, 2011) and fingerprint analyses (Dror & Rosenthal, 2008) are susceptible to the influence of extraneous factors. Indeed, professionals across forensic domains

have called for increased awareness of sources of bias over the last decade (Heilbrun & Brooks, 2010; National Research Council, 2009). The National Research Council (2009) proposed several issues that are prominent throughout forensic analysis fields and offered various solutions to remedy these issues. Most notable was the problem of cognitive bias, which has the potential to affect decision-making at every stage of the data collection and analysis process (Dror, 2015).

Integrating previous research (e.g., Dror, 2015; Dror et al., 2017) and the principles of Sir Francis Bacon, Zapf and Dror (2017) propose a seven-level taxonomy for the stages of potential bias in forensic mental health evaluations, ranging from those derived from human nature, cultural influences, and case-specific factors. This taxonomy consist of: (1) *Cognitive architecture and the brain*, which includes all obstacles that are a result of the structure of the human brain and subsequent mental processes (e.g., top-down processing, anchoring bias). (2) *Training and motivation*, which contains influences from one's nurture (e.g., experiences, education, personal characteristics). (3) *Organizational factors* involve those that are a result of social interactions and relationships with others (e.g., language, unstructured methods). (4) *Base rate expectations* involve the evaluator drawing erroneous conclusions derived from unsupported procedures (e.g., non-empirically supported practices, anecdotal observations). (5) *Irrelevant case information*, which includes case-specific information that is not relevant to the referral question (e.g., criminal history, opinions expressed by collateral informants). (6) *Reference materials*, which addresses bias derived from contextual material included in references against which the evaluator is meant to compare the evidence (e.g., legal standards, criteria in assessment tool manual). (7) *Case evidence*, which includes case-specific information that is relevant, yet still potentially biasing (e.g., police reports, witness statements).

While a forensic evaluator may be influenced by bias at one or more points in this taxonomy, three steps are particularly relevant when considering the mechanisms by which right-wing authoritarianism and social dominance may be biasing—*cognitive architecture and the brain, training and motivation, and organizational factors*. As stated previously, *cognitive architecture and the brain* reflects mental procedures meant to accommodate for limitations in the functioning of the human brain as it processes information. These cognitive short cuts and the implications for bias in psycholegal decision making are discussed expansively by Neal and Grisso (2014). For example, confirmation bias may influence a forensic evaluator who, due to their high right-wing authoritarian or socially dominant beliefs, makes an initial attributional judgement of the defendant pleading NGRI and then selectively gathers or interprets information to confirm that initial hypothesis while ignoring disconfirming evidence. Another step at which prejudice may be influential is the *training and motivation* stage, which involves the influences of one’s lived experiences and worldview. As stated in Dror (2009), “Different people, based on their specific upbringing, life experiences and professional affiliations, have developed personal allegiances to groups, ideologies, disciplines, theories, or methodologies” (p. 99). Given right-wing authoritarianism and social dominance orientation are social attitudes indicative of one’s worldview, they can potentially bias evaluators via this mechanism. Lastly, *organizational factors*, particularly those concerned with language and structure, can lead to bias when they are unclear. In the context of forensic assessment, unstructured methods that require greater clinical judgement are more susceptible to bias. For example, research repeatedly indicates clinical judgement is less reliable and more influenced by bias than actuarial measures (Aegisdottir et al., 2006; Dawes et al., 1989; Monahan, 1982). In the context of MSO evaluations, there is a dearth of referral-specific measures and no widely used actuarial tools (Melton et al., 2018). Indeed,

even the use of general psychological measures is uncommon in MSO evaluations (Gardner et al., 2018; McLaughlin & Kan, 2014). Therefore, MSO evaluations are largely based on clinical judgement alone, thus susceptible to bias, potentially due to evaluators' individual differences in right-wing authoritarianism and social dominance orientation.

Furthermore, evaluator-specific factors have a greater influence on forensic evaluators' psycholegal opinions when case facts are ambiguous (Zapf & Dror, 2017). In the context of competency to proceed evaluations, psycholegal opinions can differ between two evaluators with mild biases anywhere from 7–36% of the time when case facts are “fuzzy” regarding the objective truth of the defendant's competency. This disagreement becomes considerably more pronounced if evaluators hold strong, opposing biases (Mossman, 2013). In the context of MSO evaluations, if the defendant has a clear diagnosable psychotic disorder or was hospitalized shortly before the offense, evaluators are more likely to reach the same conclusion regarding lack of criminal responsibility. However, if the defendant was also under the influence of drugs or alcohol at the time of offense, this may cause greater ambiguity regarding criminal responsibility, thus, greater variations in opinions (Gowensmith et al., 2013).

2. CURRENT STUDY

Studies concerning lay persons and mental health professionals suggest forensic evaluators' individual differences in two social attitudes comprising prejudice (i.e., right-wing authoritarianism and social dominance orientation) may be related to their MSO psycholegal opinions (e.g., Homant & Kennedy, 1987b; Neal & Brodsky, 2016; Crawley & Suarez, 2016). Importantly, due to methodological limitations of previous studies (e.g., outdated conceptualization of relevant variables, nonuse of validated measures, lack of direct comparisons), inconsistent findings (e.g., Homant & Kennedy, 1987a), and unaddressed confounds (i.e., attitudes toward the insanity defense, profession, effort) the presence and nature of the associations between these facets of prejudice and forensic evaluators' MSO psycholegal opinions are presently unknown. The current study aimed to clarify these relationships by examining how forensic evaluators' individual differences in right-wing authoritarianism and social dominance orientation are associated with their MSO psycholegal opinions when controlling for potential confounding variables (see Figure 1 for proposed relationship between all relevant variables).

Further, studies indicate a more nuanced approach to conceptualizing and measuring these facets may be ideal for identifying these relationships. For example, Devine and Caughlin (2014) and Narby et al. (1993) found that legal authoritarianism (i.e., Duckitt's Authoritarianism) was a significantly greater predictor of NGRI verdict than traditional authoritarianism. Additionally, forensic evaluators have identified reluctance to accept shifting social norms (i.e., Duckitt's Traditionalism) and attitudes toward the crime or defendant (i.e., Duckitt's

Authoritarianism) as potential sources of bias (Neal & Brodsky, 2016). Therefore, the current study took a more nuanced approach to conceptualizing and measuring the influence of these variables.

Based on previous research (e.g., Adjorlolo et al., 2018; Homant et al., 1986; Jordan & Myers, 2003), I hypothesized participants higher in Authoritarianism (i.e., those who are more punitive and concerned with safety), as measured by the ACT-Authoritarianism scale, would be less likely to opine a defendant NGRI than those lower in Authoritarianism. Based on themes that have emerged in previous research (e.g., Homant et al., 1986; Jordan & Myers, 2003; Neal & Brodsky, 2016), I hypothesized participants higher in Traditionalism (i.e., those who are uncomfortable with moral uncertainty), as measured by the ACT-Traditionalism scale, would be less likely to opine a defendant NGRI than those lower in Traditionalism. Considering the outcome of NGRI cases does not pose a threat to social harmony, I hypothesized Conservatism (i.e., attitudes favoring obedient support to authority), as measured by the ACT-Conservatism scale, would have no effect on forensic evaluators' likelihood of opining a defendant NGRI. Finally, given defendants pleading NGRI might be perceived similarly to general psychiatric patients (i.e., "derogated" by Duckitt and Sibley's [2007] terms), I hypothesized participants higher in Social Dominance, as measured by the SDO Scale, would be less likely to opine a defendant NGRI than those lower in Social Dominance.

