

THE INFLUENCE OF CRIME AND EVALUATION CONTEXT  
ON ADAPTIVE BEHAVIOR OF DEFENDANTS  
WITH INTELLECTUAL DISABILITY

by

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## ABSTRACT

In *Atkins v. Virginia* (2002), the Supreme Court of the United States (SCOTUS) ruled it unconstitutional to sentence an individual with intellectual disability (ID) to death. More recently, the SCOTUS emphasized the need to utilize standards of practice when assessing for adaptive functioning in *Atkins* claims and in *Moore v. Texas* (2017) made this a requirement. Existing literature has demonstrated the lack of unanimity over what constitutes best practice regarding the use of correctional staff as informants of an individual's adaptive behavior and the use of this information to inform the Court. The debate is one about bias and error in the application of this information. One side is of the opinion that officers do not have the breadth of information necessary to provide valid information and the other the opposite. The current study evaluated the impact of type of crime (i.e., capital murder or theft), context of the evaluation (i.e., ID or evaluation), and attitudes toward ID on perceptions of adaptive functioning. Undergraduate students were randomly assigned to one of four conditions and completed measures assessing adaptive functioning and attitudes. Results revealed that the type of crime can influence perceptions of adaptive functioning. Specifically, participants perceived the individual charged with capital murder to be lower functioning than the individual charged with theft. In addition, findings suggested that participants believed individuals are higher functioning in the domain of daily living skills as compared to communication and socialization. Contrary to expectations, evaluation context and attitudes toward ID were not related to or predictive of adaptive functioning.

## DEDICATION

This dissertation is dedicated to my family. Their unwavering support and continuous words of encouragement have served as my motivation throughout this journey. Their endless love is what allowed me to fulfill this dream. I would also like to dedicate my dissertation work to my late grandma, who always called to ask questions out of interest and express how proud she was of me. Without my family, I would not be the person I am today. I am eternally thankful and grateful to have each of you in my life.

## LIST OF ABBREVIATIONS AND SYMBOLS

<i>Atkins</i>	<i>Atkins v. Virginia</i>
SCOTUS	Supreme Court of the United States
ID	Intellectual Disability
Court	Supreme Court of the United States
IQ	Intelligence Quotient
APA	American Psychiatric Association
AAIDD	American Association on Intellectual and Developmental Disability
ABAS-3	Adaptive Behavior Assessment System – Third Edition
Vineland-3	Vineland Adaptive Behavior Scales – Third Edition
ABC	Adaptive Behavior Composite
ATTID	Attitudes Toward Intellectual Disability Questionnaire
<i>f</i>	Effect Size
<i>n</i>	Sample size of a group
IRB	Institutional Review Board
SONA	SONA Systems Subject Pool Signup
<i>M</i>	Mean
<i>SD</i>	Standard Deviation
CMID	Capital Murder and Intellectual Disability condition
CME	Capital Murder and Evaluation condition

TID	Theft and Intellectual Disability condition
TE	Theft and Evaluation condition
ANOVA	Analysis of Variance
$p$	Probability associated with the occurrence under the null hypothesis of a value as extreme as or more extreme than the observed value
$F$	F statistic: Value calculated by the ratio of two sample variances
Partial $\eta^2$	Partial Eta Squared
SS	Type III Sum of Squares
$df$	Degrees of freedom
MS	Mean Square
$\chi^2$	Mauchly's test statistic for sphericity
$\varepsilon$	Epsilon statistic for Greenhouse-Geisser correction
N	Population Size
$t$	Computed value of $t$ test
$R^2$	Proportion of the variance for a dependent variable that is explained by an independent variable or variables in a regression model
B	Unstandardized regression coefficient
SE	Standard error
CI	Confidence Interval
$r_{pb}$	Point-biserial correlation coefficient
$r$	Correlation coefficient

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## CHAPTER 1

### INTRODUCTION

In the 1989 landmark Supreme Court case, *Penry v. Lynaugh*, the Supreme Court of the United States (SCOTUS) opined that the use of capital punishment for individuals with mental retardation (now known as intellectual disability; ID) did not violate the 8<sup>th</sup> amendment of the United States Constitution. In a 5-4 ruling, the Court partially reversed and partially affirmed the lower court's decision; the reversal was relevant to jury consideration of mitigating circumstances and the latter to whether the execution of defendants with mental retardation is a violation of the 8<sup>th</sup> amendment. Writing for the majority, Justice O'Connor stated that, in the opinion of the Court, "the two state statutes prohibiting execution of the mentally retarded, even when added to the 14 States that have rejected capital punishment completely, do not provide sufficient evidence at present of a national consensus" (p. 334).

According to the SCOTUS, by 2002 it had become clear that capital defendants with ID were viewed to be less culpable than their typically developing peers, were at risk for wrongful execution and that placing a categorical ban on the execution of individuals with ID represented the evolving standards of decency. In *Atkins v. Virginia*, the SCOTUS overturned its ruling in *Penry* and deemed it unconstitutional to sentence an individual diagnosed with ID to death.

Not only did the Court state that their decision in *Atkins* reflected the national consensus against executing individuals with ID, but they recognized that identifying these individuals was

going to be difficult. Justice Stevens aptly noted that, “To the extent there is serious disagreement about the execution of mentally retarded offenders, it is in determining which offenders are in fact retarded” (p. 12). Consistent with their holding in *Ford v. Wainwright* (1986), the Court declined to establish standards for determining who qualifies for exemption from the death penalty but instead left it to the states to determine how to uphold this constitutional restriction.

Following the *Atkins* ruling, states began to develop laws regarding who is eligible for protection under *Atkins*. Some laws were consistent with current standards of practice in the medical field, while others were far astray. It was not until 2014, in *Hall v. Florida*, that the High Court reigned in the power of the states. In a 5-4 decision, the SCOTUS rejected Florida’s use of a strict Full-Scale IQ<sup>1</sup> score of 70 or below to determine whether an ID claim is viable. Instead, the Court held that Florida’s strict cutoff score for IQ was unconstitutional because of its restrictive criteria and nonadherence to standards of practice. The SCOTUS ruled that states must follow current standards of medical practice which required consideration of the value of the IQ score, as well as the standard error of measurement.

In 2017, the SCOTUS again found the need to restrict the power of the states in relation to the holding in *Atkins v. Virginia* (2002). In *Moore v. Texas* (2017), the Court ruled that while states have some flexibility in determining the standards for enforcing the *Atkins* holding, they do not have unfettered discretion. The High Court held that Texas’ process of assessing for adaptive behavior through the seven *Briseno* factors (e.g., whether the individual answered questions inadequately) lacked “citation from any authority, medical or judicial” (*Moore v. Texas*, 2017, p. 5-6). Specifically, the use of *Briseno* factors over clinical factors created undue

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<sup>1</sup> Intelligence quotient

risk that persons with ID would be executed. The rulings in *Hall* and *Moore* mandated that professionals who conduct evaluations for the purpose of *Atkins* claims must utilize current standards of practice in the process of determining the presence or absence of ID.

## **Intellectual Disability and the Legal System**

### **Practice Guidelines in the Assessment of Intellectual Disability**

Both the American Psychiatric Association (APA, 2022) and the American Association on Intellectual and Developmental Disabilities (AAIDD; Schalock, Luckasson, & Tassé, 2021) have put forth practice guidelines for evaluations of ID (Schalock et al., 2021, p. 23-45<sup>2</sup>; American Psychiatric Association [APA], 2022, p. 41-42). These guidelines are based on their definitions of ID and remain the same regardless of context and regardless of the ramifications of the determination of ID. These organizations provide similar definitions and criteria for the diagnosis of ID with the differences being minor and for the most part, inconsequential to the determination of ID.

The similarities between the APA and the AAIDD are the crux of the definition of ID. Both organizations require the presence of intellectual deficits and limitations in adaptive functioning in conceptual, social, and practical domains, that occur during the developmental period. Differences between the organizations are the definition of the developmental period<sup>3</sup> and the absence of severity levels based on IQ. At present, neither organization bases severity levels on intelligence; but the APA now does so based on functional impairment in the domains

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<sup>2</sup> The User's Guide: Mental Retardation, Definition, Classification and Systems of Support is based on the AAIDD's definition from 2002. The practice guidelines based on the 2002 definition, with one exception, are the same as those of the 2021 definition. The change from the 2002 definition to that of the 2021 is the developmental period which changed from 18 to 22 years of age.

<sup>3</sup> The APA does not provide a specific developmental period while the AAIDD defines it as between birth and 22 years of age.

of adaptive behavior (i.e., mild, moderate, severe, profound) and the AAIDD on level of support needed for individuals within these domains.

### **Intellectual Functioning**

As previously mentioned, in order to qualify for a diagnosis of ID deficits in intellectual functioning must be present. The APA (2022) identified various intellectual functions, including “reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience” (p. 37). There are also critical components related to intellectual functioning, such as verbal comprehension, working memory, perceptual reasoning, quantitative reasoning, and cognitive efficacy.

The assessment of intellectual functioning is completed through individualized, standardized tests of intelligence. Such measures must be normed on the general population and provide a Full-Scale IQ score (Schalock et al., 2021). According to the APA (2022), individuals with ID typically have a Full-Scale IQ score that is approximately two standard deviations or more below the population mean. The results from the standardized tests, in addition to clinical judgment, is utilized to assess intellectual performance.

### **Adaptive Behavior**

The APA (2022) identified skills that may be underdeveloped for individuals with ID. For those with mild ID, examples of such deficits within the conceptual domain include difficulties in learning and applying academic skills such as reading, writing, arithmetic, time, and money, as well as executive functioning (e.g., abstract thinking, strategizing, priority setting) and short-term memory. For these same individuals, deficits in the social domain include problems in communication, conversation, and language, all of which may be more concrete, or immature compared to their typically developing peers. Limitations in social functioning often

include decreased social judgment that impedes the ability to recognize risk in social situations and increase risk of being manipulated by others. Lastly, within the practical domain, individuals with mild ID demonstrate deficits pertaining to daily living tasks such as grocery shopping, home and child-care organization, transportation, preparing nutritious foods, banking, money management, and making legal decisions. For individuals with mild ID, deficits in the practical domain are typically less noticeable (Schalock et al., 2021).

### ***Assessment of Adaptive Behavior***

Standardized measures of adaptive behavior are used to assess adaptive functioning across the three domains and provide evaluators with standard scores that can be used to compare the individual's score to that of the general population. Two of the most commonly used measures of adaptive behavior are the Adaptive Behavior Assessment System – Third Edition (ABAS-3; Harrison & Oakland, 2015) and the Vineland Adaptive Behavior Scales – Third Edition (Vineland-3; Sparrow et al., 2016). These measures are unique in that they are appropriate for assessment across the lifespan. As noted in the ABAS-3 (Harrison & Oakland, 2015) and Vineland-3 (Sparrow et al., 2016) manuals, the standard scores produced by these measures map onto the three domains of adaptive functioning included in the diagnostic criteria for ID. The APA does not require a specific cutoff score to identify adaptive behavior deficits; instead, adaptive behavior deficits are considered present when there is impairment in at least one domain of adaptive functioning. In contrast, the AAIDD provided a quantitative definition of impairment requiring cutoff scores of at least two standard deviations below the mean in any of the three domains or on an overall score of adaptive behavior across all domains.

Standardized measures of adaptive functioning, such as those previously described, are designed to be completed by knowledgeable informants (e.g., parent, caregiver, teacher,

counselor) to measure skills within a natural community environment. Although permissible, due to concerns related to validity, administration of such measures to the individual may not be ideal. As noted by Fabian (2005) and Greenspan and Switzky (2003), validity may be compromised due to behaviors such as malingering or exaggeration, the inability to accurately report ratings, a lack of understanding of instructions, and the desire to please. As such, unless it is essential to have the individual complete the measure, these instruments should be completed by persons familiar with the individual whose adaptive functioning is being assessed.

Accurate reporting of behavior is key to obtaining valid indicia of adaptive functioning. The AAIDD (Schalock et al., 2021) requires clinicians to obtain information from respondents “who know the person being assessed very well and have had the opportunity to observe the individual on a daily or weekly basis in a variety of community settings and over an extended period of time” (p. 38); similar requirements are put forth by the APA (2022). In accordance with the APA and AAIDD, experts have highly recommended that evaluators interview several informants who have an in-depth knowledge of the individual in various contexts (Everington & Keyes, 1999; Fabian, 2007; Fabian et al., 2011; Floyd et al., 2015; Tassé & Balboni, 2021). As some behaviors may not be demonstrated in all settings, multiple informants provide the opportunity to consider convergent and divergent data in the evaluation of ID. For example, a teacher may be able to rate individuals’ ability to listen to directions or pay attention to a story for at least 15 minutes but may not be able to provide information about community skills such as being careful around fire or making purchases and obtaining the correct change. Given that standardized assessment measures focus on community-based skills, the use of multiple informants across different settings is the ideal practice for assessing adaptive behavior.

## **Problems in Assessing Adaptive Behavior**

The Division 33 Committee on Mental Retardation and the Death Penalty (Olley et al., 2006) was formed by the APA in 2005, three years following the SCOTUS' decision in *Atkins v. Virginia* (2005). The goal of this committee was to elucidate psychologists' roles in *Atkins* cases, as well as identify controversial concerns related to *Atkins* claims. This committee identified various problems related to the assessment of adaptive behavior within the context of an *Atkins* evaluation; included, among many, were biased information obtained from informants, assessing adaptive behavior in prison, and using events of the crime as indicators of adaptive functioning.

## ***Attitudes Toward ID***

Findler and colleagues (2007) and Morin et al. (2013), conceptualize attitudes as multidimensional as it includes cognitive, affective, and behavioral views toward others, including those with disabilities. Research is replete with findings that peoples' attitudes toward individuals with disabilities impacts their perceptions of expected level of functioning and the associated deficits. Yazbeck and researchers (2004) compared attitudes toward ID between university students, and people who work with individuals with disabilities, to the general public and found that the general public holds less favorable attitudes toward persons with ID than do the comparison groups. These researchers found that education played a role in attitudes toward people with ID with higher levels of education being associated with more favorable attitudes. The authors believed that these results were related to a greater understanding or knowledge of ID. Individuals with high educational attainment, or personal experience with ID, endorsed fewer biases in the form of derogatory beliefs about persons with ID (Yazbeck et al., 2004).

