

THE THERAPIST RATING SCALE-2

By

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TRS-2

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TRS-2 - RATING FORM

Topics		Categories	
		Intellectual Understanding	Acceptance/ Demonstration
1	<b>SENSE OF AGENCY</b> <ul style="list-style-type: none"> <li>• Believes in and demonstrates ability to control own life</li> <li>• Takes responsibility for making life changes</li> <li>• Can identify and take steps to achieve goals</li> </ul>		
2	<b>GENERAL EMPATHY</b> <ul style="list-style-type: none"> <li>• Can perceive the emotions of others</li> <li>• Is able to put self in other's shoes</li> <li>• Responds with appropriate emotion to other's emotions</li> <li>• Attempts to comfort others - when possible and appropriate</li> </ul>		
3	<b>PROSOCIAL ATTITUDES</b> <ul style="list-style-type: none"> <li>• Espouses, and behaves in accordance with, pro-social attitudes</li> <li>• Challenges anti-social attitudes expressed by other group members</li> <li>• Cooperates with supervisor/supervision or case management staff</li> </ul>		
4	<b>ADEQUATE COPING SKILLS/STYLES</b> <ul style="list-style-type: none"> <li>• Responds to stressors with appropriate emotionality</li> <li>• Understands how emotions can impact ability to cope</li> <li>• Faces problematic issues</li> <li>• Is able to problem solve</li> </ul>		
5	<b>ADEQUATE INTIMACY SKILLS</b> <ul style="list-style-type: none"> <li>• Values others</li> <li>• Appropriately self-discloses</li> <li>• Able to make friends, establish relationships, with others</li> <li>• Has realistic beliefs about relationships</li> </ul>		
6	<b>POSITIVE SELF-ESTEEM</b> <ul style="list-style-type: none"> <li>• Has a realistic belief in own abilities</li> <li>• Sees value and engages in positive self-talk</li> <li>• Does not use either self-deprecating or derogatory humour</li> </ul>		
7	<b>GOOD GENERAL SELF-REGULATION</b> <ul style="list-style-type: none"> <li>• Can adapt to changing circumstances</li> <li>• Not impulsive or overly negative</li> <li>• Is neither overly emotional nor suppresses emotions</li> <li>• Sees value of, and has the capacity for some degree of stability in life</li> </ul>		
8	<b>GOOD SEXUAL SELF-REGULATION</b> <ul style="list-style-type: none"> <li>• Doesn't use sex to cope</li> <li>• Is not preoccupied with sex</li> <li>• Has normative sexual interests</li> <li>• Has a healthy approach to sexuality</li> </ul>		
9	<b>UNDERSTANDS RISK FACTORS</b> <ul style="list-style-type: none"> <li>• Has an awareness of actual and possible risk factors and situations</li> <li>• Able to take feedback from others</li> </ul>		
10	<b>QUALITY OF FUTURE PLANS</b> <ul style="list-style-type: none"> <li>• Has realistic plans and goals for the future</li> <li>• Has adequate community supports</li> <li>• Engages in and recognizes the value of leisure activities</li> <li>• Has employable skills or is financially independent</li> </ul>		

## RATINGS

NOTE: Average is compared to non-offenders; “normal, average, non-offending, everyday” people on the street.

- Level 4 = Optimal Functioning
  - Significantly better than average
- Level 3 = Normative
  - Average functioning
  - Mostly achieves target of treatment
- Level 2 = Approaching Normative
  - Approaching average functioning
  - May achieve level 3 post-treatment
- Level 1 = Unsatisfactory
  - Needs to redo treatment component

## Information on Ratings

- Levels should vary across topics
- Levels should vary between categories
- Avoid “halo” and opposite (pitchfork) effect
- When learning to use, have therapists complete separately and independently and then discuss differences – aiming for inter-rater agreement 8-9 times out of 10 (i.e., does not have to be perfect agreement on all items)

## HOW TO DO IT:

- Using the descriptors (e.g., “Believes in own ability to control life”) below each topic HEADING (e.g., “SENSE OF AGENCY”), rate your impressions of where the offender is at this moment in terms of his “Intellectual Understanding” of the issue and how much he has taken it on board (i.e., Acceptance/Demonstration) using the described 4-point rating scale.
- *Intellectual Understanding* is often reflected by the offender being able to say the right things and this usually, but not always, occurs prior to *Acceptance/Demonstration*. For example, an offender may espouse appropriate attitudes in the program, but may still be saying inappropriate things outside the group.
- *Acceptance/Demonstration* is when an offender is not just saying the right things, but also putting them into practice. For example, being empathic toward others, espousing appropriate attitudes to people outside the group, contacting supports in the community, establishing relationships with pro-social peers.
- As an example of QUALITY OF FUTURE PLANS, an offender might report seeing the importance of establishing good community supports and thus receive a 3 or 4 on his intellectual understanding of the topic, but not have actually contacted, or established, any good community supports yet and therefore receive a 1 or 2 on acceptance/demonstration of the issue.
- When struggling with a particular topic, it may be useful, until comfortable with that topic, to rate the offender on each of the descriptors of the topic and average them out.