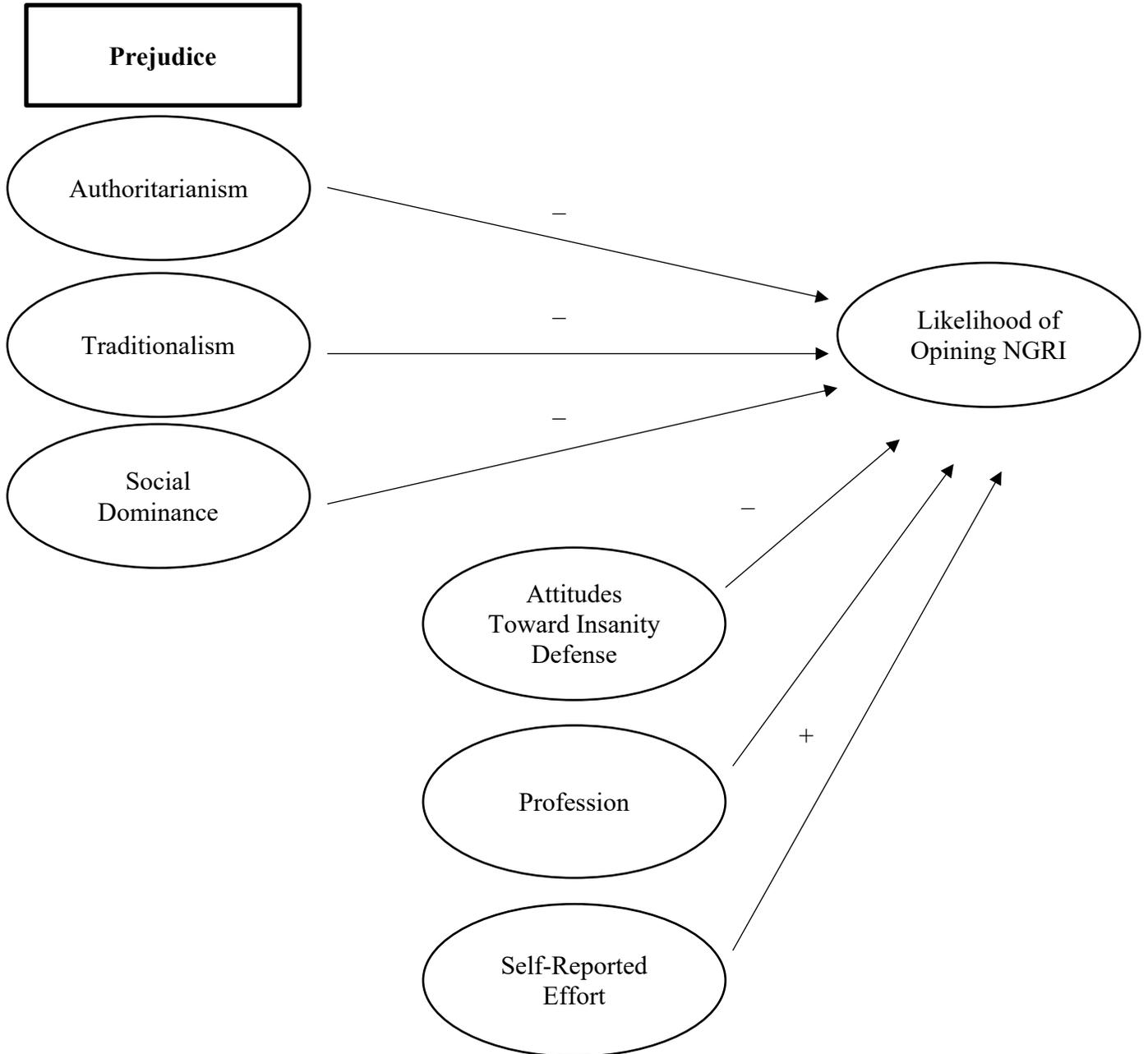
Figure 1

Model of Variable Relationships

Predictor Variables

Control Variables

Outcome Variable



Note. Model showing theoretical relationships between predictor variables (i.e., Authoritarianism, Traditionalism, and Social Dominance), control variables (i.e., Attitudes toward the Insanity Defense, Profession, and Self-Reported Effort), and the outcome variable (i.e., evaluators' Psychological Opinion).

3. METHODOLOGY

Participants

Recruitment materials indicated that individuals were eligible to participate if they were doctorate-level licensed forensic evaluators (i.e., M.D., Ph.D., or Psy.D.) and had completed at least one MSO evaluation in the five years prior to data collection. There were no exclusion criteria. I sent solicitation emails to two professional listservs (i.e., American Psychology-Law Society and Psy-Law); 116 directors at internship and postdoctoral training sites with forensic rotations/specialties, as identified by the Association of Psychology Postdoctoral and Internship Centers; and 303 colleagues and acquaintances. Participants were engaged in study procedures for an average of 23.63 minutes ($SD = 17.53$, Range = 10.40–126.93) and were compensated \$20 each for their time.

A power analysis using the G*Power program (Faul et al., 2007) determined an appropriate sample size for the present study. Based on Homant and Kennedy's (1987b) finding regarding the effect of political affiliation ($\eta^2 = 0.19$), I predicted a medium effect of prejudice (i.e., right-wing authoritarianism and social dominance). Utilizing multiple linear regression with a power level of 0.80 and an alpha of .05, the analysis indicated 98 participants were needed to detect a small to medium effect size (Cohen's $f^2 = .15$); however, I recruited more in order to account for attrition and incomplete data.

An initial 122 participants completed some portion of the study. Of these, 11 participants did not complete all study procedures and were removed. Further, one participant indicated they did not want their data used and these data were deleted. Three participants were removed for not

meeting study criteria (i.e., not licensed, not doctorate-level, no MSO evaluations within the eligibility timespan). Finally, three participants were removed for being outliers (i.e., defined by having scores 3 standard deviations below or above the mean on any of the predictor or outcome variables). The final sample consisted of 104 forensic evaluators (66.3% female, $M_{age} = 46.83$ years, $SD = 13.97$). The majority reported their race as White (95.2%), four (3.8%) as Black, and one (0.9%) as “mixed”. Six (5.8%) participants endorsed a Hispanic, Latinx, or Spanish background.

Most participants held a Ph.D. (70.2%) or Psy.D. (28.8%) and one held an M.D. Thirty-five (33.7%) were board certified by the relevant agency (e.g., American Board of Professional Psychology, American Board of Forensic Psychology, American Board of Psychiatry and Neurology). At the time of completing study materials, participants had practiced forensic psychology/psychiatry for an average of 16.75 years ($SD = 10.66$ years, Range = 2–42 years). Participants reported they primarily work in a state forensic hospital (30.8%), as part of a private practice (27.9%), in a prison (22.1%), retained by the court (12.5%), a state non-forensic hospital (1.0%), or other (e.g., university clinic, academic medical center; 5.7%). Participants reported primarily conducting MSO evaluations in a jurisdiction with a M’Naghten standard or variant (63.5%), an ALI standard or variant (29.8%), a Durham standard (1.9%), or “other” (4.8%). On average, participants had previously conducted 213 ($SD = 488$, Median = 48, Range = 2–3,000) MSO evaluations.

Given the structure of listservs (e.g., lack of information regarding number of listserv members, who met study criteria, who chose not to participate) and anonymity of data collection, response rates are incalculable.

Materials

Clinical Practice Questionnaire. Developed for this study, participants provided information regarding their clinical forensic practice, such as their history of MSO evaluations, number of years practicing as a forensic evaluator, and the insanity standard (i.e., M’Naghten, ALI, Durham) in the state in which they conduct the majority of their evaluations (Appendix A).

Vignette. This approximately one-page vignette summarized an incident that resulted in the death of a man by another man who is pleading NGRI (Appendix B). Specifically, it included a description of a scenario in which the defendant stabbed his stepfather outside his stepfather’s home and the stepfather later died at the hospital. The vignette included a short description of the defendant’s background, incorporating his academic performance, substance use history, and work history, as well as details of his interpersonal relationship with his mother and stepfather. This vignette was developed for the current study and the details were intentionally manipulated to be ambiguous regarding the defendant’s MSO based on previous research (e.g., Barnett et al., 2004; Gowensmith et al., 2013). This vignette was pilot tested with a sample of four forensic evaluators and two advanced graduate students in a clinical psychology and law doctoral program. Two-thirds of those participants declined to offer a dichotomous NGRI opinion (i.e., opted for “I don’t know” option) and the overall confidence rating was low ($M = 27.5$, Range = 0–65 on a 0–100 scale). These results suggest the vignette is sufficiently ambiguous regarding the defendant’s MSO; therefore, there could be variation in opinions among evaluators.

Psycholegal Opinion Survey. Developed for this study, this survey provides standard NGRI criteria and assesses participants’ psycholegal opinion regarding the hypothetical defendant’s criminal responsibility on four items answered on a five-point Likert-type scale with 1 representing “strongly disagree” and 5 representing “strongly agree” (Appendix C). The sum of

ratings on these four items comprised the Psycholegal Opinion outcome variable, with higher scores indicating a greater likelihood of opining the defendant met NGRI criteria. These items were very reliable ($\alpha = .80$). Additionally, participants are prompted to indicate which diagnostic categories might apply to the hypothetical defendant. Finally, participants are asked to self-report the level of effort they put forth while answering the preceding questions.