Similar to Yazbeck and researchers (2004), Phillips and colleagues (2019) compared attitudes of university students toward lower and higher functioning individuals with ID. These

researchers found that various factors impacted university students' attitudes toward individuals with ID. Specifically, university students held more positive attitudes toward persons with ID when they had greater knowledge of ID, more frequent contact with individuals with ID, and increased quality of relationships with people with ID. When comparing attitudes toward lower and higher functioning individuals with ID, participants held more negative attitudes toward the lower functioning person with ID compared to the higher functioning individual with ID.

In addition to differences in attitudes toward ID based on level of education and experience with ID, Morin and colleagues (2013) conducted a study on public attitudes that citizens of Québec had toward persons with ID and found that attitudes toward individuals with ID differed between males and females. One finding was that males demonstrated more negative attitudes in relation to their level of discomfort around people with ID than did females. On the other hand, females demonstrated more negative attitudes regarding the capabilities of persons with ID (e.g., thinking that people with ID cannot work, learn, or raise a family) and what rights they believe they should have (e.g., they should not be having sexual relations, should not manage money, should not have the same rights as their typically developing peers). Similar to Yazbeck et al. (2004), Morin et al. (2013) found that less educated individuals held more negative attitudes toward people with ID.

Prior to the Morin and colleagues 2013 study, Ireland and Clarkson (2007) evaluated sex differences in perceptions of individuals with ID who bully each other in a forensic context. Specifically, they looked at attitudinal differences, including victim blaming and minimization, justifying bullying, victim deserving, supporting bullying, respecting bullying, and negative attitudes toward bullies, in staff members employed at a secure learning disability facility that housed male forensic clients. Ireland and Clarkson found that, when compared to male staff

members, the female staff members were more supportive of victims of bullying who had ID and less supportive of individuals with ID who bullied others with ID.

With regard to specific attitudinal components, Ireland and Clarkson found that male staff members reported higher scores on the Attitudes towards Bullying scale compared to female staff members for “Victim blaming and minimizing” and “Respecting bullies and seeing victimization as positive.” This suggests that the male staff members tended to respect bullying and consider victimization of bullying to have positive elements. In addition, males believed the victim sought out bullying, more so than did female staff members.

In addition to staff members’ having negative attitudes toward victims with ID who bully, research has demonstrated that the general public holds stereotypical and inaccurate beliefs about individuals with ID. These beliefs include underestimations of their adaptive functioning (McConkey et al., 1983) and low expectations of their capabilities (Halperin et al., 2006); both of which render persons with ID susceptible to prejudice and discrimination (Werner, 2015). Moreover, it has been found that people tend to believe that individuals with ID are aggressive (Knotter et al., 2013; Slevin & Sines, 1996), dangerous (Werner, 2015; Werner & Abergel, 2018), and impulsive (Lovell & Skellern, 2019; Steans & Duff, 2018); in contrast, research has shown that persons with ID are more likely to be victims of crime compared to those in the community (Nixon et al., 2017). Persons with ID have expressed awareness of the public’s negative attitudes toward ID, including experiencing “ridicule and exclusion by their non-disabled peers” (Cooney et al., 2006, p. 438) and being ignored by others because of their disability (Abbott & McConkey, 2006).

As previously noted, it has been demonstrated that negative attitudes toward people with ID have been evident for years. Such negative attitudes can be impacted or altered through the

phenomenon of priming. Priming is a concept in which exposure to a stimulus influences the speed in which individuals process information that follows that exposure (Angiulli & Reeves, 2021). Priming has been shown to influence and change attitudes toward others (Rohmer & Louvet, 2018; Lowe & Willis, 2019). Specifically, individuals who are primed with stimuli depicting persons with a disability, tend to demonstrate negative stereotypes toward such individuals. Given that research has shown that priming impacts the processing of information, it is important to consider how priming might influence negative attitudes toward ID.

Two recent studies looked at the impact labels have on priming attitudes. First, Rohmer and Louvet (2018) examined how priming influences participants' perceptions of positive warmth traits (i.e., warm, nice, friendly, and likeable) and traits suggestive of negative competence (i.e., incompetent, inefficient, unable, and disrupted) toward individuals with a disability. When primed with pictures of an individual with a disability (disability prime; a person in a wheelchair) and without a disability (a pedestrian walking), participants recognized and evaluated positive warmth traits, such as warm, nice, friendly, and likeable, more slowly after they viewed the disability prime compared to the without-disability prime. Results indicated that a disability prime activates implicit stereotypes that persons with a disability are disliked and incompetent (Rohmer & Louvet, 2018). According to the authors, such negative implicit stereotypes lead to decreased opportunities for social participation and employment for individuals with a disability.

In addition to priming for traits of positive warmth and negative competence of persons with a disability, participants in the Rohmer and Louvet study were also primed with a work context. Participants were asked to indicate their level of agreement with work-related (e.g., "work allows to earn money") and society-related statements (e.g., "in our society it is important

to have somewhere to live”). When primed with a work context, participants rated the individual with a disability as having a lower level of competence to complete their work assignments than they did the person without a disability. Results of this study indicated that when primed, there is an implicit level of negative evaluations toward individuals with a disability.

In another study, Lowe and Willis (2019) sought to investigate how criminal behavior and stigmatizing labels can influence attitudes toward persons convicted of various offenses. Participants were randomly assigned to two conditions, a labeling condition with negative descriptors (i.e., “sexual offenders” or “murderers”) and a neutral language condition (i.e., “someone who has sexually offended” or “someone convicted of murder”). Participants in the labeling condition demonstrated significantly more negative attitudes compared to the neutral language condition. Additionally, participants were more likely to utilize the negative labeling language after being primed. Overall, priming individuals was demonstrated to negatively influence attitudes toward persons who commit crimes and beliefs about the level of competence for persons with disabilities.

### ***Problems Assessing Adaptive Behavior in Prison Settings***

As previously mentioned, it has been found that members of the general public hold negative attitudes toward individuals with ID and these attitudes can be primed by the presence of negative information. As found by Perry and colleagues (2015), negative attitudes can perpetuate biased responding, behavior, and/or perceptions about individuals. These authors stated that such biases can influence the accuracy of assessments, such as adaptive behavior evaluations, particularly when these assessments are completed in correctional settings by correctional staff.

**Bias by Correctional Staff.** It has been presented in the literature that correctional officers may hold biases and negative views of inmates on death row who claim to have ID. For example, in a non-empirically based manuscript, Fabian (2005) discussed his beliefs about the negative biases that officers may hold toward inmates on death row, particularly those who claim to have ID. According to Fabian, correctional officers may believe that defendants on death row do not have ID because they are criminals and because of their role, they observe them functioning adequately in certain areas. The false beliefs based on status of being a criminal and adequate functioning in an institution may have implications related to the assessment of ID. For example, these beliefs may lead to resentment and skepticism toward the evaluator and evaluation, which may impact their ratings of adaptive functioning for individuals on death row.

Young and colleagues (2007) surveyed experienced evaluators to determine their methods for assessing adaptive behavior for defendants on death row. It was found that evaluators who conducted *Atkins* evaluations differed in this practice. For example, of the 20 evaluators surveyed, eight (i.e., 40%) *openly* discussed interviewing correctional officers to assess adaptive functioning for inmates on death row; however, when evaluators were *explicitly* asked whether they interview correctional officers to obtain information about inmates' adaptive functioning, 18 of the 20 evaluators (i.e., 90%) indicated they engage in this practice.

Although the majority of evaluators in the Young and colleagues' study (2007) reported that they interview correctional officers as part of an *Atkins* evaluation, they placed varying levels of weight on the information obtained. Specifically, some evaluators reported that information gathered from correctional officers is less central to their evaluation, and multiple evaluators noted that they cautiously use, or do not use, information obtained from correctional officers. Those who stated that they did not use this information or viewed it with caution

reported that it was because they view correctional officers as biased against the offender and have concerns over their understanding of intellectual disability.

Boccaccini and colleagues (2016) investigated the differences in adaptive functioning ratings between correctional staff and probationers who resided in a community corrections facility. Using scores obtained from the Weschler Abbreviated Scale of Intelligence (WASI, 1999), the results demonstrated that, although none of the probationers qualified for a diagnosis of ID, correctional staff viewed the offenders as more impaired than did the probationers themselves. For example, ratings provided by correctional staff produced scores that indicated significant impairment for 29% of offenders, whereas only 17.9% of probationers rated themselves as having significant impairment (Boccaccini et al., 2016). One reason for the overestimation of impairment was attributed to the nature of the job. Specifically, responsibilities in correctional institutions, such as providing disciplinary infractions and enforcing adherence to rules, may contribute to the development of negative views that correctional officers have toward justice-involved individuals.

Bias toward inmates is not the only area of concern as it relates to correctional staffs' evaluations of adaptive behavior for justice-involved individuals, another is bias related to the purpose of evaluation. Although research has yet to be conducted to determine the impact that bias has on such evaluations, Fabian (2005) discussed the implications that may be present when there is bias toward the evaluations. Specifically, when conducting *Atkins* evaluations, correctional staff may be aware of the purpose of the evaluation and as such, may believe that evaluators are conducting these evaluations to get the defendant out of trouble (Fabian, 2005). These beliefs may lead to indignation or doubt toward the evaluator, especially if prison and jail

staff are misinformed or lack an understanding of the purpose of such evaluations (Fabian, 2005).

Similar to the opinions of Fabian (2005), Stevens and Price (2006) presented their beliefs regarding issues and potential problems in assessing adaptive behavior in death penalty cases. Given the outcome of death penalty cases, it is important to consider potential bias of informants in assessments. In their opinion, correctional officers may be biased in their beliefs about the death penalty. Additionally, they noted that correctional officers may be constrained by their institution's policies, experience institutional peer pressure, or simply be poorly informed about ID.

**Restrictive Settings and Assessing Adaptive Behavior.** When assessing adaptive functioning in a correctional facility, the ratings are based on the behaviors demonstrated by the individual within this setting; a practice inconsistent with the rules of administration of adaptive behavior measures. Within the correctional setting, the expression of behavior is limited and those that can be demonstrated, cannot be exhibited in the same manner as they would be in the community. Ratings of adaptive functioning outside of these environments, such as in a community, cannot be directly inferred or declared from ratings obtained within these environments (Luckasson et al., 2002; Schalock et al., 2021).

Assessing for adaptive functioning in correctional settings is particularly problematic in situations of prolonged incarceration where individuals have had even more limited opportunities to perform most of the skills measured by these instruments due to the artificial and restrictive environment (Everington & Keyes, 1999; Fabian et al., 2011; Tassé, 2009), as well as changes in behaviors deemed typical in a community setting (e.g., obtaining money from an ATM; using a washing machine to wash clothes; planning ahead for long trips). As such, if evaluators use

standardized measures to evaluate adaptive behavior within a restrictive setting, it is recommended that the above-noted limitations be considered (Young et al., 2007).

An additional complication of assessing adaptive behavior of detained individuals is that current tests used to assess adaptive functioning have not yet been normed for use with institutionalized correctional populations. In addition, research on the use of these measures in correctional facilities has not been conducted by individuals in the academic community. Without appropriate norms for offender populations on such measures it becomes impossible for evaluators to make comparisons between the adaptive behaviors of their defendant, who lives in a correctional facility, to similar individuals who reside in the community.

In contrast to the problems with assessing adaptive functioning in correctional settings due to the restrictive environment, it has been argued that the process of adjusting to the prison or jail environment “requires greater adaptive flexibility” compared to the flexibility one needs to adjust in a community (Hagan et al., 2016, p. 102). According to Hagan and colleagues, when someone is incarcerated, it uproots their lives from the community and requires a quick adjustment in a new environment; living in a community allows one to acquire adaptive functioning skills in a “more gradual, developmental, and supported” way (Hagan et al., 2016, p. 102). Given the adjustment that is required when incarcerated, Hagan and others argue that defendants’ behavior in prison or jail may be one factor assessed to identify quality of adaptation to a new environment (Stevens & Price, 2006). Of note, neither Hagan nor Stevens and Price support the use of standardized measures in a restricted setting if doing so violates the standardized administration procedures. However, these authors do support the use of collateral information from within the correctional environment if the information comes from credible and nonbiased informants.

**Use of Criminal Behavior in the Assessment of Adaptive Functioning.** As per the AAIDD (Schalock et al., 2010), clinicians are advised to “not use past criminal behavior or verbal behavior to infer level of adaptive behavior or about having MR/ID” (p. 22); however, there is no clear consensus regarding the use of criminal behavior, or details of the crime, to assess adaptive behavior. As such, evaluators in *Atkins* cases have different procedures when using information about the crime in their assessments of adaptive functioning. Existing literature includes opinions for and against the use of criminal behavior to determine the presence of adaptive behavior deficits (Everington & Keyes, 1999; Greenspan & Switzky, 2003; Young et al., 2007).

Evaluators in *Atkins* claims often consider and explore a defendant’s criminal history, as well as the details of the alleged crime; however, evaluators may differ in their beliefs related to the basis or cause of the criminal behavior (Young et al., 2007). For example, some individuals may find it difficult to determine whether the defendant’s behavior and facts of the crime are suggestive of antisocial personality disorder, intellectual disability, or both disorders (Blume et al., 2009; Fabian, 2007; Olley, 2009; Olley & Cox, 2008). Due to overlapping diagnostic criteria of antisocial personality disorder and impaired adaptive functioning, there are drastic differences in diagnoses that can be concluded from information related to the alleged crime or criminal behavior (Young-Lindquist et al., 2012).

In addition to difficulties identifying the basis or cause of the criminal behavior, the literature has shown that often times individuals with ID in correctional facilities have a higher rate of co-occurring personality disorders (Hellenbach et al., 2017), as well as increased risk of offending if they possess comorbid mental illness and ID (Fogden et al., 2016). Given the co-occurrence of such disorders, and the difficulty with differentiating between the origin of

behaviors, it has been recommended that information pertaining to the alleged criminal behavior not be used to generalize a diagnosis of ID (Fabian, 2007). As noted by Schalock and colleagues (2010), problem behaviors do not equate to a lack of adaptive behavior.

