

RESEARCH HIGHLIGHTS

Validating the Forensic Suicide Risk Scale (FSRS): Assessing Clinical Utility in Correctional and Forensic Settings

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Why This Study Matters

Suicide is a critical public health crisis in correctional settings. Between 2001 and 2019, suicide rates among incarcerated individuals in state prisons increased by 85%. Yet the tools available to assess suicide risk in these environments were never specifically designed or validated for use with forensic populations.

Existing tools, including the Jail Suicide Assessment Tool (JSAT) and the Columbia Suicide Severity Rating Scale (C-SSRS), have significant limitations: neither was validated specifically for correctional settings, and neither addresses a problem that is widespread in forensic practice: feigned suicidality, where an inmate falsely reports or exaggerates suicidal behavior, often to gain access to different housing, avoid disciplinary action, or obtain secondary benefits.

This study represents the first validation effort for a new tool designed specifically to fill that gap.

What Is the Forensic Suicide Risk Scale (FSRS)?

The Forensic Suicide Risk Scale (FSRS) was developed by Dr. Craig Wetterer (2023) as a structured professional judgment tool for use by licensed mental health clinicians in correctional and forensic settings. It is designed to:

- Assess genuine suicidality using both static and dynamic risk factors
- Identify subtle signs of suicide risk that are often missed in standard screenings
- Detect feigned suicidality, a pioneering feature not found in any currently validated tool
- Guide clinicians in making risk classification decisions (Low, Moderate, or High Risk)

The FSRS draws on two leading theoretical frameworks: the Narrative Crisis Model (NCM) and the Suicide Crisis Syndrome, providing a clinically sophisticated foundation for understanding suicidality in high-stakes environments.

How the Study Was Conducted

Licensed mental health clinicians currently working in forensic and correctional settings were recruited to participate. Each was randomly assigned one of three standardized case vignettes depicting:

- A high-risk inmate with genuine suicidality
- A low-risk inmate with no active suicidal intent
- An inmate displaying feigned suicidality

Participants completed the FSRS based on their assigned vignette, then provided risk classification judgments (Low, Moderate, or High Risk) and indicated whether they believed the presentation reflected feigned suicidality. They also completed a brief feedback survey on the FSRS's usability and clinical relevance.

A total of approximately 77 clinicians initially began the study. The final analytic sample consisted of 47 participants (N = 47). Clinicians who did not fully complete the experimental paradigm were

excluded from the final analysis. While the resulting sample size is smaller than originally anticipated, the findings nonetheless provide meaningful preliminary evidence supporting the clinical utility of the FSRS. Larger samples will be a priority in future validation studies.

Key Findings

The FSRS successfully distinguished between different types of risk presentations.

Five of the six FSRS domains (Dynamic Risk, Subtle Signs, Feigned Indicators, Protective Factors, and the Risk Composite) showed statistically significant differences across the three vignette conditions, with moderate to large effect sizes. This means the scale is picking up on real and meaningful differences between clinical profiles.

The FSRS demonstrated strong accuracy in identifying high-risk and feigned presentations.

Using receiver operating characteristic (ROC) analysis, a gold-standard method for evaluating diagnostic accuracy, the FSRS showed strong performance:

- Dynamic Risk scores accurately distinguished high-risk from low-risk cases with an AUC of .84 (where 1.0 = perfect accuracy and .50 = chance)
- The Feigned Indicators domain achieved an AUC of .84 in detecting feigned vs. genuine suicidality
- The overall Risk Composite demonstrated good discriminative accuracy (AUC = .79)

In plain terms: the FSRS correctly identified who is genuinely at risk and who may be feigning suicidality at a level significantly above chance, with results comparable to well-established assessment tools in related fields.

Dynamic Risk factors are the strongest drivers of clinical decision-making.

When all FSRS domains were examined together, Dynamic Risk was the only domain that independently and significantly predicted how clinicians classified suicide risk. This is clinically meaningful: it confirms that acute, changeable risk factors, including current mental state, recent losses, and behavioral changes, carry the most weight in clinical judgment, and that the FSRS captures this appropriately.

Clinicians were most accurate with high-risk presentations; feigned suicidality remained a diagnostic challenge.

Among clinicians reviewing the high-risk vignette, 69% correctly classified the case as high-risk. For feigned suicidality, the majority of clinicians rated the case as Moderate Risk, reflecting genuine clinical uncertainty in the face of behaviorally inconsistent presentations. This finding underscores exactly why a validated, specialized tool like the FSRS is needed.

The FSRS showed strong overall predictive power for hospitalization decisions.

The model predicting clinician hospitalization recommendations was statistically significant and accounted for a substantial proportion of variance in those decisions. Dynamic Risk again emerged as the most influential domain, though sample size limitations in this preliminary study precluded stable individual-level coefficient estimates; this remains a priority for future research.

What This Means in Practice

For psychologists, attorneys, courts, corrections administrators, and policymakers, the early findings from this study carry real-world implications:

- Correctional mental health systems currently lack a validated, forensic-specific suicide risk tool. The FSRS is designed to fill that gap.

- Feigned suicidality consumes significant institutional resources. A tool that can reliably detect it protects both genuine patients in need and the integrity of the mental health system.
- Preliminary data support the FSRS as a psychometrically sound instrument with strong discriminative accuracy, results that compare favorably with established tools across medicine and behavioral health.
- The study's structured professional judgment design respects clinical expertise while providing a standardized framework, making it practical for real-world forensic settings.

Coming Soon

This study represents the first of a planned series of validation studies for the FSRS. A full manuscript is currently in preparation for submission to a peer-reviewed journal. Future studies will expand the sample, examine inter-rater reliability across evaluators, and explore the FSRS's performance with diverse correctional populations.

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