Insanity Defense Attitude Scale-Revised (IDA-R). The IDA-R (Skeem et al., 2004; Appendix D) is a 19-item self-report measure used to assess attitudes toward the insanity defense. The questions are answered on a Likert-type scale of 1-5 with 1 representing “strongly disagree” and 5 representing “strongly agree.” The individual ratings for each item are then added to form a total score (some are reverse coded), with a higher total score indicating more negative attitudes regarding the insanity defense. The IDA-R has good to adequate convergent validity when compared to similar measures, as well as moderate divergent validity when compared to participants’ general attitudes toward individuals with mental illness. Furthermore, the IDA-R has strong predictive and incremental validity in assessing case judgements for venirepersons (Skeem et al., 2004) as well as mental health professionals (Adjorlolo et al., 2018). This measure was very reliable for this sample ($\alpha = .79$).

Authoritarianism, Conservatism, and Traditionalism (ACT) Scale. The ACT (Duckitt et al., 2010; Appendix E) is a 36-item self-report measure used to assess the three dimensions of right-wing authoritarianism. The questions are answered on a Likert scale with 1 representing “strongly disagree” and 7 representing “strongly agree.” The measure is balanced between protrait and contrait items, thus, half of the items are reverse scored. The individual scales of the ACT demonstrate high convergent, discriminant, and predictive validity (Duckitt et al., 2010). This measure was highly reliable for this sample ($\alpha = .89$).

Social Dominance Orientation Scale. The SDO Scale (Pratto et al., 1994; Appendix F) is a 16-item self-report measure of differences in individuals' propensity for relative social dominance. The questions are answered on a Likert scale with 1 representing "very negative" attitudes toward the statement and 7 representing "very positive" attitudes toward the statement. The measure is balanced between protrait and contrait items, thus, half of the items are reverse scored. Higher scores on the SDO Scale positively correlate with ideologies of inequality (e.g., racism, sexism, nationalism) and negatively correlate with advocacy for greater inclusivity and equality (Lee et al., 2011; Pratto et al., 1994). This measure was very reliable for this sample ($\alpha = .84$).

Demographic Questionnaire. This questionnaire required participants to complete standard demographic items including age, gender, and racial/ethnic background (Appendix G).

Procedure

All study procedures were approved by the University of Alabama Institutional Review Board. Participants viewed an informed consent document prior to beginning the study. After agreeing to participate, participants completed the Clinical Practice Questionnaire. Participants then read the aforementioned vignette that summarized an incident that resulted in the death of a man by an ambiguously mentally ill man. After reading the vignette, participants completed the Psycholegal Opinion Survey. Participants then responded to the IDA-R, ACT, and SDO Scale, all of which were counterbalanced across participants to account for potential sequence and order effects. Finally, participants answered the Demographic Questionnaire.

After completing the data collection portion of the study, participants were rerouted to a separate form wherein they had the opportunity to submit their contact information for

compensation purposes if they chose to do so. Participants were informed that this information was not linked to the data from the previous sections, and collected data remained anonymous.

4. DATA ANALYSIS

Preliminary Analyses

Although participants who failed to complete one or more entire measures were removed from analyses, a small number of participants failed to respond to every individual item on all measures. Importantly, the proportion of missing data was low, ranging from 0.09% for the IDA-R to 0.17% for the SDO Scale, which are well below the suggested problematic cutoffs (e.g., 10% [Bennett, 2001], 5% [Schafer, 1999]). However, consistent with Scholmer et al. (2010), I performed a missing data analysis for all measures to check if there was a pattern of missingness that could potentially bias the data. Using Little's Missing Completely at Random Test (Little, 1988), I determined that data for the IDA-R ($X^2 [36, N = 107] = 36.9, p = .42$), ACT ($X^2 [140, N = 107] = 168.5, p = .05$), and SDO Scale ($X^2 [30, N = 107] = 21.3, p = .87$) were indeed missing completely at random. I then used Expectation Maximization to replace missing values, which is considered superior to other approaches (e.g., mean substitution, pattern-matching imputation), particularly when only a small portion of data are missing (Scholmer et al., 2010).

After replacing missing values, the IDA-R, ACT, and SDO Scale were all scored according to the appropriate procedures, producing the relevant composite scores (IDA-R and SDO Scale) and scale scores (Authoritarianism, Traditionalism, and Conservatism of ACT). Responses to the appropriate four items on the Psycholegal Opinion Survey were added to produce the "Psycholegal Opinion" outcome variable. See Table 1 for descriptive statistics of all measures and Figures 2-8 for distributions.

Table 1

Descriptive Statistics for All Study Measures

	Minimum	Maximum	<i>M</i>	<i>SD</i>
IDA-R Scale	19	53	31.60	6.45
ACT-Conservativism	13	48	33.33	7.68
ACT-Traditionalism	12	51	28.58	8.09
ACT-Authoritarianism	12	48	29.38	6.95
SDO Scale	16	48	23.86	7.57
Psycholegal Opinion	5	20	11.30	3.07