In their 2007 article, Young and colleagues provided opinions for and against the consideration of criminal behavior in assessments of adaptive functioning. One argument in favor of considering criminal behavior in such evaluations was that similar to any other behavior, criminal behavior can demonstrate “elements of adaptive or nonadaptive functioning” (p. 173), thereby, providing information about a person’s conceptual, social, and practical skills, such as executive functioning abilities including planning and strategizing that may be required for some crimes more than others. Another argument was that it may be a well-documented source of information, that includes accounts of behaviors observed by law enforcement officers and other collateral sources.

Young and colleagues (2007) contrasted the position taken by those who support the use of criminal behavior to assess adaptive functioning, with that of individuals who do not espouse the same beliefs. They noted that, since current adaptive behavior instruments do not provide a framework for considering criminal behavior when providing ratings, the criminal behavior should not be part of the evaluation of deficits in adaptive behavior. Consistent with Fabian’s argument, this lack of framework can lead to different opinions regarding the basis of the crime and the interpretation of that data (e.g., “same level of criminal behavior can be seen as adaptive by one expert and nonadaptive by another,” Fabian, 2007, p. 173). For example, characteristics of criminal behavior, such as impulsivity, can be indicative of ID, another psychiatric illness, or a combination of the two which makes it difficult to provide accurate ratings of adaptive functioning skills based solely on criminal behavior.

Evaluators engage in different assessment practices regarding the use of criminal behavior in *Atkins* evaluations. Young and colleagues (2007) surveyed experienced psychologists and psychiatrists who have conducted ID evaluations in capital cases, which demonstrated that of the 20 evaluators surveyed, only five evaluators (25%) reviewed a defendant's criminal history, and only one evaluator reported they used this information when evaluating adaptive functioning. However, when evaluators were asked directly if considering past criminal behavior is appropriate, 16 (80%) responded "yes," three (15%) noted that "it depends," and only one (5%) said "no" (p. 173). Findings from this study indicated that there is no clear standard about using criminal behavior to make diagnostic determinations through evaluations of adaptive functioning. As such, evaluators should be aware of such differences in practice and the potential implications and limitations of their approach (Young et al., 2007).

Congruent with the responses noted above, evaluators provided identical responses when asked if the defendant's behavior during the alleged crime should be considered for such evaluations. Some of the evaluators noted that criminal behavior may demonstrate "planning and organizational abilities" (Young et al., 2007, p. 173; Stevens & Price, 2006), and other evaluators reported it should be considered because it is a component of the defendant's pattern of behavior over their life (Young et al., 2007). The results of Young and colleagues' study (2007) demonstrates the lack of consensus about the use of criminal behavior to make determinations about adaptive functioning in *Atkins* evaluations and the drastic conclusions that can be drawn about level of functioning and subsequent opinions regarding the presence or absence of ID.

### **The Current Study**

The SCOTUS has demonstrated the need to utilize standards of practice when assessing adaptive functioning in *Atkins* claims (*Moore v. Texas*, 2017); however, as previously noted,

there is general disagreement in the field about what constitutes this best standard of practice when it comes to the use of criminal behavior in the determination of adaptive functioning and the procedures for assessing adaptive behavior of defendants who reside in correctional settings (Brodsky & Galloway, 2003; Everington & Keyes, 1999; Fabian, 2007; Fabian et al., 2011; Hagan et al., 2016; Schalock et al., 2010; Stevens & Price, 2006; Tassé, 2009; Young et al., 2007). Since evaluators place different weight on information about a defendant's adaptive functioning via past criminal behavior, and/or, observations from correctional staff, the outcome of these evaluations may be drastically different. Moreover, evaluators have not presented a unified view as to how to, or if one should, use information collected from correctional personnel in making determinations of ID. Given the life and death implications of *Atkins* claims, it is important to identify factors that may influence ratings of adaptive behavior. The aim of the current study was to provide insight into whether the type of crime, allegedly committed by the defendant, and the context of the evaluation impacted ratings of adaptive behavior. In addition to these two variables of interest, the impact that respondents' attitudes toward ID had on perceptions of adaptive functioning was studied.

In order to assess factors that may influence adaptive behavior ratings, the current study utilized a between-subjects design. Participants read a vignette depicting a typical day in jail for a defendant charged with a crime. The four conditions differed by the crime (i.e., capital murder or theft) and context (i.e., defendant was undergoing an evaluation for ID or undergoing an evaluation). The primary dependent measures were the participants' ratings of adaptive functioning as measured by the Vineland-3 (Vineland Adaptive Behavior Scales-Third Edition; Sparrow et al., 2016), as well as their attitudes toward ID as measured by the Attitudes Toward Intellectual Disability Questionnaire (ATTID; Morin et al., 2013).

## **Hypotheses**

**Hypothesis 1:** It was expected that there would be a significant main effect for evaluation context such that participants in the ID conditions would provide lower ratings on the Adaptive Behavior Composite (ABC) score on the Vineland-3 as compared to participants who were not provided the context of the evaluation.

**Hypothesis 2:** It was hypothesized that there would be a significant main effect for crime type such that participants in the capital murder conditions would provide higher ratings on the ABC score on the Vineland-3 as compared to participants in the theft conditions.

**Hypothesis 3:** It was expected that there would be a significant difference in the ABC score on the Vineland-3 between crimes depending on the context of the evaluation, such that participants in the theft and ID condition would have lower ratings of adaptive behavior.

**Hypothesis 4:** It was hypothesized that participants would provide higher standard scores on the Daily Living Skills domain on the Vineland-3 compared to the other two domains (i.e., Communication and Socialization).

**Hypothesis 5:** It was expected that participants with more negative attitudes toward ID on the ATTID would be more likely to provide lower adaptive behavior ratings, indicating more deficits in adaptive functioning.

**Exploratory Hypothesis 1:** A point-biserial correlation was run to determine the relationship between participants' beliefs about the capability of individuals with ID to commit capital murder and theft and their ABC scores on the Vineland-3.

**Exploratory Hypothesis 2:** A point-biserial correlation was run to determine the relationship between participants' beliefs about the capability of individuals with ID to commit capital murder and theft and their attitudes toward ID.

## CHAPTER 2

### METHODOLOGY

#### **Participants**

**Inclusion criteria.** Participants were recruited from a Psychology 101 (PY 101) subject pool at the University of Alabama, which consisted of undergraduate students enrolled in Introduction to Psychology courses. Inclusion criteria for the current study was to be 18 years of age or older, and be able to read, speak, and understand the English language.

**Demographic characteristics.** A power analysis using the G\*Power program (Faul, Erdfelder, Lang, & Buchner, 2007) indicated that a total sample of 128 people would be needed to detect a medium effect ( $f = 0.25$ ) with 0.80 power. A total of 142 participants completed the online study. Data from 139 participants were excluded due to failure to pass an embedded check of attention, and an additional 197 participants were excluded due to failure to complete the survey. After removal of the 336 participants, the analyses were conducted using data from 142 participants. As can be seen in Table 1, participants ranged in age from 18 to 24 years. 73.2% of participants self-identified as female, whereas the remaining 26.8% self-identified as male. The majority of the participants self-identified as Caucasian (83.8%), and the remaining participants self-identified as African American (5.6%), Hispanic (4.9%), Asian American (2.8%), American Indian (1.4%), or Other (1.4%). The participant demographics were typically consistent with those found for students enrolled in the university's Psychology 101 courses.

The majority of participants reported that they did not have previous experience with mental health providers, or specialized knowledge of the diagnosis of ID or of persons with ID

(81.7%), whereas the remaining participants endorsed some previous experience or knowledge (18.3%). Interestingly, a small majority of participants indicated they do not know someone close to them with ID (45.8%), followed by 41.5% reporting they do know someone close to them with ID, and 12.7% noting they were unsure. The majority of participants reported they have had minimal contact with individuals with ID (35.2%), while the remaining stated that they have had some contact (30.3%), no contact (12.7%), frequent contact (12.0%), or more than some contact (9.9%).

**Table 1**

*Frequencies and Percentages for Demographic Characteristics of Participants*

Categorical Variables	Frequency	Percentage
<b>Gender</b>		
Male	38	26.8%
Female	104	73.2%
<b>Age [range]</b>		
18-24	142	100.0%
<b>Race/Ethnicity</b>		
Caucasian	119	83.8%
African American	8	5.6%
American Indian	2	1.4%
Asian American	4	2.8%
Hispanic	7	4.9%
Other	2	1.4%
<b>Education Level</b>		
High School	56	39.4%
Some College	83	58.5%
Bachelor's Degree	3	2.1%
<b>Level of Contact</b>		
No Contact	18	12.7%
Minimal Contact	50	35.2%
Some Contact	43	30.3%
More than Some Contact	14	9.9%
Frequent Contact	17	12.0%
<b>Know Someone with ID</b>		
Yes	59	41.5%
No	65	45.8%
Do Not Know	18	12.7%
<b>Previous Experience with ID</b>		

None	116	81.7%
Some	26	18.3%

## Materials

**Demographic questionnaire** (Appendix A). Demographic characteristics of the sample were collected and included questions related to participants' gender, age, race/ethnicity, and level of education. Additionally, participants were asked to provide information about previous employment with mental health providers, knowledge of intellectual disability, and experience with individuals with intellectual disability.

**Intellectual disability definition question** (Appendix B). Participants were asked to provide a definition about what constitutes ID.

**Crime questionnaire** (Appendix C). From a list of 32 crimes, participants were asked to identify which crimes they believed an individual with ID was capable of committing. This questionnaire was developed by identifying crimes committed by individuals with ID as reported in published opinions in *Atkins* cases.

**Vignettes** (Appendix D). Participants were provided one of four vignettes that detailed a typical day in jail for a 30-year-old male defendant, as well as details about a real crime. Two of the four vignettes identified a defendant who was being evaluated for ID and incarcerated for either capital murder (vignette 1) or theft (vignette 2). The other two vignettes identified a defendant incarcerated for either capital murder (vignette 3) or theft (vignette 4) without information regarding the purpose of the evaluation (i.e., "undergoing an evaluation"). All other elements of the vignettes were identical. The vignettes were developed by including information that was available to the public regarding a real crime in which the defendant was diagnosed with

ID. Information pertaining to a typical day in jail was based on information collected via interviews from three correctional officers employed at a county jail in the state of Alabama.

**Attention check question** (Appendix E). To determine whether participants recalled the charge faced by the defendant, they were asked to answer an attention question related to the identity of the defendant they rated on the Vineland-3. If answered incorrectly, the data for this participant was excluded from the analyses.

## **Measures**

**Attitudes Toward Intellectual Disability Questionnaire** (ATTID; Appendix F). The ATTID (Morin et al., 2013) is a questionnaire that measures attitudes toward individuals with ID through the use of two vignettes of individuals with ID who function at different severity levels. The questionnaire consists of 67 Likert-style items that measure attitudes from a multidimensional model that includes cognitive, affective, and behavioral perspectives (Findler et al., 2007; Morin et al., 2013). The items are divided into three components of attitudes: 30 items for cognitive, 18 items for affective, and 19 items for behavioral (Morin et al., 2013). Overall, the three components yield five factors. The cognitive component yields two factors (i.e., Knowledge of Capacity and Rights, and Knowledge of Causes of ID), the affective component yields two factors (i.e., Discomfort, and Sensitivity and Compassion), and the behavioral component yields one factor (i.e., Interactions with Individuals with ID). Higher means on the items and five factors are suggestive of negative attitudes toward individuals with ID.

The ATTID has shown to have moderate to moderately high internal consistency ratings of Cronbach's alpha ranging from 0.59 to 0.89 for the five factors and 0.92 for the overall questionnaire (Morin et al., 2013). Factor five, Knowledge of Causes of ID, possesses a small

number of items ( $n = 7$ ) that yields an acceptable correlation coefficient of 0.59 (Morin et al., 2013). Additionally, the five factors demonstrated relatively high test-retest reliability with correlation coefficients ranging from 0.62 to 0.83.

**Vineland Adaptive Behavior Scales-Third Edition** (Vineland-3). The Vineland-3 (Sparrow et al., 2016) was designed to measure overall adaptive functioning. This measure has three administration forms: Interview Form (ages 0 – 90+), Parent/Caregiver Form (ages 0 – 90+), and Teacher Form (ages 3 – 21), which each have a longer Comprehensive format (i.e., full-length) and a shorter Domain-Level format (i.e., abbreviated).

For the current study, the Comprehensive Parent/Caregiver Form was utilized. This form is self-administered and requires the raters to indicate whether an individual is capable of performing tasks on his/her own and to identify the frequency with which they can do so without help or reminders. Raters identify an individual's ability on different tasks on a Likert-type scale and can check a box if their rating is an estimate of the individual's ability. For the purpose of the current study, all questions were based on a hypothetical individual, so estimates of behavior were not used.

The Vineland-3 has three primary domains (i.e., Communication, Daily Living Skills, and Socialization), each with three subdomains. The Communication domain includes the three subdomains of Receptive, Expressive, and Written Communication. The Daily Living Skills domain is comprised of three subdomains including Personal, Domestic, and Community Daily Living Skills. The Socialization domain encompasses the three subdomains of Interpersonal Relationships, Play and Leisure, and Coping Skills. The Vineland-3 also yields an Adaptive Behavior Composite (ABC) score, which is an overall index of adaptive functioning. Deficits in

adaptive functioning for the domains and ABC are based on standard scores, with a mean of 100 and a standard deviation of 15 (Sparrow et al., 2016).