## WHEN TO DO IT

- It is suggested to use the TRS-2 approximately *halfway* through an offender’s time in treatment and then again at the *end* of treatment. Using the TRS-2 halfway through treatment helps therapists to have a sense of where the offender is well before the end of the program in order to direct the remaining time in treatment to the most pressing issues. Using the TRS-2 at the end of treatment will give a sense of how close the offender is to “normal functioning” and inform report writing. Reports based on the TRS-2 can

inform on whether subsequent treatment is necessary and what the focus of subsequent treatment should be. We recommend using the Topics of the TRS-2 as headings in treatment reports and including the ratings both within the body of reports, and attaching a copy of the complete TRS-2 to the report; parole boards and supervisors report this to be helpful.

#### INTERPRETATION

- Although the TRS-2 has not yet been empirically validated, it is based on the original TRS (17-item version), which has received some examination (e.g., good inter-rater reliability), and what is known about dynamic risk in sexual offenders. At the current moment the TRS-2 is intended as a guide for therapists.
- Offenders are considered to have reached the target of treatment when they achieve a score of 3 on an item. Ideally, group members will achieve a 3 on both intellectual understanding and acceptance/demonstration for each of the 10 topics. However, this is unlikely to occur and consequently therapists will have to use good judgement about the overall impact of treatment. A total score of somewhere near 60 (possible range of the TRS-2 is 20-80) is a possible indicator of success in treatment, with lower scores (below 50) likely indicating a need for further treatment.
- The TRS-2 can be a helpful guide to writing treatment reports and redacted exemplars are available. We include the TRS-2 at the beginning of the report, and then subsequent paragraphs explain and give rationale for the scoring, finally, a “Conclusions and Recommendations” section can comment on treatment induced risk reduction, if appropriate. Parole boards and supervisors also report the information from the TRS-2 to be helpful.

#### WHO CAN I APPLY THE TRS-2 TO?

- The TRS-2 was developed for use with sexual offenders however the issues in the TRS-2 apply to many forms of group treatment for offending behaviour.

#### WHO CAN USE THE TRS-2

- The TRS-2 is a license free measure; that is, there is no cost associated with its use. However, please use the reference below to cite the measure in any publications or presentations.
- Using the TRS-2 does not require any particular educational level (e.g., Bachelor, Masters, PhD degrees) in any particular discipline (e.g., Psychology, Psychiatry, Social Work). However, knowledge of dynamic risk factors in offenders is recommended and training programs designed to enhance knowledge of these issues in offenders are available (e.g., <http://www.rockwoodpsyc.com/train.html>).

#### DATA COLLECTION:

We are currently collecting data on inter-rater reliability. If you have more than one therapist in a treatment group and are willing to be part of our data collection, please have therapists complete the forms separately and independently and identify which forms belong to which therapists and which group member (there are many ways to do this, such as by a number or alphabet system), then therapists are encouraged to compare answers and complete a final combined TRS-2 form which can be kept for your records and reports. Please send the inter-rater data to the address for correspondence on the cover page

#### REFERENCE FOR THE SCALE

Marshall, L. E., & Marshall, W. L. (2009). *The Therapist Rating Scale-2*. Unpublished Manuscript available from the first author: [liam@rockwoodpsyc.com](mailto:liam@rockwoodpsyc.com).

The following is a case example of the use of the TRS-2 with a sexual offender who participated in one of our treatment programs.

### Case Example

#### Background/Assessment Information:

#### Independent Assessment Results

Medium-low static risk

Moderate dynamic treatment needs

#### Offender and Offence Information

- 28 year old recidivist offender
- 2 year sentence for Sexual Interference & Sexual Exploitation
- Victim was his 5 year-old step-son
- Pled guilty & admitted to offences at assessment
- Entered the victim's bedroom while he was asleep
- Fondled the victim's penis, waking him up, and then directed victim to fondle himself
- Living with the victim's mother for 5 years
- Extensive criminal history, including sexually motivated Assault With a Weapon
- Previously received a short sentence (< 2 years)
- Previously attended treatment but did not complete
- Disclosed own sexual abuse at assessment
- Involved in fire-setting
- Prostitute from ages 15 to 18 years (hundreds of clients)
- Many consensual partners (most one-night-stands)
- Participated in group sex with various combinations of both genders on many occasions
- Masturbated a lot to adult pornography magazines
- “*Experimental sexual relationship*” with his partner involving sado-masochistic activities (and had affairs)
- Phallometric assessment - sexual interest in adult males and passive prepubescent children