Figure 2

Histogram of IDA-R Scale Scores

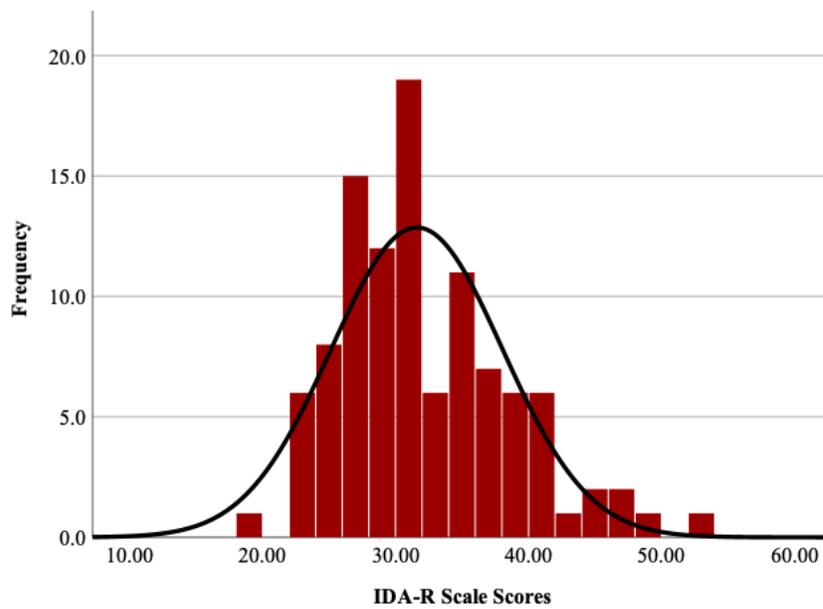


Figure 3

Histogram of ACT-Conservativism Scale Scores

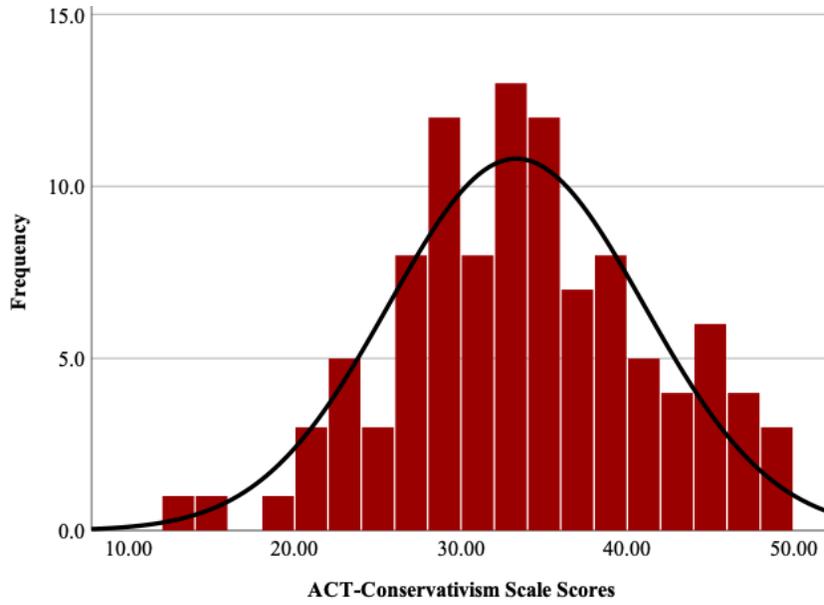


Figure 4

Histogram of ACT-Traditionalism Scale Scores

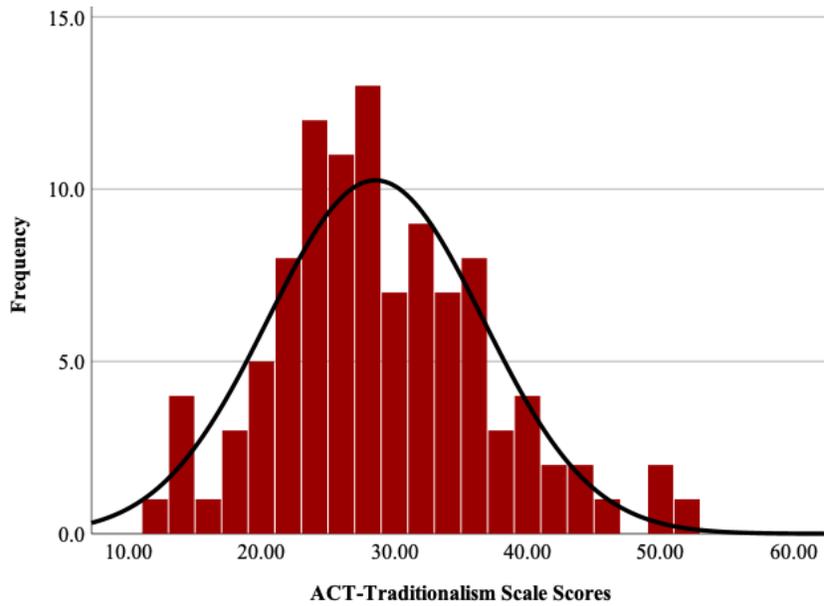


Figure 5

Histogram of ACT-Authoritarianism Scale Scores

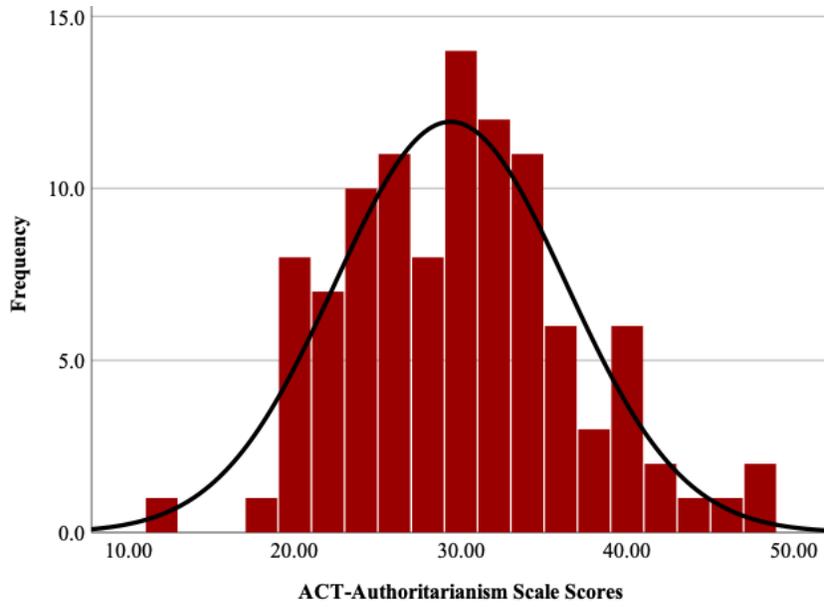


Figure 6

Histogram of SDO Scale Scores

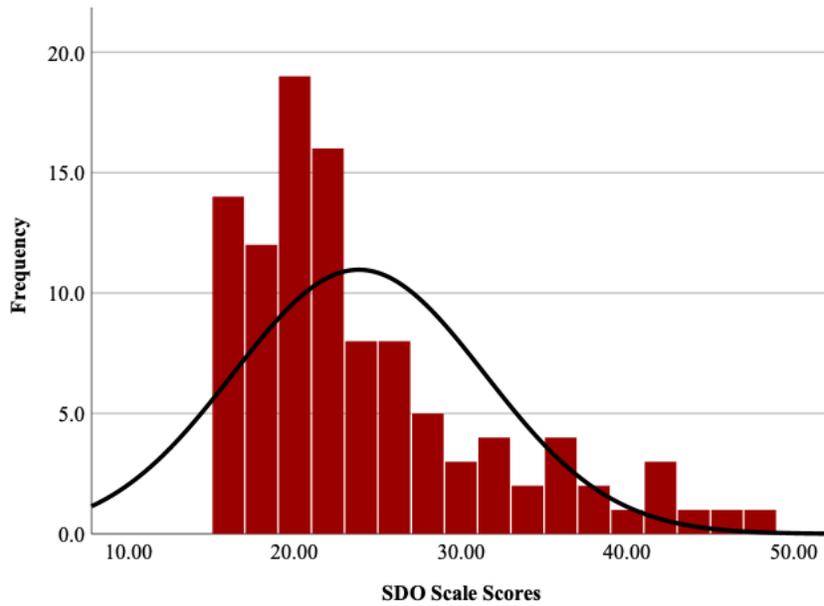


Figure 7

Histogram of Self-Reported Effort

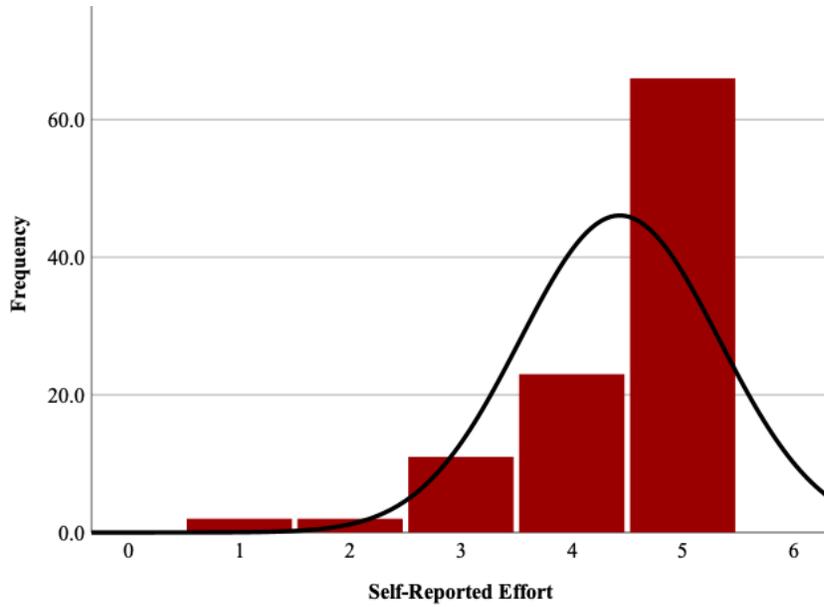
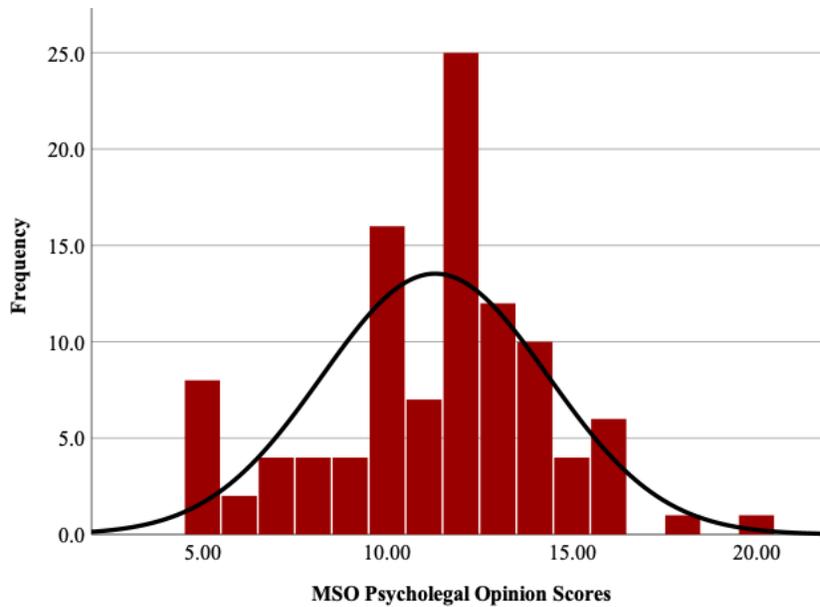


Figure 8

Histogram of MSO Psycholegal Opinion Scores



A series of Pearson product-moment correlations revealed participants' attitude toward the insanity defense (i.e., IDA-R composite score), $r(102) = -.10, p = .287$, was not correlated with the outcome variable; therefore, that variable was not statistically controlled for during main analyses. However, participants' self-reported effort (i.e., response to the "I put forth a good deal of effort in forming my opinions" item on the Psycholegal Opinion Survey) was correlated with the outcome variable, $r(102) = .25, p = .01$; therefore, self-reported effort was statistically controlled for during main analyses. Although I proposed similarly examining the relationship between participant profession (i.e., psychiatrist or psychologist) and the outcome variable, given there was only one participant with an M.D., that analysis was deemed unnecessary. See Table 2 for all correlations.