The Vineland-3 has strong psychometric properties including good internal consistency with a reliability coefficient of 0.99 for the standardization sample for the ABC (Sparrow et al., 2016). The internal consistency coefficients for the primary domains ranged from 0.97 to 0.98. Additionally, the Vineland-3 has adequate test-retest reliability coefficients. For example, the average test-retest correlation coefficient for the primary domains ranged from 0.71 to 0.90, and for the ABC, the average test-retest correlation coefficient was 0.85. Strong interrater reliability was also demonstrated on the Vineland-3 with a correlation coefficient of 0.86 for the ABC, and for the primary domains, they ranged from 0.77 to 0.83. Additionally, moderate to moderately high concurrent validity was demonstrated with the previous edition, the Vineland-II, with a correlation coefficient of 0.52 for the ABC, and correlation coefficients ranging from 0.31 to 0.51 for the primary domains (Sparrow et al., 2016).

## **Procedure**

**Participant sign-up** (Appendices G and H). After receiving Institutional Review Board (IRB) approval, a description of the study and the eligibility requirements were posted on SONA Systems, the online research subject pool website used by the University of Alabama's Department of Psychology. Interested and eligible students signed up for the study through the SONA system.

The study was scheduled for two hours and took place through Qualtrics, an online survey tool to build surveys and analyze responses. In order to conduct the current study, the primary researcher purchased a temporary license through Pearson Clinical Assessments, a

company who provides products and services related to assessments, to adapt the Vineland-3 for use on Qualtrics. This adaption was approved by Pearson Clinical Assessments.

**Assignment of participants.** Participants were randomly assigned to one of four conditions (i.e., defendant charged with capital murder who is being evaluated for ID; defendant charged with theft who is being evaluated for ID; defendant charged with capital murder – the context of the evaluation is not provided; and defendant charged with theft – the context of the evaluation is not provided) through the Qualtrics survey. In order to ensure their responses were kept confidential, participants were assigned a random identification number. Per the subject pool policies, students were responsible for completing the online survey or canceling their participation to avoid receiving a no-show penalty.

**Presentation of materials and measures.** All participants followed the same order of administration: (1) demographic questionnaire; (2) the condition specific vignette; (3) the Vineland-3; (4) ID question (this included one question regarding whether they believe the individual in their condition has ID); (5) ID definition question (this included one question regarding their definition of ID); (6) crime questionnaire (this included a list of 32 crimes to identify if they believe an individual with ID is capable of committing these crimes); (7) ATTID (to assess their attitudes toward ID); and (8) the attention check question. Participants were also provided debriefing information at the conclusion of the survey which included contact information for the primary researcher and the IRB (Appendix I). After each participant completed the survey, they were granted credit in their PY 101 course for their participation.

## CHAPTER 3

### RESULTS

#### Descriptive Statistics

Descriptive statistics of participants' ratings of adaptive functioning and attitudes toward ID per condition are provided in Table 2. The sample size was relatively similar for each condition, including capital murder and ID ( $n = 36$ ), capital murder and evaluation ( $n = 37$ ), theft and ID ( $n = 36$ ), and theft and evaluation ( $n = 33$ ).

**Table 2**

*Means and Standard Deviations of Measures*

Variable	CMID		CME		TID		TE		Total	
	<i>M</i>	<i>SD</i>								
Vineland-3	72.61	27.18	72.59	22.35	79.67	23.37	86.97	22.12	77.73	23.53
ATTID	2.35	.48	2.09	.42	2.33	.52	2.28	.46	2.26	.48

*Note.*  $N = 142$ ; *M* = Mean; *SD* = Standard Deviation; CMID = Capital Murder and ID, CME = Capital Murder and Evaluation, TID = Theft and ID, TE = Theft and Evaluation; Scale for the Vineland-3 was 0 (never) to 2 (usually or often); Scale for the ATTID was 1 (Totally Agree) to 5 (Totally Disagree).

#### Relationship Between Crime Type and Evaluation Context and Adaptive Behavior

A two-way Analysis of Variance (ANOVA) was conducted to determine the effect of evaluation context and type of crime on Vineland-3 ABC scores. As assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box, there were no outliers in the data. As assessed by visual inspection of Normal Q-Q plots, participants'

ratings were normally distributed, and as assessed by Levene's test for equality of variances, there was homogeneity of variances ( $p = .719$ ). Although an interaction effect was expected, a statistically significant interaction between crime type and evaluation context for ABC scores was not obtained,  $F(1,138) = .89$ ,  $p = .346$ , partial  $\eta^2 = .006$  (as shown in Table 3).

Based on the possibility that some of the participants excluded from analyses may have processed the manipulation, an exploratory two-way ANOVA was run to determine if there was a significant interaction with these participants included in the analysis. There were no outliers in the data, as assessed by inspection of boxplots for values greater than 1.5 box-lengths from the edge of the box. Visual inspection of Normal Q-Q plots revealed that participants' ratings were normally distributed. As assessed by Levene's test for equality of variances, there was homogeneity of variances ( $p = .978$ ). A statistically significant interaction between crime type and evaluation context for ABC scores was not obtained,  $F(1,281) = .028$ ,  $p = .868$ , partial  $\eta^2 = .000$ , when participants originally excluded ( $n = 139$ ) were included in the analysis.

Due to a lack of a significant interaction effect, main effects for both evaluation context and type of crime were evaluated. It was hypothesized that there would be a significant main effect of evaluation context such that participants in the ID conditions would provide lower adaptive behavior ratings as compared to participants who were not provided the context of the evaluation.

As assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box, there were no outliers in the data, and as assessed by visual inspection of Normal Q-Q plots, participants' ratings were normally distributed for both evaluation conditions. Homogeneity of variances was observed based on Levene's test for equality of variances ( $p = .529$ ). The results did not support the above noted hypothesis. While there was no statistically

significant main effect of evaluation context on ABC scores,  $F(1,138) = .89, p = .348$ , partial  $\eta^2 = .006$ , participants in the general evaluation context condition provided higher ratings of adaptive functioning ( $M = 79.37, SD = 23.23$ ) compared to participants in the ID context condition ( $M = 76.14, SD = 23.88$ ).

In addition to the expected relationship between evaluation context and ratings, it was also hypothesized that there would be a significant main effect of crime type such that participants in the capital murder condition would provide higher adaptive behavior ratings compared to participants in the theft condition. As assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box, there were no outliers in the data and, as assessed by visual inspection of Normal Q-Q plots, participants' ratings were normally distributed for both crime type conditions. There was homogeneity of variances as indicated by Levene's test for equality of variances ( $p = .901$ ).

As predicted, there was a statistically significant main effect of crime type on ABC scores,  $F(1, 138) = 7.67, p = .006$ , partial  $\eta^2 = .053$  (as shown in Table 3). However, contrary to expectations, participants in the theft condition provided higher adaptive behavior ratings ( $M = 83.2, SD = 22.9$ ) compared to participants in the capital murder condition ( $M = 72.6, SD = 23.1$ ).

**Table 3***Results for Interaction and Main Effects for the Two-Way ANOVA*

Source	SS	df	MS	F	p	Partial $\eta^2$
Crime Type	4068.48	1	4068.48	7.67	.006	.053
Evaluation Context	470.33	1	470.33	.886	.348	.006
Crime Type*Evaluation Context	474.60	1	474.60	.89	.346	.006
Error	73218.44	138	530.57			

*Note.* Type III Sum of Squares; MS = Mean Square; *p* = statistical significance.

### **Differences in Vineland-3 Domain Scores**

It was hypothesized that participants would provide higher standard scores on the Daily Living Skills Domain, as measured by their scores on this domain on the Vineland-3 compared to the other two domains (i.e., Communication and Socialization). A repeated measures general linear model (GLM) was conducted to determine whether the three domain scores on the Vineland-3 were significantly different from each other across the overall sample. Post hoc analyses were conducted using Bonferroni corrected t-tests. There were no outliers in the data, as assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box. The data was normally distributed based on visual inspection of the Normal Q-Q plot. The assumption of sphericity was violated, as assessed by Mauchly's test of sphericity,  $\chi^2(2) = 17.832, p < .001$ . Therefore, a Greenhouse-Geisser correction was applied ( $\epsilon = 0.893$ ). Table 4 provides descriptive statistics for the three Vineland-3 domains.

**Table 4***Descriptive Statistics for Vineland-3 Domains*

Vineland-3 Domains	<i>M</i>	<i>SD</i>
Daily Living Skills	81.05	25.14
Communication	75.72	26.85
Socialization	75.30	29.75

*Note.*  $N = 142$ .

The results of the repeated measures GLM revealed a significant difference among the Vineland-3's domain standard scores (Daily Living Skills, Communication, and Socialization) within the overall sample ( $N = 142$ ),  $F(1.77, 251.88) = 7.97$ ,  $p < .001$ , using a Greenhouse-Geisser correction, partial  $\eta^2 = .054$ . Results from a simple contrast analysis revealed participants' mean standard score for the Daily Living Skills domain was significantly greater than their Communication and Socialization mean scores; mean differences  $-5.33$  and  $-5.75$ , respectively,  $p < .001$ . These results indicate that, as hypothesized, participants provided higher standard scores on the Daily Living Skills domain compared to their standard scores on the Communication and Socialization domains.

***Exploratory Analyses***

An independent-samples t-test was run to determine if there were differences in scores on the Daily Living Skills domain between the theft and capital murder conditions. Based on visual inspection of Normal Q-Q plots, the data was normally distributed. There was homogeneity of variances, as assessed by Levene's test for equality of variances ( $p = .227$ ). Based on visual inspection of a boxplot, there were two outliers in the data. The main analysis was run with and without the outlier to determine the impact of the outlier on outcomes and to see if the statistical

conclusions changed. In analyses both with and without<sup>4</sup> the outliers, a statistically significant difference was found in daily living skills domain scores between the theft and capital murder conditions,  $t(140) = 2.450, p = .016$ , with participants in the theft condition providing higher scores on the Daily Living Skills domain compared to the capital murder conditions; mean difference 10.166, respectively.

An independent-samples t-test was run to determine if there were differences in scores on the Communication domain between the theft and capital murder conditions. There were no outliers in the data, as assessed by inspection of a boxplot. Based on visual inspection of Normal Q-Q plots, the data was normally distributed. There was homogeneity of variances, as assessed by Levene's test for equality of variances ( $p = .470$ ). A statistically significant difference was found in communication domain scores between the theft and capital murder conditions,  $t(140) = 2.019, p = .045$ , with participants in the theft conditions providing higher scores on the Communication domain compared to the capital murder conditions; mean difference 9.005, respectively.

An independent-samples t-test was run to determine if there were differences in scores on the Socialization domain between the theft and capital murder conditions. There were no outliers in the data, as assessed by inspection of a boxplot. Based on visual inspection of Normal Q-Q plots, the data was normally distributed. There was homogeneity of variances, as assessed by Levene's test for equality of variances ( $p = .199$ ). A statistically significant difference was found in socialization domain scores between the theft and capital murder conditions,  $t(140) = 3.047, p = .003$ , with participants in the theft conditions providing higher scores on the Socialization domain compared to the capital murder conditions; mean difference 14.79, respectively.

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<sup>4</sup> Independent-samples t-test with outliers excluded,  $t(136) = 2.721, p = .007$ .

## Relationship Between Attitudes Toward ID and Adaptive Behavior

It was expected that participants with more negative attitudes toward ID, as measured by the ATTID (Morin et al., 2013), would provide lower adaptive behavior ratings via the ABC scores on the Vineland-3, indicating more deficits in adaptive functioning. A linear regression was run to understand the effect of attitudes toward ID on adaptive behavior ratings. To assess linearity, a scatterplot of adaptive behavior ratings against the ATTID global mean with a superimposed regression line was plotted. Visual inspection of this plot indicated a linear relationship between the variables. There was homoscedasticity and normality of the residuals, as assessed by visual inspection of a normal probability plot. There were no outliers present. The linear regression model was not statistically significant,  $F(1, 140) = 1.16, p = .284$ , with an  $R^2$  of .001. Attitudes toward ID did not statistically significantly predict ratings of adaptive behavior (as shown in Table 5).

**Table 5**

*Linear Regression Predicting Likelihood of Lower Adaptive Ratings Based on the ATTID*

	<i>B</i>	<i>SE</i>	Beta	<i>t</i>	<i>p</i>	95% CI for B	
						Lower	Upper
(Constant)	87.79	9.55		9.19	<.001	68.91	106.67
ATTID Mean	-4.44	4.13	-.09	-1.08	.28	-12.60	3.72

*Note.* *B* = unstandardized regression coefficient; *SE* = standard error; *p* = statistical significance; CI = confidence interval.

### *Exploratory Analysis*

In order to determine if any of the five factors of the ATTID predicted ratings of adaptive functioning, an exploratory analysis using multiple regression was conducted. As assessed by partial regression plots and a plot of studentized residuals against the predicted values, linearity

was observed. Based on a Durbin-Watson statistic of 1.851, there was independence of residuals. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than  $\pm 3$  standard deviations, no leverage values greater than 0.2, or values for Cook's distance above 1. The assumption of normality was met, as assessed by a Normal Q-Q plot. The assumption of homoscedasticity was violated, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. A log transformation was completed to correct for the violation of homoscedasticity; however, based on visual inspection of the plot, the transformation was unsuccessful, and the assumption was still violated. As such, the multiple regression analysis was run with bootstrapped results. The multiple regression model revealed that none of the factors on the ATTID significantly predicted participants' perceptions of adaptive functioning, as demonstrated in Table 6.

**Table 6**

*Summary of Bootstrapped Results of Multiple Regression Analysis*

Factor	<i>B</i>	Bias	<i>SE</i>	<i>p</i>
Constant	86.220	-.137	11.089	<.001
Discomfort	1.337	.083	4.102	.746
Knowledge of Capacity and Rights	-3.734	-.066	4.062	.367
Interaction	-1.797	.034	3.175	.560
Sensitivity or Tenderness	2.003	-.084	3.066	.518
Knowledge of Causes	-2.042	.142	2.168	.330

*Note.* *B* = unstandardized regression coefficient; *SE* = standard error.

## Capability of Committing Crimes and Ratings of Adaptive Behavior

It was hypothesized there would be a significant relationship between participants' beliefs about the capability of an individual with ID to commit crimes, in this case capital murder and theft, with their ABC scores on the Vineland-3. A point biserial correlation was run between the capability of an individual with ID to commit capital murder and ABC scores. As assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box, there were no outliers in the data. There was homogeneity of variances for ABC scores for capital murder, as assessed by Levene's test for equality of variances ( $p = .745$ ). Based on a visual inspection of Normal Q-Q plots, the data was normally distributed. The results did not support the hypothesis. There was not a statistically significant correlation between the beliefs that a person with ID can commit capital murder and ABC scores,  $r_{pb}(140) = -.023, p > .05$ .