#### First TRS-2 Scoring

- TRS-2 completed after 12 sessions (including Disclosure & Autobiography)
- Initially anxious to share his offence details
- Later discussed his offending in reasonable detail, omitting a prior conviction
- Reported that disclosing felt like a “*big weight lifting*”
- Did well to focus on certain issues, including his “*possible*” sexual preoccupation
- Was more accepting of his sexual interests (homosexuality with adults)
- Group helped him acknowledge stress as a risk factor
- Reported that as a result of stress he was masturbating five or six times a day
- Acknowledged substituting coping with drugs to coping with sex
- He said that doing this provided him with a sense of escape and release
- Indicated that he now wanted to focus on celibacy and a lifetime of bible study
- Talked of getting a dog as a primary companion
- Became more open in general group discussions
- Disclosed increasing personal information
- Reported asking for a longer sentence in order to get treatment but had been getting “*cold feet*”
- Increasingly able to develop key ‘realizations’ about himself and his past
- Increasingly enthusiastic about treatment
- “*Now I would happily pay money from my ‘inmate account’ to come to this group!!!!*”

## Initial TRS-2

Topics		Categories	
		Intellectual Understanding	Acceptance/Demonstration
1	<b>SENSE OF AGENCY</b> <ul style="list-style-type: none"> <li>Believes in and demonstrates ability to control own life</li> <li>Takes responsibility for making life changes</li> <li>Can identify and take steps to achieve goals</li> </ul>	2	1
2	<b>GENERAL EMPATHY</b> <ul style="list-style-type: none"> <li>Can perceive the emotions of others</li> <li>Is able to put self in other's shoes</li> <li>Responds with appropriate emotion to other's emotions</li> <li>Attempts to comfort others - when possible and appropriate</li> </ul>	3	2
3	<b>PROSOCIAL ATTITUDES</b> <ul style="list-style-type: none"> <li>Espouses, and behaves in accordance with, pro-social attitudes</li> <li>Challenges anti-social attitudes expressed by other group members</li> <li>Cooperates with supervisor/supervision or case management staff</li> </ul>	3	3
4	<b>ADEQUATE COPING SKILLS/STYLES</b> <ul style="list-style-type: none"> <li>Responds to stressors with appropriate emotionality</li> <li>Understands how emotions can impact ability to cope</li> <li>Faces problematic issues</li> <li>Is able to problem solve</li> </ul>	2	2
5	<b>ADEQUATE INTIMACY SKILLS</b> <ul style="list-style-type: none"> <li>Values others</li> <li>Appropriately self-discloses</li> <li>Able to make friends, establish relationships, with others</li> <li>Has realistic beliefs about relationships</li> </ul>	2	1
6	<b>POSITIVE SELF-ESTEEM</b> <ul style="list-style-type: none"> <li>Has a realistic belief in own abilities</li> <li>Sees value and engages in positive self-talk</li> <li>Does not use either self-deprecating or derogatory humour</li> </ul>	1	2
7	<b>GOOD GENERAL SELF-REGULATION</b> <ul style="list-style-type: none"> <li>Can adapt to changing circumstances</li> <li>Not impulsive or overly negative</li> <li>Is neither overly emotional nor suppresses emotions</li> <li>Sees value of, and has the capacity for some degree of stability in life</li> </ul>	2	2
8	<b>GOOD SEXUAL SELF-REGULATION</b> <ul style="list-style-type: none"> <li>Doesn't use sex to cope</li> <li>Is not preoccupied with sex</li> <li>Has normative sexual interests</li> <li>Has a healthy approach to sexuality</li> </ul>	1	1
9	<b>UNDERSTANDS RISK FACTORS</b> <ul style="list-style-type: none"> <li>Has an awareness of actual and possible risk factors and situations</li> <li>Able to take feedback from others</li> </ul>	2	2
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## POST-TREATMENT

### Treatment Gains

- Improved self-esteem
- Reduced shame
- Increased coping ability
- Improved knowledge about relationships
- Greater focus on achieving intimacy
- Learning about healthy sexuality
- Improved goal-setting
- Better able to deal with loneliness
- Improved problem-solving ability
- Improved emotion management strategies

## RECOMMENDATIONS

- Post-treatment risk considered to be LOW
- HOWEVER IF ...
  - Resumes sexually-centred lifestyle
  - Uses sex to cope
  - Had access to potential victims
- RISK WOULD INCREASE
- Avoid unsupervised contact with children
- Further community treatment to focus on healthy relationships and sexuality

Post-treatment TRS-2

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2	<b>GENERAL EMPATHY</b> <ul style="list-style-type: none"> <li>• Can perceive the emotions of others</li> <li>• Is able to put self in other's shoes</li> <li>• Responds with appropriate emotion to other's emotions</li> <li>• Attempts to comfort others - when possible and appropriate</li> </ul>	3	3
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