Table 2

Correlations Between Variables

Variable	1	2	3	4	5	6	7
1. IDA-R Scale	—						
2. ACT-Conservativism	.231*	—					
3. ACT-Traditionalism	.366**	.545**	—				
4. ACT-Authoritarianism	.480**	.513**	.635**	—			
5. SDO Scale	.321**	.358**	.511**	.553**	—		
6. Self-Reported Effort	-.014	-.061	-.196	-.186	-.102	—	
7. Psycholegal Opinion	-.105	-.069	.051	-.177	-.178	.252**	—

Note. N = 104

* $p < .05$, ** $p < .01$

Primary Analyses

A series of analyses revealed the assumptions of multiple regression were satisfied. An examination of the scatter plot of the data indicated there was a linear relationship between each predictor variable and the outcome variable. Cook's Distance values were all under 1 (Range = .00 – .13), suggesting individual cases were not unduly influencing the model (Cook & Weisberg, 1982). Tests to examine if the data met the assumption of collinearity indicated multicollinearity was not a concern (Conservatism, Tolerance = .65, VIF = 1.53; Traditionalism, Tolerance = .50, VIF = 2.02, Authoritarianism, Tolerance = .49, VIF = 2.03; Social Dominance, Tolerance = .65, VIF = 1.54). The Durbin-Watson value of 1.72 suggests the data met the assumption of independent errors. The scatterplot of standardized residuals did not evidence any funneling, indicating the data met the assumption of homoscedasticity. An examination of the P-P plot for the model suggested the assumption of normality of the residuals might have been violated. Therefore, as suggested by Darlington & Hayes (2017), assumptions were also tested as a set; the largest Bonferroni-corrected p -value in this regression model was .8370, indicating no assumptions were violated.

A multiple regression was conducted to examine if Authoritarianism, Traditionalism, Conservatism, and Social Dominance predict forensic evaluators' psycholegal opinion while controlling for self-reported effort. Using the standard enter method, Authoritarianism, Traditionalism, Conservatism, and Social Dominance explained a significant amount of the variance in forensic evaluators' psycholegal opinions, $F(5, 98) = 3.89, p = .003, R^2 = .17, R^2_{\text{Adjusted}} = .12$. However, further analysis indicated that Conservatism ($\beta = -.08, t(103) = -0.69, p = .49$), Authoritarianism ($\beta = -.23, t(103) = -1.72, p = .09$), and Social Dominance ($\beta = -.20, t(103) = -1.72, p = .09$) did not significantly predict forensic evaluators' psycholegal opinions,

although Traditionalism did ($\beta = .39, t(103) = 2.97, p = .004$). Therefore, participants who reported more traditional beliefs were more likely to opine the defendant met NGRI criteria.

Exploratory Analyses

Although not proposed, exploratory analyses allow for further insight from the data. Of particular interest were participants' responses to the Psycholegal Opinion Survey. All but four participants indicated the hypothetical defendant was experiencing symptoms of a severe mental disease or defect at the time of the offense. Participants indicated one or more of the following diagnostic categories as possibly applicable to the hypothetical defendant: substance related disorder (89.7%), psychotic disorder (69.2%), mood disorder (67.3%), personality disorder (11.2%). No participants indicated the defendant evidenced a neurodevelopmental disorder, neurocognitive disorder, dissociative disorder, or trauma related disorder.

In order to explore if the facets of prejudice were differentially influential on the two prongs of the NGRI standard, two multiple regressions were conducted with each relevant item of the Psycholegal Opinion Survey as the outcome variable (while controlling for self-reported effort). Authoritarianism, Traditionalism, Conservativism, and Social Dominance explain a significant amount of the variance in forensic evaluators' opinion that the defendant was unable to appreciate the *nature and quality* of his acts, $F(5, 98) = 2.54, p = .033, R^2 = .12, R^2_{\text{Adjusted}} = .07$. However, only Traditionalism ($\beta = .37, t(103) = 2.77, p = .007$) and Social Dominance ($\beta = -.24, t(103) = -2.05, p = .04$) were significant predictors, whereas Conservativism ($\beta = .05, t(103) = 0.44, p = .66$) and Authoritarianism ($\beta = -.11, t(103) = -0.79, p = .43$) were not. Therefore, participants who reported more traditional beliefs were more likely to opine the defendant was unable to appreciate the *nature and quality* of his acts, whereas those who endorsed more socially dominant beliefs were less likely to opine the defendant was unable to

appreciate the *nature and quality* of his acts. Authoritarianism, Traditionalism, Conservatism, and Social Dominance did not predict variance in forensic evaluators' opinion that the defendant was unable to appreciate the *wrongfulness* of his acts, $F(5, 98) = 1.92, p = .09, R^2 = .09, R^2_{\text{Adjusted}} = .04$.

Finally, a multiple regression examined the effect of the facets of prejudice on the single item inquiring about an ultimate opinion (i.e., definitive opinion on how the defendant's legal mental state at the time of the offense should be categorized). Authoritarianism, Traditionalism, Conservatism, and Social Dominance explain a significant amount of the variance in forensic evaluators' ultimate opinion that the defendant was NGRI, $F(5, 98) = 3.12, p = .012, R^2 = .14, R^2_{\text{Adjusted}} = .09$. However, only Traditionalism ($\beta = .374, t(103) = 2.55, p = .012$) and Authoritarianism ($\beta = -.29, t(103) = -2.14, p = .035$) were significant predictors, whereas Conservatism ($\beta = -.04, t(103) = -0.37, p = .70$) and Social Dominance ($\beta = -.11, t(103) = -0.93, p = .35$) were not. Therefore, participants who reported more traditional beliefs were more likely to endorse the ultimate opinion that the defendant was NGRI, whereas those who reported more authoritarian beliefs were less likely to endorse the ultimate opinion that the defendant was NGRI.

5. DISCUSSION

This vignette-based study examined the potentially biasing impact of individual differences in right-wing authoritarianism and social dominance orientation on forensic evaluators' MSO psycholegal opinions. However, results indicate the only significant predictor included in this study of forensic evaluators' MSO psycholegal opinions is Traditionalism and not in the hypothesized direction. Specifically, forensic evaluators higher in Traditionalism (i.e., those with greater attitudes favoring old-fashioned social norms and values) were more likely to opine the defendant met criteria consistent with an NGRI verdict. This finding is puzzling given that based on their discomfort with moral uncertainty, I predicted highly traditional forensic evaluators would be *more* punitive towards a defendant who engaged in a considerably immoral act (i.e., murder), thus less likely to opine he met NGRI criteria. Further, there was nothing in the vignette to suggest highly traditional individuals would view the defendant as particularly sympathetic, given his unconventional lifestyle (e.g., alcohol/drug use, homelessness, unemployment).

This finding continues to be dumbfounding when one considers that Traditionalism is powerfully associated with religious fundamentalism (Duckitt & Bizumic, 2013; Duckitt et al., 2010). Notably, murder is expressly forbidden by most, if not all, mainstream religions. Indeed, at least for conservative Christians, research shows these individuals tend to attribute crime to dispositional factors of the defendant, as opposed to environmental factors, thus are generally more punitive than non-Christians (Grasmick et al., 1993; Grasmick & McGill, 1994). However, this relationship may be rather complicated and vary based on religious characteristics (Baker &

Booth, 2016; Stokes et al., 2020; Yelderman & Miller, 2017). For example, while Yelderman and Miller (2017) found that greater religious fundamentalism was associated with the tendency to attribute dispositional characteristics toward crime, thus, a lower likelihood of finding a defendant NGRI, this was moderated by individuals' intrinsic religiosity. Specifically, religious fundamentalists who consider their beliefs to be highly influential on their lives were *not* more punitive. This is possibly due to their tendency to accept all religious teachings, including forgiveness and compassion (Yelderman & Miller, 2017). Maybe highly traditional forensic evaluators are more likely to also have high levels of intrinsic religiosity, thus are less punitive as opposed to more so.

Alternatively, perhaps Traditionalism predicts MSO psycholegal opinions via its relationship with a presently unknown third variable. There is some indication that individuals higher in Traditionalism are more respectful of, and adherent to, extant laws. For example, Duckitt et al., (2010) found people higher in Traditionalism are more opposed to gay marriage (at a time when it was not yet legal in the United States) and decriminalizing marijuana. Therefore, it is possible that when readily provided an NGRI statute, highly traditional forensic evaluators may more objectively apply the statute. This may be supported by the exploratory finding that Traditionalism predicted endorsement that the defendant did not appreciate the nature and quality of his acts, an arguably more concrete concept related to mental illness, than the assertion that he did not appreciate the wrongfulness of his actions, which is arguably more legally nebulous. Future research should explore this possibility as well as other potential third variables (e.g., locus of control, determinism).