A second point biserial correlation was conducted to determine the relationship between the participants' belief about the capability of an individual with ID to commit theft and ABC scores. There was homogeneity of variance for ABC scores for theft, as assessed by Levene's test for equality of variances ( $p = .196$ ), and the data was normally distributed based on visual inspection of Normal Q-Q plots. Based on visual inspection of the boxplots, there appeared to be one outlier. The main analysis was run with and without the outlier to determine the impact of the outlier on outcomes and to see if the statistical conclusions changed. In analyses both with and without<sup>5</sup> the outlier, there was not a statistically significant correlation between the beliefs that an individual with ID can commit theft and ABC scores,  $r_{pb}(140) = -.08, p > .05$ .

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<sup>5</sup> Correlation coefficient with outlier excluded,  $r_{pb}(139) = -.063, p > .05$ .

## Capability of Committing Crimes and Attitudes Toward ID

It was hypothesized that there would be a significant relationship between participants' beliefs about the capability of an individual with ID to commit capital murder and theft with their attitudes toward ID as measured by the ATTID. Of the 142 participants, 60.6% reported that an individual with ID is capable of committing capital murder, whereas 39.4% indicated they are incapable of committing this crime. With regard to the crime of theft, 79.6% of participants noted a person with ID can commit this crime, and 20.4% reported individuals with ID are not capable of committing the crime of theft.

A point biserial correlation was conducted to determine if there was a relationship between the capability of someone with ID to commit capital murder and attitudes toward ID. There was homogeneity of variance for the ATTID for capital murder, as assessed by Levene's test for equality of variances ( $p = .252$ ). The data was normally distributed based on visual inspection of Normal Q-Q plots. Based on visual inspection of the boxplots, there appeared to be five outliers. The main analysis was run with and without the outliers to determine their impact on outcomes and to see if statistical conclusions changed. After running the analysis with and without<sup>6</sup> the outliers, there was not a statistically significant correlation between beliefs that an individual with ID can commit capital murder and attitudes toward ID,  $r_{pb}(140) = .09, p > .05$ .

A second point biserial correlation was conducted to determine the relationship between the capability of an individual with ID to commit theft and their attitudes toward ID. The data was normally distributed based on visual inspection of Normal Q-Q plots. Based on assessment of the Levene's test for equality of variances, the assumption of homogeneity of variance was violated ( $p = .010$ ). A log transformation was completed to correct for the violation of

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<sup>6</sup> Correlation coefficient with outliers excluded,  $r_{pb}(135) = .05, p > .05$ .

homogeneity of variance; however, the transformation was unsuccessful, and the assumption was still violated (Levene's test for equality of variances,  $p = .008$ ). As such, the correlation analysis was run with bootstrapped results.

Preliminary analyses showed that there were six outliers, as assessed by a visual inspection of a boxplot. To determine the impact of the outliers on outcomes and to see if statistical conclusions changed, the analysis was run with and without the outliers. After running the analysis with and without<sup>7</sup> the outliers, there was not a statistically significant correlation between participants' beliefs that an individual with ID could commit theft and their attitudes toward ID,  $r(142) = .015$ ,  $p > .05$ , 95% confidence interval bias-corrected and accelerated = -.113, .148.

### ***Exploratory Analysis***

A point-biserial correlation was run to determine the relationships between participants' beliefs that the individual in the vignette had ID and ratings of adaptive functioning via ABC scores on the Vineland-3. There was homogeneity of variance, as assessed by Levene's test for equality of variances ( $p = .303$ ). The data was normally distributed based on visual inspection of Normal Q-Q plots. Based on visual inspection of the boxplots, there appeared to be four outliers. The main analysis was run with and without the outliers to determine their impact on outcomes and to see if statistical conclusions changed. After running the analysis with and without<sup>8</sup> the outliers, there was not a statistically significant correlation between participants' beliefs about the presence or absence of ID for the individual in the vignettes and their ratings of adaptive behavior,  $r(142) = .118$ ,  $p > .05$ .

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<sup>7</sup> Bootstrapped results with outliers excluded,  $r(136) = .031$ ,  $p > .05$ .

<sup>8</sup> Correlation coefficient with outliers excluded,  $r(138) = .124$ ,  $p > .05$ .

## CHAPTER 4

### DISCUSSION

It has been documented in the literature that there is a lack of consensus regarding what constitutes the best standard of practice in assessing adaptive functioning in *Atkins* claims. Specifically, there is disagreement over the use of criminal behavior and the use of informants from restrictive settings (e.g., correctional institutions) to inform an opinion regarding the presence or absence of deficits in adaptive functioning (Fabian et al., 2011; Hagan et al., 2016; Schalock et al., 2010). The present study addressed these factors by evaluating the effect of knowing the name of the crime charged on participants' ratings of adaptive behavior while using vignettes reminiscent of an inmate's typical day in a jail setting. Additionally, the present study evaluated whether the context of the evaluation, attitudes toward people with ID, and perceptions of the capability of individuals with ID to commit certain crimes had an effect on adaptive functioning scores.

The findings of the current study indicated that while knowing the type of crime can influence peoples' perceptions of adaptive functioning (i.e., the crime of theft resulted in higher ratings of adaptive functioning compared to capital murder), beliefs about the capability of an individual with ID to commit that crime did not influence their perceptions of adaptive behavior. In addition, participants' attitudes toward ID did not predict lower adaptive functioning ratings.

#### **Criminal Behavior to Assess Adaptive Behavior**

Researchers have discussed the significantly different conclusions evaluators may have regarding the level of functioning for individuals in *Atkins* evaluations when criminal behavior is

used to make determinations about ID (Blume et al., 2009; Young et al., 2007). The most serious of concerns is that evaluators will come to different conclusions regarding the presence or absence of ID that are based on non-clinical factors (i.e., the inclusion of criminal behavior in the diagnosis of ID) rather than data produced by standardized measures of adaptive behavior or other information consistent with clinical practice. Surprisingly, participants in the current study provided significantly higher ratings of adaptive functioning for the individual charged with theft compared to the individual charged with capital murder. This hypothesis was evaluated to see if participants' perceptions about adaptive functioning were different based on the type of crime, violent versus nonviolent, that the defendant was charged with.

Given that the above results were not in the expected direction, the impact of other variables or other hypotheses were considered. Shimotsukasa and colleagues (2019) and Eriksson and researchers (2017) found that individuals who commit violent crimes, such as murder, tend to engage in less prosocial behaviors and demonstrate interpersonal problems. Given that the skills provided in the vignettes were primarily related to practical abilities, participants had to make assumptions about skills related to communication and socialization.

One theory of the findings of this study rests on the assumption that the participants considered capital murder to be a sign of a less prosocial orientation. If this assumption is correct, then scores on the Vineland-3 would be low on both the Communication and Socialization scales. This theory is supported by the statistically significant lower scores provided for the Communication and Socialization domains by participants in the capital murder conditions compared to the theft conditions in the current study.

A second possible explanation rests on the assumption that participants perceived the individual charged with capital murder to have impaired social functioning that was more severe

than that of the individual charged with theft. Research conducted by Edens and colleagues (2013) provides support for this notion with participants in that study perceiving individuals charged with murder to demonstrate a lack of remorse, have egotistic personalities, and are conning and manipulative. In addition to peoples' perceptions about the characteristics of individuals charged with murder, murder is categorized as a crime against a person, while theft a crime against property (Uniform Crime Reporting Program, 2018). People perceive individuals who commit crimes against persons to be more dangerous (Sanderson et al., 2000) and desire more social distance from offenders convicted of violent crimes, such as murder (Edwards & Mottarella, 2015). This may offer support for the theory that participants in the current study perceived the individual charged with murder to have impaired social functioning abilities as evidenced by their lower ratings of adaptive functioning on the domains for the capital murder condition.

Research has shown that the general population possesses low expectations about the capabilities of persons with ID (Halperin et al., 2006), as well as inaccurate beliefs that individuals with ID are low functioning across the board (McConkey et al., 1983). The hypothesis in the current study, was that there would be a relationship between participants' beliefs about the capability of an individual with ID to commit capital murder or theft and their ratings of adaptive functioning, and this was not supported by the data. Of interest, however, was that there was a slightly higher percentage of participants who believed that individuals with ID can commit both capital murder and theft (i.e., 60.6% believed someone with ID can commit capital murder and 79.6% of participants believed someone with ID could commit theft), and this finding was consistent across the two crime conditions.

One possible explanation for these findings is based on the possibility that the majority of participants did not have low expectations or inaccurate beliefs about the capabilities of someone with ID to commit the crimes. It may be possible that the current study's sample may be reflective of a subset of the general population that possesses higher expectations about individuals with ID. If so, it remains possible that for those who hold more negative expectations or inaccurate beliefs about the capability of persons with ID, this may influence their ratings of adaptive functioning.

### **Attitudes Toward ID**

Over many years, researchers have shown that members of the community harbor negative attitudes toward individuals with ID, as well as biased and inaccurate beliefs about the capability of persons with ID (Halperin et al., 2006; McConkey et al., 1983; Yazbeck et al., 2004). In the current study, this researcher aimed to determine whether attitudes toward ID predicted lower adaptive functioning ratings. Contrary to expectations, results suggested that peoples' biases toward individuals with disabilities did not interfere with their perceptions of adaptive functioning. The mean for the attitudes toward ID for the current sample was 2.26, indicating participants held more positive attitudes toward individuals with ID.

One consideration regarding the lack of relationship between attitudes and perceptions of adaptive functioning may have been the composition of the sample for the current study. First, prior research has demonstrated that gender makes a difference. Morin and colleagues (2013) found that female staff members employed at a secure learning disability facility were more supportive of victims with disabilities than were males. Furthermore, the same authors found significant gender differences in attitudes toward individuals with ID, such that females were more comfortable than males were around persons with disabilities. Participants in this study

were overwhelmingly female (i.e., 73.2%) which may have had an impact on the samples' attitudes toward ID and the outcome of the analyses.

Education has also been found to play a role in attitudes toward ID such that less educated individuals held more negative attitudes toward people with ID (Burge, Ouellette-Kuntz, & Lysaght, 2007; Morin et al., 2013). Moreover, prior research has identified attitudinal differences in age with older adults having more negative beliefs about individuals with ID (Burge et al., 2007; Goreczny et al., 2011). In the current study, the sample consisted of individuals who had already attained a relatively high level of education (i.e., 58.5% of participants reported having completed some college courses) and 100.0% of participants were young adults between the ages of 18 and 24. As such, the present study's sample may have been more reflective of individuals who hold more favorable attitudes toward individuals with ID and therefore, these attitudes were less likely to impact their ratings of adaptive functioning in a negative manner.

Although there is research that indicates people still present with negative attitudes toward individuals with disabilities (Ireland & Clarkson, 2007; Morin et al., 2013; Yazbeck et al., 2004), researchers have also shown that attitudes toward ID are improving (Goreczny et al., 2011). According to Goreczny and colleagues, one explanation for changing attitudes is individuals may be gaining more knowledge or experience with this population. In addition, as forementioned, participants in the current study generally possessed more positive attitudes toward ID ( $M = 2.26$ ) and 41.5% of participants reported knowing someone close to them with ID. One possibility for these findings is that participants in this study possess more accurate information about the capabilities of individuals who have ID and do not adhere to the negative stereotypes associated with this disorder. If this hypothesis is true, it is not surprising that they

viewed individuals with ID as being perfectly capable of committing both crimes. Given the method by which the vignettes were developed, members of this subset of the sample were correct in their beliefs. Had this sample been different in terms of age, education, gender, and interactions with individuals with ID, the results may have been quite different.

Another factor that may have impacted the results of this study was the notion of priming. Existing literature has demonstrated that the use of priming can negatively influence attitudes. For example, Lowe and Willis (2019) found that priming people with negative descriptors, such as “sexual offenders” or “murderers,” led to more negative attitudes compared to the use of neutral language descriptors, such as “someone who has sexually offended” or “someone convicted of murder.” Following this paradigm of more neutral language, the vignettes in the current study used person-first language to identify the crime in which the defendant was charged (i.e., “this defendant has been charged with capital murder” or “this defendant has been charged with theft”). As such, it is possible that if more negative language was used in the vignettes, this could have affected their attitudes possibly resulting in more negative attitudes toward the individual in the vignette. Given that *Atkins* cases involve capital crimes that usually include murder, it is important for evaluators to consider whether informants are utilizing negative language to describe the individual and be cognizant that such language used during interviewing may influence the informants’ attitudes toward the defendant.

### **Bias in Evaluations**

As most *Atkins* evaluations are conducted for defendants in custody, correctional officers may be chosen to be informants of a defendant’s adaptive functioning. It has been noted in the literature that, due to the nature of correctional officers’ jobs, they may possess bias toward justice-involved individuals, as well as toward the evaluator who conducts an evaluation

(Boccaccini et al., 2016; Fabian, 2005; Stevens & Price, 2006; Young et al., 2007). Such biases could impact the information obtained from the informant.

Despite not using a sample of correctional officers, this researcher hypothesized that participants who were informed that this was an evaluation for ID would provide lower adaptive behavior ratings and demonstrate more negative attitudes toward the defendant. Contrary to this expectation, notification of the purpose of the evaluation did not appear to influence participants' perceptions of adaptive behavior of defendants, nor did it bring forth negative attitudes. Since participants utilized in the current study had no involvement with defendants in *Atkins* cases, nor were they correctional officers, the results may bear no relation to that which would have been obtained had such a sample been used.

In addition to characteristics of the sample, it is possible that these results were impacted by the hypothetical nature of the study and/or the inability to ask questions about scoring and the meaning of some of the questions on the Vineland 3. Without the opportunity to ask questions about the purpose of the evaluation, this may lead to a lack of understanding of the true purpose of the evaluation and subsequent implications such an evaluation can have for defendants.

### **Restrictive Settings**

Individuals with mild ID have less prominent deficits in the practical domain, which includes tasks related to daily living (Schalock et al., 2010). As such, it was expected that participants would provide higher ratings on this domain on the Vineland-3, than on the Communication and Socialization domains. Indeed, participants did provide significantly higher ratings of practical skills than the other skill areas. One consideration for this finding is that in restrictive settings (e.g., correctional facilities), practical skills are easy to observe and occur multiple times over any given day.

The vignettes in the current study were constructed based on interviews with correctional officers in one facility. The officers were asked to describe a typical day in that jail for a defendant and as such, the vignette was developed through the officers' observations rather than the experiences of the defendant. While these vignettes included skills related to all three domains of adaptive functioning, practical skills were predominately depicted in the vignettes, such as feeding himself, showering himself, and keeping his cell clean. If informants from correctional facilities are utilized to provide information related to a defendant's adaptive functioning, they may be limited to providing information related to practical abilities, which may require guessing on skills related to communication and socialization.

While the vignettes were developed based on the typical day of an incarcerated individual, adaptive behavior measures were created and normed on individuals who reside in the community and have the opportunity to express a range of skills in a variety of settings. In correctional facilities it is impossible to assess some behaviors on these measures because they cannot be exhibited in a correctional setting (Everington & Keyes, 1999; Fabian et al., 2011; Tassé, 2009). As such, informants in these settings would have to guess on the majority of questions included on measures of adaptive behavior and these ratings would be impacted by attitudes officers hold toward inmates in general, and inmates suspected of having ID.

### **Implications**

Research has shown that individuals who commit more violent crimes, such as murder, tend to engage in less prosocial behaviors and demonstrate interpersonal problems (Shimotsukasa et al., 2019). The current findings revealed that participants believed that the individual who was charged with capital murder was lower functioning, which may have been based on the crime, capital murder, which participants may have believed demonstrated

decreased prosocial behavior. Given this finding, it is important for evaluators to take into consideration how the nature and type of crime can influence perceptions of adaptive functioning for individuals on death row. These influences may have drastic life or death implications for *Atkins* cases.

Results of the present study suggested that attitudes toward ID did not predict perceptions of adaptive functioning. Given that participants in the current study were only notified about the broad purpose of the evaluation, it is possible that this may have impacted their beliefs about adaptive behavior. Therefore, it remains possible that providing more information about the purpose of the evaluation and possible outcomes of the evaluation, may elicit more biases or negative attitudes toward ID and subsequently impact how they rate individuals' adaptive behavior in *Atkins* cases.

To date, little is known about how general attitudes toward ID influence adaptive behavior ratings. Research has shown that people hold negative attitudes toward individuals with ID and beliefs that include underestimations about the abilities of persons with ID (McConkey et al., 1983). The current findings revealed that participants' attitudes toward ID did not influence their beliefs about adaptive functioning. However, it is important for evaluators to consider whether attitudinal differences may occur with different subsets of the population and their potential impact on ratings of adaptive functioning given the broader general research that suggests people possess more negative attitudes toward persons with ID and generally low expectations of their capabilities.

### **Limitations**

This study has a few limitations that should be discussed. One limitation of this study is the generalizability of the results due to sample characteristics. The current study utilized

undergraduate students resulting in a homogeneous sample that was generally young, female, and White, which limits its generalizability. Specifically, the present sample varies from characteristics more representative of correctional officers, which typically consists of middle-aged, White males (U.S. Census Bureau, 2017).

In addition, the present study provided information in vignettes that was based on a typical day for a defendant in a correctional setting based on information collected via interviews from three correctional officers employed at a county jail in the state of Alabama. Given that the information provided in the vignettes was from one specific jail, it may not be representative of activities performed by other defendants in different facilities.

As part of the current study, participants were asked whether they believed the individual in the vignette had ID; however, participants were not asked to provide an explanation regarding their reasoning for their response to this question. Future research may benefit from inquiring with participants about why they believe the individual in the vignette does or does not have ID. This may inform their understanding of what constitutes ID and what specific information they are basing their decision on.

### **Future Directions**

Based on the results of the current study, there are a number of proposed future directions for other researchers to consider. First, given that correctional staff act as informants of adaptive functioning in *Atkins* claims, it would be valuable to replicate the current study with a sample of correctional staff as this would allow for more ecologically valid results. This may allow researchers to better capture whether there is a relationship between actual correctional staffs' perceptions and attitudes toward ID and ratings of adaptive behavior of defendants. Additionally, it may be worthwhile to consider replicating this study with different measures of attitudes

toward ID as well as adaptive behavior measures as evaluators may vary in the measures they utilize. Furthermore, future research may benefit from studying peoples' expectations about criminal behavior and committing crimes rather than simply asking about their beliefs about the capability of an individual with ID to commit crimes.

### **Conclusion**

The present study was the first study to look at how the type of crime, context of the evaluation, and attitudes toward ID impacted perceptions of adaptive functioning. The results of this study revealed that the type of crime influenced ratings of adaptive functioning. However, the findings demonstrated that being notified about the purpose of the evaluation and general attitudes toward ID did not influence or predict participants' perceptions of adaptive behavior. This study suggests that certain factors, such as the nature of crime, may influence perceptions of adaptive functioning, which should be taken into consideration during *Atkins* evaluations.

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## APPENDICES

### Appendix A

#### Demographic Questionnaire

What is your gender?

- Male
- Female
- Do not wish to disclose

What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or older

What is your race/ethnicity?

- White
- Black or African American
- American Indian or Alaska Native
- Asian/Asian American
- Native Hawaiian or Pacific Islander
- Hispanic/Latino/Latina
- Other, please specify

Education

- Less than high school
- High school graduate
- Some college, please indicate how many years of college you have completed:
- 2 year degree
- 4 year degree
- Professional degree
- Doctorate

Do you know someone close to you who have an intellectual disability?

- Yes
- No
- I don't know/I'm not sure

What is your perceived level of contact with individuals who have an intellectual disability?

- No contact
- Minimal contact
- Some contact
- More than some contact
- Frequent contact

Please indicate below any previous employment with mental health providers or any special knowledge or experience with intellectual disability or individuals with intellectual disability (if you have none, please write none).

Appendix B

**Intellectual Disability Definition Question**

To the best of your ability, please define the term” intellectual disability.”

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## Appendix C

### Crime Questionnaire

Please indicate which of the following crimes you believe an individual with an intellectual disability is capable of committing (you may select as many choices as you want):

- Sexual assault against kids
- Sexual assault against adults
- First-degree murder (e.g., Intentional murder that is willful and premeditated)
- Capital murder (e.g., murder of a police officer)
- Kidnapping
- Strangulation
- Throw someone over the bridge
- Manslaughter (e.g., Death of another person due to a sudden heat of passion)
- First-degree burglary (e.g., Knowingly and unlawfully enters a dwelling, armed with a deadly weapon, with the intent to commit a crime)
- Kill a child
- Second-degree murder (e.g., Intentional murder but is not premeditated or planned in advance)
- Second-degree robbery (e.g., when more than one person uses force, or threatens to use force, against another person to take their property)
- Assault
- First-degree arson (e.g., Intentionally damages a building by starting or maintaining a fire or causing an explosion when they know another individual is inside the building)
- Theft
- Domestic violence
- Public intoxication
- Possessing a weapon
- Trespassing
- Disorderly conduct
- Indecent exposure
- Driving without a license or permit
- Stalking
- Driving under the influence (DUI)
- Forgery
- Drug trafficking
- Human trafficking
- Cruelty to animals
- Removing a shopping cart from store premises
- Failure to obtain a gun permit
- Unlawful assembly
- Passing bad checks

## Appendix D

### Vignettes

#### **Capital Murder Defendant being Evaluated for Intellectual Disability**

A 30-year-old male defendant who resides at a county jail is being evaluated for intellectual disability. At the time of the crime, this defendant approached a man who was washing his car at a car wash to ask about the time. During this interaction, the defendant ended up shooting this man three times resulting in his death. This defendant has been charged with capital murder and he has resided in jail for 9 months. At this jail, defendants are expected to follow the institution's rules, regulations, and responsibilities including keeping their cell clean and in accordance with institutional standards, maintaining a good personal appearance, satisfactorily performing any assigned duties, and refraining from making loud noises or talking in a loud voice. During the day shift, this defendant wakes up at 5:30 AM. At 6:00 AM, there is a mandatory lock out of cells, in which he, and all other defendants, receive their breakfast trays through the slot of the jail door of the day area. When he finishes breakfast, he places his tray on the cart by the jail door. This defendant then chooses to lock out of his cell and stay in the day room until lunch is served. He has been observed to play cards, checkers, chess, dominoes, talk on the telephone, watch television, and sit at a table appearing to be reading a book. At 11:00 AM, he eats lunch in the day area of the unit and as always, receives his tray through the slot in the door. After lunch, he asks to go take a shower. When he returns to the unit after showering, he remains in the day area. At 4:00 PM, he receives his dinner tray through the slot of the jail door of the day area. After he finishes dinner, he places his tray on the cart by the jail door. He remains in the day area playing cards, checkers, chess, and dominoes, watching television, and at times he talks on the telephone. Lockdown is at 11:00 PM and each night he goes to his cell without trouble. Throughout the day, routine checks are being completed on the unit. This defendant has been observed to keep his cell and hygiene clean. During interactions and observations of this defendant, he does not appear to have difficulty communicating; however, he demonstrates slower speech. He has the ability to speak in sentences without obvious limitations in his vocabulary or grammar.

Based on the information you just read, please fill out the following questionnaire (Vineland-3) based on what you think this defendant could do, and how well he could do it. This defendant has been charged with Capital Murder and is being evaluated for intellectual disability.

## **Capital Murder Defendant being Evaluated**

A 30-year-old male defendant who resides at a county jail is undergoing an evaluation. At the time of the crime, this defendant approached a man who was washing his car at a car wash to ask about the time. During this interaction, the defendant ended up shooting this man three times resulting in his death. This defendant has been charged with capital murder and he has resided in jail for 9 months. At this jail, defendants are expected to follow the institution's rules, regulations, and responsibilities including keeping their cell clean and in accordance with institutional standards, maintaining a good personal appearance, satisfactorily performing any assigned duties, and refraining from making loud noises or talking in a loud voice. During the day shift, this defendant wakes up at 5:30 AM. At 6:00 AM, there is a mandatory lock out of cells, in which he, and all other defendants, receive their breakfast trays through the slot of the jail door of the day area. When he finishes breakfast, he places his tray on the cart by the jail door. This defendant then chooses to lock out of his cell and stay in the day room until lunch is served. He has been observed to play cards, checkers, chess, dominoes, talk on the telephone, watch television, and sit at a table appearing to be reading a book. At 11:00 AM, he eats lunch in the day area of the unit and as always, receives his tray through the slot in the door. After lunch, he asks to go take a shower. When he returns to the unit after showering, he remains in the day area. At 4:00 PM, he receives his dinner tray through the slot of the jail door of the day area. After he finishes dinner, he places his tray on the cart by the jail door. He remains in the day area playing cards, checkers, chess, and dominoes, watching television, and at times he talks on the telephone. Lockdown is at 11:00 PM and each night he goes to his cell without trouble. Throughout the day, routine checks are completed on the unit. This defendant has been observed to keep his cell and hygiene clean. During interactions and observations of this defendant, he does not appear to have difficulty communicating; however, he demonstrates slower speech. He has the ability to speak in sentences without obvious limitations in his vocabulary or grammar.

Based on the information you just read, please fill out the following questionnaire (Vineland-3) based on what you think this defendant could do, and how well he could do it. This defendant has been charged with Capital Murder and is undergoing an evaluation.

## **Theft Defendant being Evaluated for Intellectual Disability**

A 30-year-old male defendant who resides at a county jail is being evaluated for intellectual disability. At the time of the crime, this defendant approached a man who was washing his car at a car wash to ask about the time. During this interaction, the defendant ended up taking money from this man's wallet. This defendant has been charged with theft and he has resided in jail for 9 months. At this jail, defendants are expected to follow the institution's rules, regulations, and responsibilities including keeping their cell clean and in accordance with institutional standards, maintaining a good personal appearance, satisfactorily performing any assigned duties, and refraining from making loud noises or talking in a loud voice. During the day shift, this defendant wakes up at 5:30 AM. At 6:00 AM, there is a mandatory lock out of cells, in which he, and all other defendants, receive their breakfast trays through the slot of the jail door of the day area. When he finishes breakfast, he places his tray on the cart by the jail door. This defendant then chooses to lock out of his cell and stay in the day room until lunch is served. He has been observed to play cards, checkers, chess, dominoes, talk on the telephone, watch television, and sit at a table appearing to be reading a book. At 11:00 AM, he eats lunch in the day area of the unit and as always, receives his tray through the slot in the door. After lunch, he asks to go take a shower. When he returns to the unit after showering, he remains in the day area. At 4:00 PM, he receives his dinner tray through the slot of the jail door of the day area. After he finishes dinner, he places his tray on the cart by the jail door. He remains in the day area playing cards, checkers, chess, and dominoes, watching television, and at times he talks on the telephone. Lockdown is at 11:00 PM and each night he goes to his cell without trouble. Throughout the day, routine checks are completed on the unit. This defendant has been observed to keep his cell and hygiene clean. During interactions and observations of this defendant, he does not appear to have difficulty communicating; however, he demonstrates slower speech. He has the ability to speak in sentences without obvious limitations in his vocabulary or grammar.

Based on the information you just read, please fill out the following questionnaire (Vineland-3) based on what you think this defendant could do, and how well he could do it. This defendant has been charged with Theft and is being evaluated for intellectual disability.