Exploratory analyses revealed that forensic evaluators higher in Social Dominance were less likely to opine the hypothetical defendant did not appreciate the nature and quality of his

acts (one criterion of the NGRI standard). Additionally, exploratory analyses showed that when asked for an ultimate opinion, forensic evaluators higher in Authoritarianism were less likely to opine the defendant was NGRI. Although not initially proposed, these inverse relationships are congruent with main hypotheses and lend support to the notion that forensic evaluators higher in prejudice variables are more punitive and less likely to opine a defendant meets NGRI criteria. Consistent with the primary analyses, exploratory analyses showed forensic evaluators higher in Traditionalism were more likely to opine the defendant was NGRI when asked to make an ultimate opinion. Importantly, the directionally opposite findings regarding two components of right-wing authoritarianism (i.e., Authoritarianism and Traditionalism) lends support for the practice of utilizing the triarchic approach to theory development and measurement. While using single-item measures for outcome variables, as was done for the exploratory analyses, is often viewed as suspect, single-item measures may be theoretically and psychometrically sound (Hoepfner et al., 2011; Williams & Smith, 2016). However, any interpretations should be considered in light of the exploratory nature of these findings.

Importantly, despite research suggesting individuals, including forensic evaluators, higher in right-wing authoritarianism and social dominance orientation are more punitive and perhaps less supportive of an NGRI defense (Crawley & Suarez, 2016; Cutler et al., 1992; Homant & Kennedy, 1987b), the current study's main hypotheses proposing such punitive biases were largely not supported. First, one must consider if there was a failure in the study design. Given that the sample size exceeded the minimum calculated during the power analysis, lack of power cannot be presumed to be an influence.

It is possible the mental health symptom manipulation was not salient enough. Given the vignette was designed for this study and, although pilot tested on a small sample, has not been

used in a large sample, perhaps the details intimidated the defendant's MSO was rather evident towards either of the extremes. Thus, a lack of variation in the outcome measure would nullify any possible effects of the predictor variables. However, Figure 8 shows scores regarding the defendant's MSO were approximately normally distributed, indicating sufficient variability in responses, thus, supporting the ambiguity of the vignette. Further, the Psycholegal Opinion Survey exhibited high reliability for this sample ($\alpha = .80$).

Second, if we assume there was no failure in the study design or materials and no type II errors occurred, one might consider the results as a true null finding. While typically null findings may leave researchers with little explanation, these results may actually provide valuable insight regarding forensic evaluators and potential biases. As can be seen in Table 2, Authoritarianism, Conservativism, Traditionalism, Social Dominance, Attitudes toward the Insanity Defense all correlated significantly with each other in a similar manner as observed in the general population literature (e.g., Duckitt & Bizumic, 2013; Duckitt et al., 2010; Skeem et al., 2004). Coupled with the approximately normal distribution of this sample's scores on these measures (see Figures 2, 3, 4, and 5), this suggests conventional trends in these social attitudes exist in this population as well, with the possible exception of social dominance orientation (see Figure 6). However, while forensic evaluators may be similarly prejudiced as the general population, these null findings suggest these prejudices may not manifest as bias in their MSO psycholegal opinions. This would be welcomed news in the forensic assessment literature, as a large portion has been dedicated to raising awareness of forensic evaluators' biases and the potential impact on psycholegal decisions (e.g., Guarnera et al., 2017; Neal & Brodsky, 2016; Zapf & Dror, 2017), with some going as far as to assert forensic evaluators are too biased to be allowed to conduct these types of evaluations at all (Faust, 2012; Hagen, 1997).

Indeed, some studies do indicate forensic evaluators may be biased in their psycholegal decision making by factors such as external gain (Anderten et al., 1980; Schetky & Colbach, 1982) and adversarial allegiance (e.g., DeMatteo et al., 2014; Murrie et al., 2013; Otto, 1989). However, the impact of forensic evaluators' individual differences on their psycholegal opinions may be more nuanced. There is some evidence that individual differences are associated with forensic evaluator's overall psycholegal evaluation practices and opinions. For example, previous studies show that forensic evaluators who support the death penalty are more likely to accept referrals for competency for execution evaluations and to find the defendant competent for execution as opposed to their anti-death penalty counterparts (Neal, 2016; Palker-Corell, 2008).

However, the majority of previous research purporting to examine the effects of individual differences on psycholegal decision making have found such effects only on micro-level decisions (i.e., those made as only part of a psycholegal evaluation [e.g., scores on individual measures]) as opposed to the macro-level psycholegal opinion (e.g., MSO, competency to proceed). For example, Boccaccini and colleagues (2008) examined Psychopathy Checklist–Revised (PCL-R; Hare, 2003) scores for 321 sex offenders evaluated by state-ordered evaluators. They found that approximately 30% of variation in PCL-R scores was attributable to differences between evaluators. Further, some evaluators appeared to consistently apply higher or lower PCL-R scores, regardless of examinee characteristics, with average scores for the two most prolific evaluators differing by approximately 10 points (score range: 0–40). In the context of adversarial allegiance, Murrie and colleagues (2009) reviewed archival data from Texas and found that forensic evaluators retained by the prosecution scored defendants an average of 5.8 points higher (twice the standard error of measurement [Hare, 2003]) than defense-retained

forensic evaluators. Regarding specific individual differences, Miller and colleagues (2011) found that forensic evaluators higher in Agreeableness rated examinees lower on the PCL-R Interpersonal Facet (i.e., scores of examinee glibness, grandiosity, pathological lying) than those lower in Agreeableness.

While these results are certainly interesting, they only reflect deviations (however sizable) on individual measures (mostly the PCL-R) that may or may not be taken into consideration by the evaluator when forming their macro-level psycholegal opinion. Indeed, the use of psychological measures in psycholegal evaluations is uncommon, particularly for MSO evaluations (Gardner et al., 2018; McLaughlin & Kan, 2014). Therefore, it is unclear how these reported effects of evaluator individual differences on scores may actually impact the defendant or their case. Perhaps the very fact that there are not more published studies regarding the effect of individual differences on macro-level psycholegal opinions is support for a lack of association through a “file drawer” effect wherein studies finding null results remain unpublished while statistically significant, while arguably practically negligible, results are published (Rosenthal, 1979). Nevertheless, the very nature of the “file drawer” problem dictates that one cannot know if this is the case.

Although a typical number of forensic evaluators endorsed prejudicial beliefs (i.e., right wing-authoritarianism and social dominance), these particular beliefs did not differentially impact their MSO psycholegal opinion. It is very possible that while forensic evaluators may be biased while making micro-level decisions related to a psycholegal assessment, they are able to compartmentalize those biases when forming their overall psycholegal opinion. Perhaps forensic evaluators have been motivated by recent calls for psychologists to evaluate their biases, reflect

on how they may impact their clinical work, and implement correction strategies (e.g., Guarnera, 2017; Neal & Brodsky, 2016; Zapf & Dror, 2017).

Integrating qualitative and quantitative data from a large sample of forensic evaluators, Neal and Brodsky (2016) identify and report on effective strategies evaluators use to address biases. For example, they suggest training at the graduate, internship, and continuing education levels concerning the psychology of decision making and influence of bias. They also encourage evaluators to conduct the evaluation over several days and consider all the information over a period of time, as opposed to rushing to conduct the evaluation and write the report, which might lead to cognitive shortcuts. Other correction strategies include the integration of information regarding relevant base rates, generation of alternative conclusions based on the evidence, consideration of which sources of data are most valid, and minimized reliance on evaluator memory while forming their psycholegal opinions (Arkes et al., 1988; Borum et al., 1993; Neal & Brodsky, 2016). Although to date no research has been done directly examining the frequency of use of these strategies in practice, one might optimistically consider the results of the present study to suggest forensic evaluators are aware of and integrating these strategies.

6. IMPLICATIONS

This study contributes to practitioners' and researchers' understanding of how individual difference factors may not impact psycholegal decision making. Despite evidence that idiosyncratic characteristics of forensic evaluators may lead to some unreliability in instrument scoring, this study did not find support for the notion that the facets of prejudice (i.e., right-wing authoritarianism and social dominance) impact overall psycholegal opinions. Despite this, forensic evaluators who self-identify as relatively high in these social attitudes may also engage in correction strategies related to these attitudes, such as considering alternative hypotheses or extending the period of time they consider the case over a series of days.

The results of this study also inform the forensic assessment literature by casting doubt on the presumption that certain individual characteristics must cause bias in forensic evaluations. Indeed, although a large body of research explores psychologists' perspectives of bias and postulates effective corrective strategies, a much smaller portion empirically examines sources of bias. Research should continue to explore which individual characteristics, if any, contribute to the variation in MSO psycholegal opinions. Only by continuing this line of research can forensic evaluators, and those who train them, effectively mitigate bias through further education.

7. LIMITATIONS AND FUTURE DIRECTIONS

The results of this study must be considered within the context of the methodological limitations. Specifically, the present study employed a vignette, which some criticize for lacking context that would be present in the real world (Lohrke et al., 2010). Indeed, forensic evaluators retained for an MSO evaluation would likely have many more records, as well as the opportunity to interview the defendant and administer psychological testing (Melton et al., 2018). Therefore, the limited amount of information that a one-page vignette can provide, along with the shortened timeframe for forming a psycholegal opinion, may have impacted participants' ability to make an informed judgement. However, vignette studies remain one of the most optimal ways to protect external and internal validity while isolating the effect of study-relevant variables (for a discussion see Aguinis & Bradley, 2014). Additionally, despite the stated inclusion of psychiatrists in the recruitment materials, this study largely only examined forensic evaluators who were trained as psychologists (i.e., Ph.D. or Psy.D.). Given psychologists are adherent to specific practice guidelines (American Psychological Association, 2013, 2017), which differ from those that apply to psychiatrists (Glancy et al., 2015), the results of this study cannot be presumed to equally apply to forensic psychiatrists.

Future research should examine if these social attitudes (i.e., right-wing authoritarianism and social dominance orientation) manifest as biases in psycholegal opinions utilizing more externally valid stimuli. For example, perhaps by employing a design similar to Miller et al. (2011) wherein forensic evaluators are provided materials such as videotaped interviews with the defendant and collateral records. Additionally, future studies may explore these associations in

real world contexts, such as by collecting psycholegal opinion data related to forensic evaluators' real cases and then measuring evaluators' levels of right-wing authoritarianism and social dominance orientation. Of course, this externally valid approach includes many potentially confounding factors (e.g., retaining party, employment setting), limiting the internal validity of this study design.

Additionally, the result concerning the effect of Traditionalism on MSO psycholegal opinions requires additional research to ascertain what factors may mediate this relationship. For example, future studies may choose to include other potentially related variables (e.g., locus of control, determinism). Alternatively, future studies could employ a qualitative or mixed-methods design given these are ideal to understand phenomenon in the early stages of theory development (Braun & Clarke, 2006; Maxwell, 2008). Interviews with forensic evaluators high in Traditionalism regarding how they perceive their traditional values affecting their psycholegal opinions or perceptions of crime may yield valuable information relevant to further understanding this finding.

8. CONCLUSION

Overall, the results of the present study indicate that individual differences in forensic evaluators' right-wing authoritarianism and social dominance orientation are not associated with their MSO psycholegal opinion. These null results were not assumed to be due to low power or failed study design, therefore, they likely reflect a true lack of association. Unexpectedly, forensic evaluators higher in Traditionalism were more likely to opine the defendant met NGRI criteria than those lower in Traditionalism. Although further research is necessary to understand this finding, it is possibly related to increased intrinsic religiosity or an unknown third variable. Overall, results of this study will perhaps be a source of comfort to some in the forensic evaluation field who are concerned about the possibility that individual differences greatly bias forensic evaluators' psycholegal opinions.

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APPENDIX A: Clinical Practice Questionnaire

For demographic purposes, please answer the following:

1. Which is the highest clinical degree you have attained?
 - Doctorate of Medicine (M.D.)
 - Doctorate of Philosophy (Ph.D.)
 - Doctorate of Psychology (Psy.D.)
 - Other: _____

2. How many years has it been since you graduated with your highest degree? _____

3. What formal training did you receive regarding conducting forensic evaluations? (check all that apply)
 - Forensic-specific course(s) in formal education
 - Workshop(s)
 - Mentorship(s)
 - Forensic formal Internship/Residency
 - Forensic post-doctorate placement
 - Other: _____

4. Are you licensed by your state/jurisdiction?
 - Yes
 - No

5. Do you have a specialization? If so, which?
 - Yes, list here:
 - No

6. Are you Board Certified in by the relevant certifying agency?
 - Yes
 - a. Please specify the academy/ies granting diplomacy: _____
 - No

7. For how many years have you worked specifically with forensic populations or within a forensic setting? _____

8. In which setting do you conduct the majority of your MSO (i.e., Not Guilty by Reason of Insanity) evaluations?
- State forensic hospital
 - State non-forensic hospital
 - Prison/jail
 - Private practice
 - Court
 - Other: _____
9. Which standard is used to determine a Not Guilty by Reason of Insanity verdict in your jurisdiction?
- M’Naghten Standard (or variant)
 - American Law Institute Standard (or variant)
 - Durham Standard (product standard)
 - None
 - Other: _____
10. Approximately how many evaluations have you conducted in your career where the referral question focused primarily, or in part, on a defendant’s MSO (i.e., Not Guilty by Reason of Insanity)? _____

APPENDIX B: Vignette

Per available records, James is a 24-year-old male. He grew up in Charlotte, North Carolina, and graduated Providence High School with honors. His mother reported he decided to postpone college due to lack of money and began working at AutoZone. He worked at AutoZone for 2 years. James stated his boss would describe him as a hard worker, but he also occasionally called out of work when he stayed out too late drinking the night before and had a hangover. According to James, he started drinking beer when he was 18 and typically only drank once or twice per week. He started smoking marijuana when he was 22 after a co-worker introduced him to it and he typically smoked on weekends. Providence High School records indicate he had been in “a few” fights while in school, and James indicated they were over “stupid reasons...people talking.” He reported the worst injury he caused during one of these fights was a “busted lip.” Mecklenburg County records indicate he has no criminal record.

Per James’ account, he lived with his mother until she married a man he did not like. He reported he did not like how this man treated his mother. One night, James and his stepfather argued, and James was kicked out of the house. James reported he believed that his stepfather meant to have him estranged from his mother so his stepfather could manipulate his mother’s disability check. James stated he started living out of his car and drinking heavily every day. Records indicate it was around this time that James lost his job due to increased tardiness. James reported he started selling marijuana in order to have a source of income. He began smoking marijuana and drinking alcohol on a more regular basis to cope with his depression, which had gotten so overwhelming that his eating and sleeping declined dramatically.

According to his mother, James would only visit her when his stepfather was not home, and when he would come, she observed him regularly checking each room in the house to ensure his stepfather was not there. James’ mother indicated she observed and was concerned about his weight loss and poor hygiene at this time. She recounted he seemed irritated all the time and complained of headaches. On many occasions, she observed him “mumbling” to himself. She reportedly tried to talk to him about what he was going through and his heavy substance use. She stated she thought his behavior was “very strange” and tried to get him to see a doctor, but James just “blamed everything on his stepfather,” which led to many arguments. She recounted that during one heated argument, James exclaimed that his stepfather was “going to kill them both for their money.”

Police records note that a few weeks after this exchange, James went to his mother’s house and once again urged his mother to leave his stepfather, angrily screaming about how he was the “anti-Christ.” The two argued and James left. According to the Mecklenburg County police report, James was reportedly walking to his car when he noticed his stepfather in the garage. According to James, he saw his stepfather quickly cover something that James believed to be a

rifle. He further reported, when his stepfather saw him, he signaled for James to come to the garage. James reported that he grabbed his knife and ran towards his stepfather. Police records note James stabbed his stepfather twice in the chest, and his stepfather fell to the ground bleeding. James's mother came running into the garage when she heard screaming, and she immediately called 9-1-1.

Per Mecklenburg County police records, James' stepfather was transported to the hospital where he died from his injuries. James is now charged with First-Degree Murder and is pleading Not Guilty by Reason of Mental Illness/Mental Defect.

APPENDIX C: Psycholegal Opinion Survey

Below is the relevant criminal responsibility statute for the hypothetical jurisdiction:

Not Guilty by Reason of Insanity.