## **Theft Defendant being Evaluated**

A 30-year-old male defendant who resides at a county jail is undergoing an evaluation. At the time of the crime, this defendant approached a man who was washing his car at a car wash to ask about the time. During this interaction, the defendant ended up taking money from this man's wallet. This defendant has been charged with theft and he has resided in jail for 9 months. At this jail, defendants are expected to follow the institution's rules, regulations, and responsibilities including keeping their cell clean and in accordance with institutional standards, maintaining a good personal appearance, satisfactorily performing any assigned duties, and refraining from making loud noises or talking in a loud voice. During the day shift, this defendant wakes up at 5:30 AM. At 6:00 AM, there is a mandatory lock out of cells, in which he, and all other defendants, receive their breakfast trays through the slot of the jail door of the day area. When he finishes breakfast, he places his tray on the cart by the jail door. This defendant then chooses to lock out of his cell and stay in the day room until lunch is served. He has been observed to play cards, checkers, chess, dominoes, talk on the telephone, watch television, and sit at a table appearing to be reading a book. At 11:00 AM, he eats lunch in the day area of the unit and as always, receives his tray through the slot in the door. After lunch, he asks to go take a shower. When he returns to the unit after showering, he remains in the day area. At 4:00 PM, he receives his dinner tray through the slot of the jail door of the day area. After he finishes dinner, he places his tray on the cart by the jail door. He remains in the day area playing cards, checkers, chess, and dominoes, watching television, and at times he talks on the telephone. Lockdown is at 11:00 PM and each night he goes to his cell without trouble. Throughout the day, routine checks are completed on the unit. This defendant has been observed to keep his cell and hygiene clean. During interactions and observations of this defendant, he does not appear to have difficulty communicating; however, he demonstrates slower speech. He has the ability to speak in sentences without obvious limitations in his vocabulary or grammar.

Based on the information you just read, please fill out the following questionnaire (Vineland-3) based on what you think this defendant could do, and how well he could do it. This defendant has been charged with Theft and is undergoing an evaluation.

## Appendix E

### **Attention Check Question**

Please indicate who you read about in your scenario by selecting from the following choices:

- Defendant charged with Capital Murder and is being evaluated for Intellectual Disability
- Defendant charged with Theft and is being evaluated
- Defendant charged with Theft and is being evaluated for Intellectual Disability
- Defendant charged with Capital Murder and is being evaluated
- I do not know/remember

Appendix F

**Attitudes Toward Intellectual Disability Questionnaire (ATTID)**



This questionnaire was developed after interviewing 1605 Quebecers. For further information, please refer to the following article:

Morin, D., Crocker, A., Beaulieu-Bergeron, R., & Caron J. (2012). Validation of the Attitudes toward intellectual disability – ATTID questionnaire. *Journal of Intellectual Disability Research*, 57(3), 268-278.

## *The attitudes toward intellectual disability* ATTID QUESTIONNAIRE

### GENERAL ISSUES

Before you start to answer the questions, it is important to mention that people with an intellectual disability experience limitations in daily living and often have a slower rate of development. In order to streamline the survey, we'll use the abbreviation 'ID' instead of intellectual disability.

Please use the scale below for the following questions. For each of them, check the box (☐) that best represents your answer. There is no right or wrong answer.

- |                              |   |
|------------------------------|---|
| Totally agree                | 1 |
| Agree                        | 2 |
| Neither agree nor disagree   | 3 |
| Disagree                     | 4 |
| Totally disagree             | 5 |
| Not applicable or don't know | 9 |

**1A** In your opinion, intellectual disability may be caused by:

- |  | 1 | 2 | 3 | 4 | 5 | 9 |
|--|---|---|---|---|---|---|
| a. Malnutrition in the mother.                                     |   |   |   |   |   |   |
| b. Serious head injury in a child.                                 |   |   |   |   |   |   |
| c. Lack of stimulation during childhood.                           |   |   |   |   |   |   |
| d. Chemicals in the environment.                                   |   |   |   |   |   |   |
| e. Consumption of drugs or alcohol by the mother during pregnancy. |   |   |   |   |   |   |

**1A** In your opinion, intellectual disability may be caused by:

- |                           | 1 | 2 | 3 | 4 | 5 | 9 |
|---------------------------|---|---|---|---|---|---|
| f. Problems during birth. |   |   |   |   |   |   |

**1B** Do you believe that:

- |  | 1 | 2 | 3 | 4 | 5 | 9 |
|--|---|---|---|---|---|---|
| a. ID is more common in underprivileged setting. |   |   |   |   |   |   |

**1C** In your opinion, the MAJORITY of people with an intellectual disability are able:

- |  | 1 | 2 | 3 | 4 | 5 | 9 |
|--|---|---|---|---|---|---|
| a. To hold down a job.                   |   |   |   |   |   |   |
| b. To use public transport on their own. |   |   |   |   |   |   |
| c. To handle money.                      |   |   |   |   |   |   |
| d. To carry on a conversation.           |   |   |   |   |   |   |
| e. To report their physical problems.    |   |   |   |   |   |   |

Please use the scale below for the following questions. For each of them, check the box  that best represents your answer. There is no right or wrong answer.

- |                              |                          |
|------------------------------|--------------------------|
| Totally agree                | <input type="checkbox"/> |
| Agree                        | <input type="checkbox"/> |
| Neither agree nor disagree   | <input type="checkbox"/> |
| Disagree                     | <input type="checkbox"/> |
| Totally disagree             | <input type="checkbox"/> |
| Not applicable or don't know | <input type="checkbox"/> |

**IC** In your opinion, the MAJORITY of people with an intellectual disability are able:

- |                                     |                          |                          |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                     | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
| f To play sports.                   | <input type="checkbox"/> |
| g To walk about town unaccompanied. | <input type="checkbox"/> |
| h To read short sentences.          | <input type="checkbox"/> |
| i To learn.                         | <input type="checkbox"/> |
| j To make decisions.                | <input type="checkbox"/> |

**ID** In your opinion, people with ID:

- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
| a Should give their consent to receive medical care.   | <input type="checkbox"/> |
| b Who work should be paid the same wage as other employees even if they are less productive. | <input type="checkbox"/> |

**ID** In your opinion, people with ID:

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
| c Have just as much right as people who don't have ID to make decisions about their life. | <input type="checkbox"/> |
| d Should have the right to get married.   | <input type="checkbox"/> |
| e Should have the right to drink alcohol.   | <input type="checkbox"/> |
| f Should have the right to have sex.  | <input type="checkbox"/> |
| g Should have the right to vote.  | <input type="checkbox"/> |
| h Should have the right to have children.   | <input type="checkbox"/> |
| i Should have the same rights as everyone else.   | <input type="checkbox"/> |

**IE** In your opinion, THE MAJORITY:

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
| a of children with ID should have the opportunity of attending a regular elementary school.                 | <input type="checkbox"/> |
| b of adolescents with ID should have the opportunity of attending a regular secondary school.               | <input type="checkbox"/> |
| c of people with ID should have the opportunity of working in an ordinary workplace.                        | <input type="checkbox"/> |
| d of people with ID should participate in community leisure activities such as a baseball team, the scouts. | <input type="checkbox"/> |

Please use the scale below for the following questions. For each of them, check the box (☐) that best represents your answer. There is no right or wrong answer.

- Totally agree** 1
- Agree** 2
- Neither agree nor disagree** 3
- Disagree** 4
- Totally disagree** 5
- Not applicable or don't know** 9

For the next few questions, it is important to carefully read both descriptions. After each description, there will be questions about what you will have read.

**DESCRIPTION 1 :**

Dominic is an adult with ID. Dominic is able to take care of his own health and personal needs (showering, hair, dressing, etc.), but sometimes needs reminding. Dominic is able to carry on a conversation, but has difficulty discussing things that are abstract or complex. Dominic knows how to use the telephone and can write.

**2A** If you met Dominic on the street and Dominic tried to talk to you, do you think you would:

- |                       | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a feel afraid?        | <input type="checkbox"/> |
| b feel pity?          | <input type="checkbox"/> |
| c feel sad?           | <input type="checkbox"/> |
| d feel embarrassed?   | <input type="checkbox"/> |
| e experience anxiety? | <input type="checkbox"/> |
| f feel insecure?      | <input type="checkbox"/> |
| g be wary?            | <input type="checkbox"/> |

**2A** If you met Dominic on the street and Dominic tried to talk to you, do you think you would:

- |                                    | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| h feel touched, moved?             | <input type="checkbox"/> |
| i feel comfortable talking to him? | <input type="checkbox"/> |

**2B** In your opinion:

- |  | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a Would you move away if Dominic was next to you on a bus?                   | <input type="checkbox"/> |
| b If Dominic asked you a question on the bus, would you answer him?          | <input type="checkbox"/> |
| c Would you agree to work with Dominic?                                      | <input type="checkbox"/> |
| d Would you accept Dominic working at your child's daycare centre or school? | <input type="checkbox"/> |
| e Would you accept being served in a café by Dominic?                        | <input type="checkbox"/> |
| f Would you agree to supervising Dominic at your work?                       | <input type="checkbox"/> |
| g Would you accept being advised by Dominic in a clothing store?             | <input type="checkbox"/> |
| h Would you accept being advised by Dominic in an electronics store?         | <input type="checkbox"/> |
| i Would you accept Dominic as your son or daughter's friend?                 | <input type="checkbox"/> |

Please use the scale below for the following questions. For each of them, check the box (☐) that best represents your answer. There is no right or wrong answer.

- |                              |                          |   |
|------------------------------|--------------------------|---|
| Totally agree                | <input type="checkbox"/> | 1 |
| Agree                        | <input type="checkbox"/> | 2 |
| Neither agree nor disagree   | <input type="checkbox"/> | 3 |
| Disagree                     | <input type="checkbox"/> | 4 |
| Totally disagree             | <input type="checkbox"/> | 5 |
| Not applicable or don't know | <input type="checkbox"/> | 9 |

**2B** In your opinion:

- |   |  |                          |                          |                          |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |  | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
| j | If you wanted to adopt a child, could you adopt Dominic? | <input type="checkbox"/> |
| k | If you were a landlord, would you rent to Dominic?       | <input type="checkbox"/> |

**DESCRIPTION 2 :**

Raphael is an adult with ID. He communicates using sounds and gestures. He is able to show by gestures that he needs to go to the toilet. Since Raphael has major coordination problems, he requires constant assistance when he moves around and always has to be accompanied on outings. He also has trouble with various movements. He is able to feed himself with an adapted spoon, but he drops food.

**2A** If you met Raphael on the street and Raphael tried to talk to you, do you think you would:

- |   |                   |                          |                          |                          |                          |                          |                          |
|---|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |                   | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
| a | feel afraid?      | <input type="checkbox"/> |
| b | feel pity?        | <input type="checkbox"/> |
| c | feel sad?         | <input type="checkbox"/> |
| d | feel embarrassed? | <input type="checkbox"/> |

**2A** If you met Raphael on the street and Raphael tried to talk to you, do you think you would:

- |   |                                  |                          |                          |                          |                          |                          |                          |
|---|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |                                  | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
| e | experience anxiety?              | <input type="checkbox"/> |
| f | feel insecure?                   | <input type="checkbox"/> |
| g | be wary?                         | <input type="checkbox"/> |
| h | feel touched, moved?             | <input type="checkbox"/> |
| i | feel comfortable talking to him? | <input type="checkbox"/> |

**2B** In your opinion:

- |   |  |                          |                          |                          |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |  | 1                        | 2                        | 3                        | 4                        | 5                        | 9                        |
| a | Would you move away if Raphael was next to you on a bus?                   | <input type="checkbox"/> |
| b | If Raphael asked you a question on the bus, would you answer him?          | <input type="checkbox"/> |
| c | Would you agree to work with Raphael?                                      | <input type="checkbox"/> |
| d | Would you accept Raphael working at your child's daycare centre or school? | <input type="checkbox"/> |
| e | Would you agree to supervising Raphael at your work?                       | <input type="checkbox"/> |
| f | Would you accept Raphael as your son or daughter's friend?                 | <input type="checkbox"/> |
| g | If you wanted to adopt a child, could you adopt Raphael?                   | <input type="checkbox"/> |
| h | If you were a landlord, would you rent to Raphael?                         | <input type="checkbox"/> |

Your familiarity with ID or your experience with people who have ID.

**D1** How much do you know about ID?

- Nothing
- Not much
- Quite a bit
- A lot

**D2** How many people with ID do you know or have you met?  
(Write the number.)

\_\_\_\_\_

**D3** When was your last contact with someone who has ID?

\_\_\_\_\_ days \_\_\_\_\_ months \_\_\_\_\_ or years

**D4** How often have you had contact or interactions **DURING YOUR LIFETIME** with people with ID?

- Never
- Sometimes
- Often
- Very often

Please check yes or no for each of the following questions

**D5** Are the people with ID that you know...

- |  | yes                      | no                       |
|--|--------------------------|--------------------------|
| a members of your immediate family?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| b members of your extended family?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| c neighbours?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d people for whom you do volunteer work?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| e people for whom you work (students, clients, users)        | <input type="checkbox"/> | <input type="checkbox"/> |
| f students in your children's daycare centre or school?      | <input type="checkbox"/> | <input type="checkbox"/> |
| g people you have met during leisure or sporting activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| h other people? Specify: _____<br>_____<br>_____<br>_____    |                          |                          |

**D6** How would you describe your relations with the people you know who have ID?

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Bad	<input type="checkbox"/>
Very bad	<input type="checkbox"/>

*The remaining questions will allow us to compare attitudes toward persons with ID across different groups of the population.*

*This information are important to us because it can help target service provision and public awareness programs. Please be assured that your responses are confidential and will not be reported individually nor attributed to you personally. Thank you for answering the following questions!*

**D7** Are you:

A man	<input type="checkbox"/>
A woman	<input type="checkbox"/>

**D8** In what age group are you?

Between 18 and 29 years old	<input type="checkbox"/>
Between 30 and 39 years old	<input type="checkbox"/>
Between 40 and 49 years old	<input type="checkbox"/>
Between 50 and 59 years old	<input type="checkbox"/>
60 years or older	<input type="checkbox"/>

**D9** What is your mother tongue, in other words, the first language you learned and that you still can speak?

---

**D10** To what cultural community do you belong? (for example, Quebec, Italian, Haitian, etc.)

---

**D11** What is your civil status?

Married	<input type="checkbox"/>
Common law	<input type="checkbox"/>
Widow/widower	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Single	<input type="checkbox"/>

**D12** What is your highest level of education completed?

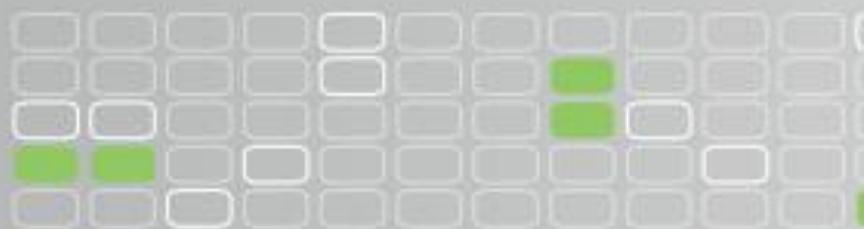
Secondary school not completed	<input type="checkbox"/>
Secondary School Diploma	<input type="checkbox"/>
College (cc)	<input type="checkbox"/>
University (bachelor's degree)	<input type="checkbox"/>
University (master's degree)	<input type="checkbox"/>
University (doctorate degree)	<input type="checkbox"/>

**D13** What is your job status?

Full-time worker	<input type="checkbox"/>
Part-time worker	<input type="checkbox"/>
Stay-at-home parent	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Student	<input type="checkbox"/>
Retiree	<input type="checkbox"/>

**D14** What is your household's total annual income (before taxes and including income from all sources for all members of the household)?