- a) It is an affirmative defense to a prosecution for any crime that, at the time of the commission of the acts constituting the offense, the defendant, as a result of severe mental disease or defect, was unable to appreciate the nature and quality or wrongfulness of his acts. Mental disease or defect does not otherwise constitute a defense.
- b) “Severe mental disease or defect” does not include an abnormality manifested only by repeated criminal or otherwise antisocial conduct
- c) The defendant has the burden of proving the defense of insanity by clear and convincing evidence

With this definition in mind, please indicate how much you agree with the following statements:

1. The defendant was experiencing symptoms of a severe mental disease or defect at the time of the offense.
Strongly Disagree (1)----- (5) Strongly Agree
2. Based on your clinical impression, please select all diagnostic categories that capture the symptoms of mental disease or defect the defendant was experiencing at the time of the alleged offense:
 - Neurodevelopmental disorders
 - Neurocognitive disorders
 - Psychotic disorders
 - Mood disorders
 - Personality disorders
 - Substance related disorders
 - Dissociative disorders
 - Trauma related disorders
 - None
3. As a result of severe mental disease or defect, the defendant was unable to appreciate the nature and quality of his acts.
Strongly Disagree (1)----- (5) Strongly Agree

4. As a result of severe mental disease or defect, the defendant was unable to appreciate the wrongfulness of his acts.
Strongly Disagree (1)----- (5) Strongly Agree
5. Understanding that I am not expected, nor ethically bound, in a typical case to give an ultimate opinion; however, if I were to give an ultimate opinion in this hypothetical case, it would be that the defendant was not guilty by reason of insanity.
Strongly Disagree (1)----- (5) Strongly Agree
6. I put forth a good deal of effort in forming my opinions.
Strongly Disagree (1)----- (5) Strongly Agree

APPENDIX D: Insanity Defense Attitude—Revised (IDA-R)

1. We should punish people who commit criminal acts, regardless of their degree of mental disturbance.
2. I believe that people should be held responsible for their actions no matter what their mental condition.
3. Mentally ill defendants who plead insanity have failed to exert enough willpower to behave properly like the rest of us. So, they should be punished for their crimes like everyone else.
4. I believe that all human beings know what they are doing and have the power to control themselves.
5. A defendant's degree of insanity is irrelevant: if he commits the crime, then he should do the time.
6. With slick attorneys and a sad story, any criminal can use the insanity defense to finagle his way to freedom.
7. As a last resort, defense attorneys will encourage their clients to act strangely and lie through their teeth to appear "insane."
8. The insanity defense threatens public safety by telling criminals that they can get away with a crime if they come up with a good story about why they did it.
9. For the right price, psychiatrists will probably manufacture a "mental illness" for any criminal to convince the jury that he is insane.
10. The insanity defense returns disturbed, dangerous people to the streets.
11. The insanity plea is a loophole in the law that allows too many guilty people to escape punishment.
12. Many of the crazy criminals that psychiatrists see fit to return to the streets go on to kill again.
13. It is wrong to punish people who commit crime for crazy reasons while gripped by uncontrollable hallucinations or delusions.
14. Some people with severe mental illness are out of touch with reality and do not understand that their acts are wrong. These people cannot be blamed and do not deserve to be punished.
15. I believe that we should punish a person for a criminal act only if he understood the act as evil and then freely chose to do it.
16. I believe that mental illness can impair people's ability to make logical choices and control themselves.
17. It is wrong to punish someone for an act they commit because of any uncontrollable illness, whether it be epilepsy or mental illness.
18. Most defendants who use the insanity defense are truly mentally ill, not fakers.

Responses are on a Likert scale (strongly disagree, disagree, neutral, agree, and strongly agree)

APPENDIX E: ACT Scales

Conservatism (“Authoritarian Submission”)

1. It’s great that many young people today are prepared to defy authority (R).
2. What our country needs most is discipline, with everyone following our leaders in unity.
3. Students at high schools and at university must be encouraged to challenge, criticize, and confront established authorities (R).
4. Obedience and respect for authority are the most important virtues children should learn.
5. Our country will be great if we show respect for authority and obey our leaders.
6. People should be ready to protest against and challenge laws they don’t agree with (R).
7. People should be allowed to make speeches and write books urging the overthrow of the government (R).
8. The more people there are that are prepared to criticize the authorities, challenge and protest against the government, the better it is for society (R).
9. People should stop teaching children to obey authority (R).
10. The real keys to the “good life” are respect for authority and obedience to those who are in charge.
11. The authorities should be obeyed because they are in the best position to know what is good for our country.
12. Our leaders should be obeyed without question.

Traditionalism

1. Nobody should stick to the “straight and narrow.” Instead people should break loose and try out lots of different ideas and experiences (R).
2. The “old-fashioned ways” and “old-fashioned values” still show the best way to live.
3. God’s laws about abortion, pornography, and marriage must be strictly followed before it is too late (Not included in original version of Traditionalism scale).
4. There is absolutely nothing wrong with nudist camps (R).
5. This country will flourish if young people stop experimenting with drugs, alcohol, and sex, and pay more attention to family values.
6. There is nothing wrong with premarital sexual intercourse (R).
7. Traditional values, customs, and morality have a lot wrong with them (R).
8. Everyone should have their own lifestyle, religious beliefs, and sexual preferences, even if it makes them different from everyone else (R).
9. The radical and sinful new ways of living and behaving of many young people may one day destroy our society.
10. Trashy magazines and radical literature in our communities are poisoning the minds of our young people.
11. It is important that we preserve our traditional values and moral standards.

12. People should pay less attention to the bible and the other old-fashioned forms of religious guidance, and instead develop their own personal standards of what is moral and immoral (R).

Authoritarianism (“Authoritarian Aggression”)

1. Strong, tough government will harm not help our country (R).
2. Being kind to loafers or criminals will only encourage them to take advantage of your weakness, so it’s best to use a firm, tough hand when dealing with them.
3. Our society does NOT need tougher government and stricter laws (R.)
4. The facts on crime and the recent public disorders show we have to crack down harder on troublemakers, if we are going preserve law and order.
5. Our prisons are a shocking disgrace. Criminals are unfortunate people who deserve much better care, instead of so much punishment (R).
6. The way things are going in this country, it’s going to take a lot of “strong medicine” to straighten out the troublemakers, criminals, and perverts.
7. We should smash all the negative elements that are causing trouble in our society.
8. The situation in our country is getting so serious, the strongest methods would be justified if they eliminated the troublemakers and got us back to our true path.
9. People who say our laws should be enforced more strictly and harshly are wrong. We need greater tolerance and more lenient treatment for lawbreakers (R).
10. The courts are right in being easy on drug offenders. Punishment would not do any good in cases like these (R).
11. What our country really needs is a tough, harsh dose of law and order.
12. Capital punishment is barbaric and never justified (R).

APPENDIX F: Social Dominance Orientation Scale

Which of the following objects or statements do you have a positive or negative feeling towards?

1. Increased social equality.*
2. Some groups of people are simply inferior to other groups.
3. It would be good if groups could be equal.*
4. We should do what we can to equalize conditions for different groups.*
5. If certain groups stayed in their place, we would have fewer problems.
6. To get ahead in life, it is sometimes necessary to step on other groups.
7. It's OK if some groups have more of a chance in life than others.
8. Group equality should be our ideal.*
9. All groups should be given an equal chance in life.*
10. Sometimes other groups must be kept in their place.
11. Inferior groups should stay in their place.
12. In getting what you want, it is sometimes necessary to use force against other groups.
13. No one group should dominate in society.*
14. We would have fewer problems if we treated people more equally.*
15. It's probably a good thing that certain groups are at the top and other groups are at the bottom.
16. We should strive to make incomes as equal as possible.*

All items using scale: very negative (1), negative (2), slightly negative (3), neither positive nor negative (4), slightly positive (5), positive (6), very positive (7)

*Reverse-coded

APPENDIX G: Demographic Questionnaire

For demographic purposes, please answer the following:

1. Please identify your age. _____

2. Please identify your sex.
 - Female
 - Male
 - Trans Female
 - Trans Male
 - Non-binary
 - Other: _____

3. What do you identify as your racial background (check all that apply)?
 - White or Caucasian
 - Black or African-American
 - Asian or Asian-American
 - Native American or Alaska Native
 - Native Hawaiian or Pacific Islander
 - Other: _____

4. Are you of Hispanic, Latinx, or Spanish origin?
 - Yes
 - No

APPENDIX H: Institutional Review Board Approval



March 1, 2021

Lauren Meaux, MA
Department of Psychology
College of Arts & Sciences
The University of Alabama
Box 870348

Re: IRB # EX-20-CM-012-R1-A: "Individual Differences and Mental State at the Time of the Offense Opinions"

Dear Ms. Meaux:

The University of Alabama Institutional Review Board has reviewed the revision to your previously approved exempt protocol. The board has determined that the change does not affect the exempt status of your protocol.

Please remember that your protocol will expire on January 10, 2022.

Should you need to submit any further correspondence regarding this proposal, please include the assigned IRB application number. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants.

Good luck with your research.



Carpantato T. Myles, MSM, CIM, CIP
Director & Research Compliance Officer

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