Less than \$20,000	<input type="checkbox"/>
Between \$20,000 and \$39,999	<input type="checkbox"/>
Between \$40,000 and \$59,999	<input type="checkbox"/>
Between \$60,000 and \$79,999	<input type="checkbox"/>
Between \$80,000 and \$99,999	<input type="checkbox"/>
\$100,000 or more	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refusal	<input type="checkbox"/>



**CHAIRE** de déficience intellectuelle  
et troubles du comportement  
UQÀM

**THANK YOU**  
for your  
**COLLABORATION!**

## Appendix G

### UA SONA System Recruitment Information

<b>Study Name</b>	Perceptions of Adaptive Behavior of Defendants
<b>Study Type</b>	 <p><b>Online External Study</b> This study is an online study located on another website. Participants are not given access to the Study URL until after they sign up for the study.</p>
<b>Duration</b>	120 minutes
<b>Credits</b>	2 Credits
<b>Description</b>	For this study, participants will be asked to read a short vignette depicting a scenario typical day in jail for a defendant and details about a crime this defendant committed. Participants will be asked to complete a measure of adaptive behavior (which is a component of intellectual disability) about this defendant. Participants will also be asked to complete an attitudes measure. This study will be conducted online via a Qualtrics survey.
<b>Eligibility Requirements</b>	Be at least 18 years old; Be able to read, speak, and understand the English language

## Appendix H

### Participant Informed Consent

**Please read this informed consent carefully before you decide to participate in the study.  
Consent Form Key Information:**

- Participate in a 2-hour study about adaptive behavior for defendants
- Read a vignette and complete a few questionnaires including an adaptive behavior measure and an attitude toward intellectual disability questionnaire
- Receive class participation credit if participating for class participation credit

**Purpose of the research study:** In 2002, the Supreme Court of the United States ruled it unconstitutional to sentence an individual with intellectual disability (ID) to death. Part of rendering a diagnosis of ID includes assessment of a defendant's level of adaptive functioning, which consists of conceptual, social, and practical skills that are learned and utilized in daily life. Adaptive functioning is measured through standardized measures completed by informants who know the defendant well in different contexts. The aim of this study is to assess whether the context of the evaluation and the type of crime impacts ratings of adaptive functioning. The purpose of this study is to also determine people's attitudes toward ID and whether this impacts their ratings of adaptive functioning.

**What you will do in the study:** For this study, you will complete a survey through Qualtrics. You will be randomly assigned to one of four groups. You will be asked to read a short vignette depicting a scenario of a typical day in jail for a defendant and details about a crime this defendant committed in addition to the crime the defendant has been charged with. You may also be provided information about the context of the evaluation. You will be asked to complete a measure of adaptive behavior (which is a component of intellectual disability) about this defendant. You will also be asked to complete an attitudes measure, a crime questionnaire, provide a definition of intellectual disability, and answer a demographic questionnaire. Your responses from the above measures and questionnaires will be collected as data. If any question on the measures or questionnaires make you uncomfortable, you can skip any question. Also, you can stop the study at any time.

**Time required:** The study will require about 2 hours of your time.

**Risks:** The potential risks of the study include the possibility that participants become fatigued, frustrated, distressed, or anxious concerning the length and content of the instructions and vignette and the online questionnaires. This risk appears to be low because students in a university setting are used to completing examinations of similar length and necessary effort (approximately two to three hours for completion of all materials). Another potential risk may be the release of confidential test data. This risk seems minimal considering an identification number will be utilized on test data and in Q-Global, a password-protected web-based system for scoring assessments.

With regard to the potential risk of negative feelings occurring during the online measures and vignette, participants are encouraged to discontinue the survey if they experience negative feelings. If negative emotions occur, the participants are also encouraged to notify the Principal Investigator of such emotions in order to be immediately debriefed in accordance with The University of Alabama's standard for human research participants. The confidentiality of participants' test data and materials will be accomplished by keeping all test data and materials in a secure environment (i.e., password-protected databases, such as UA BOX).

Overall, the study materials and procedures represent the least risk to participants as possible. The current study presents low risk to participants.

**Benefits:** There are no direct benefits to you for participating in this research study. The study may include gaining greater knowledge of the area of intellectual disability including the disorder's features, methods of assessment, and its assessment in inmate populations. Additionally, it may help us understand the accuracy of evaluations for intellectual disability. The potential increase in the validity and accuracy of assessments of intellectual disability could lead to better understanding of how attitudes toward ID influence ratings of adaptive functioning by informants.

**Confidentiality:** The information that you give in the study will be handled confidentially. Your information will be assigned a random identification number. Your name will not be used in any report. Your name and other information that could be used to identify you will not be collected or included on the study materials as the random identification number that you will be assigned will be associated with all of your study materials. Data will also be kept secured and safeguarded through UA Box, a secure, cloud-based system for file and data storage. UA Box has been vetted and is supported by the UA Office of Information Technology, and data are encrypted and maintained on domestic servers. Q-Global, a password-protected web-based system for scoring assessments, will be used to score some of the data you provide. However, only your random ID number will be put into Q-Global for scoring. No personally identifying information will be included into Q-Global.

**Voluntary participation:** Your participation in the study is completely voluntary.

**Right to withdraw from the study:** You have the right to withdraw from the study at any time without penalty.

**How to withdraw from the study:** If you want to withdraw from the study, please let the researcher know. There is no penalty for withdrawing. You will still receive full credit for the study. Compensation/Reimbursement can be prorated if there are multiple sessions. If you would like to withdraw after your materials have been submitted, please contact the principal investigator, Lauren Johnson, M.A., and/or the Faculty Supervisor, Karen L. Salekin, Ph.D. See contact information below. It is important to note that it may be possible to withdraw your data at a later date.

**Compensation/Reimbursement:** You will receive no payment for participating in the study. If you are participating in this research study for class credit, you will receive class participation credit.

**If you have questions about the study or need to report a study related issue please contact:**

Name of Principal Investigator: Lauren Johnson, M.A.

Title: Graduate Student

Department Name: Psychology

Telephone: 205-348-5083

Email address: lnjohnson6@crimson.ua.edu

Faculty Advisor's Name: Karen L. Salekin, Ph.D.

Department Name: Psychology

Telephone: 205-348-5083

Email address: ksalekin@ua.edu

**If you have questions about your rights as a participant in a research study, would like to make suggestions or file complaints and concerns about the research study, please contact:**

Ms. Tanta Myles, the University of Alabama Research Compliance Officer at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at <http://ovpred.ua.edu/research-compliance/prco/>. You may email the Office for Research Compliance at [rscompliance@research.ua.edu](mailto:rscompliance@research.ua.edu).

Proceeding to the attached questionnaire/survey constitutes your consent to participate and certifies that you are 18 years of age or older and are proficient in the English language. Please keep a copy of this informed consent form for your records.

## Appendix I

### Debriefing Information

Thank you for participating in our study. The actual purpose of this study was to find out whether the context of the evaluation (e.g., whether participants are told about the defendant is being evaluated for ID or are not provided this information) and the type of crime (e.g., high-level crime or low-level crime) impacts ratings of adaptive functioning as well as attitudes toward intellectual disability. For this study, you were randomly assigned to one of four conditions (e.g., provided context about the evaluation with a high-level crime; not provided information about the context of the evaluation with a high-level crime; provided information about the context of the evaluation with a low-level crime; and not provided information about the context of the evaluation with a low-level crime).

Sometimes in research it is necessary to not tell people about the true purpose of the study (or study procedures) at the beginning. If we did, it may affect how they respond to the questions asked and the tasks involved. This would change the results in a way that may make them invalid. Sometimes the best way to prevent this is to not give all the details about the purpose of the study until after participants finish with the survey.

Your participation in this research is very important. However, we realize that finding out that we were not up front with you regarding the purpose of the study may affect your satisfaction with your participation. Therefore, you are free to withdraw your data from the study if you wish. **Even if you choose to withdraw your data, you will still receive the same amount of course credit (or extra credit).** If you wish to withdraw your data, please let the researcher know before you leave the room. If you decide at a later date that you would like to withdraw your data, please contact the primary investigator or the faculty advisor of this study at the contact information below:

Name of Principal Investigator: Lauren Johnson, M.A.  
Title: Graduate Student  
Department Name: Psychology  
Telephone: 205-348-5083  
Email address: lnjohnson6@crimson.ua.edu

Faculty Advisor's Name: Karen L. Salekin, Ph.D.  
Department Name: Psychology  
Telephone: 205-348-5083  
Email address: ksalekin@ua.edu

Again, thank you for your participation in this study!

Appendix J

**IRB Approval Letters**

THE UNIVERSITY OF  
**ALABAMA** | Office of the Vice President for  
Research & Economic Development  
Office for Research Compliance

April 15, 2020

Lauren Johnson  
Department of Psychology  
College of Arts and Sciences  
Box 870348

Re: IRB # 20-OR-052, "Perceptions of Adaptive Behavior of Defendants"

Dear Ms. Johnson:

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your application has been given expedited approval according to 45 CFR part 46. You have also been granted the requested waiver of one element of informed consent. Approval has been given under expedited review category 7 as outlined below:

*(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

The approval for your application will lapse on April 13, 2021. If your research will continue beyond this date, please submit the continuing review to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Please use reproductions of the stamped approved consent form to obtain consent from your participants.

Good luck with your research.

Sincerely,

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

Jessup Building | Box 870127 | Tuscaloosa, AL 35487-0127  
205-348-8461 | Fax 205-348-7189 | Toll Free 1-877-620-3066

September 18, 2020

Lauren Johnson  
Department of Psychology  
College of Arts & Sciences  
The University of Alabama  
Box 870348

Re: IRB # 20-OR-052-A "Perceptions of Adaptive Behavior of Defendants"

Dear Ms. Johnson:

The University of Alabama Institutional Review Board has reviewed the revision to your previously approved expedited protocol. The board has approved the change in your protocol.

Please remember that your protocol will expire on April 13, 2021.

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.



Larriantato T. Myles, MSM, CIM, CNP  
Director & Research Compliance Officer

February 24, 2021

Lauren Johnson  
Department of Psychology  
College of Arts & Sciences  
The University of Alabama  
Box 870348

Re: IRB # 20-OR-052-C "Perceptions of Adaptive Behavior of Defendants"

Dear Ms. Johnson:

The University of Alabama Institutional Review Board has reviewed the revision to your previously approved expedited protocol. The board has approved the change in your protocol.

Please remember that your protocol will expire on April 13, 2021.

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.

Sincerely,

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

April 5, 2021

Lauren Johnson  
Department of Psychology  
College of Arts & Sciences  
The University of Alabama  
Box 870348

Re: IRB # 20-OR-052-R1 "Perceptions of Adaptive Behaviors of Defendants"

Dear Ms. Johnson:

The University of Alabama Institutional Review Board has granted approval for your renewal application. Your renewal application has been given expedited approval according to 45 CFR part 46. You have also been granted the requested waiver of one element of informed consent as well as a waiver of documentation of informed consent. Approval has been given under expedited review category 7 as outlined below:

*(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

The approval for your application will lapse on April 4, 2022. If your research will continue beyond this date, please submit a continuing review to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Please use reproductions of the IRB approved informed consent form to obtain consent from your participants.

Good luck with your research.

Sincerely,

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

May 14, 2021

Lauren Johnson  
Department of Psychology  
College of Arts & Sciences  
The University of Alabama  
Box 870348

Re: IRB # 20-OR-052-R1-A: "Perceptions of Adaptive Behaviors of Defendants"

Dear Ms. Johnson:

The University of Alabama Institutional Review Board has reviewed the revision to your previously approved expedited protocol. The board has approved the change in your protocol.

Please remember that your protocol will expire on April 4, 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.

Sincerely,

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

September 13, 2021

Lauren Johnson  
Department of Psychology  
College of Arts & Sciences  
The University of Alabama  
Box 870348

Re: IRB # 20-OR-052-R1-B: "Perceptions of Adaptive Behaviors of Defendants"

Dear Ms. Johnson:

The University of Alabama Institutional Review Board has reviewed the revision to your previously approved expedited protocol. The board has approved the change in your protocol.

Please remember that your protocol will expire on April 4, 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.

Sincerely,

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

February 8, 2022

Lauren Johnson  
Department of Psychology  
College of Arts & Sciences  
The University of Alabama  
Box 870348

Re: IRB # 20-OR-052-R2 "Perceptions of Adaptive Behaviors of Defendants"

Dear Ms. Johnson:

The University of Alabama Institutional Review Board has granted approval for your renewal application. Your renewal application has been given expedited approval according to 45 CFR part 46. You have also been granted the requested waiver of one element of informed consent as well as a waiver of documentation of informed consent. Approval has been given under expedited review category 7 as outlined below:

*(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

The approval for your application will lapse on February 7, 2023. If your research will continue beyond this date, please submit a continuing review to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Good luck with your research.

Sincerely,

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