

FINRA Module 2: Clinical Companion Resources

Supporting the Emotional Recovery of Fraud Survivors

This companion document was developed to support mental health providers participating in Module 2 of the FINRA Foundation Fraud Recovery Training, focused on the emotional and psychological impacts of financial fraud.

- Rooted in trauma-informed care, this resource includes clinical tools and language guidance designed to:
- Normalize and validate the emotional fallout of financial fraud
- Support safe, shame-sensitive client engagement
- Equip providers with practical, evidence-informed interventions

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Contents Include:

- Stigmatizing vs. Trauma-Informed Language Cheat Sheet
- Trauma-Informed Assessment Tools Reference
- Expanded Narrative Intake Prompts for Clinicians

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Usage

This document is designed for use alongside the Module 2 slide presentation and facilitator guide. It may be distributed to CE participants, clinical trainees, or supervisors seeking to implement trauma-informed fraud recovery practices.

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Contributor Note

These materials were developed in collaboration with Dr. Jennifer Lawrence, LICSW, clinician and subject matter expert at Give an Hour, whose extensive work with fraud survivors has directly informed the language, structure, and therapeutic framing throughout this training.

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Cheat Sheet: Stigmatizing vs. Trauma-Informed Language for Mental Health Providers

This guide is designed to support clinicians in using validating, trauma-informed language when working with victims of financial fraud. Language shapes how clients interpret their experience — reframing blame into compassion is an essential step in the healing process.

Stigmatizing Language (Avoid)	Trauma-Informed Language (Use Instead)	Clinical Insight
"You got scammed."	"You were targeted by a perpetrator who used manipulation."	Validates victimization and introduces perpetrator accountability.
"How could you fall for that?"	"This was a betrayal of trust, not a mistake on your part."	Reframes betrayal as interpersonal harm, not incompetence.
"You should have known better."	"These tactics are designed to deceive — many people are impacted."	Normalizes response; removes personal defect narrative.
"Didn't it seem obvious?"	"Fraudsters exploit emotional vulnerability and trust."	Acknowledges exploitation of attachment systems or unresolved grief.
"That was careless."	"You were manipulated using sophisticated psychological tactics."	Reflects coercion and psychological grooming.
"Why didn't you just stop talking to them?"	"The connection felt real — that's how coercive control works."	Mirrors dynamics of trauma bonding and fawning.
"Only desperate people fall for this."	"This crime can happen to anyone — it preys on human connection."	Removes shame; invites universality and empathy.
"You lost your life savings?"	"That's a devastating violation — let's talk about what support you need."	Validates loss and invites therapeutic containment.
"Why didn't you tell anyone sooner?"	"Many people wait to speak up — shame and fear are normal reactions."	Normalizes secrecy in post-traumatic response.
"You're still not over this?"	"This kind of trauma can take time to process — it makes sense you're still impacted."	Normalizes prolonged trauma recovery timeline.

Clinician Reference: Trauma-Informed Assessment Tools for Fraud Survivors

This resource outlines recommended screening tools to help clinicians assess trauma exposure and psychological impact among clients who have experienced financial fraud. All tools below should be used with clinical sensitivity and only when safety and rapport have been adequately established.

Assessment Tool	What It Measures	Best Used For	Notes for Use
TSC-40 / TSC-35 (Trauma Symptom Checklist)	Broad trauma symptoms (e.g., dissociation, anxiety, sexual distress)	Early phase symptom screening	Brief, self-report format. Often used at intake or post-disclosure.
LEC-5 (Life Events Checklist)	Exposure to traumatic events	Mapping potential traumatic life experiences	Pairs well with PCL-5 for PTSD risk screening.
PCL-5 (PTSD Checklist for DSM-5)	PTSD symptom severity and presence	Clients with reported intrusive memories or emotional dysregulation	Use as a repeated measure to track progress.
ACE Questionnaire (Adverse Childhood Experiences)	Early life trauma, neglect, abuse	Understanding developmental vulnerabilities	Use to explore attachment-based patterns or early trauma responses.
IES-R (Impact of Event Scale - Revised)	Subjective distress from a specific traumatic event	Targeted grief, betrayal, or trauma response	Useful in cases of ambiguous grief or perceived relational loss.
Narrative Intake Prompts	Client-led exploration of context, history, and meaning	Safe, trauma-informed intake for clients uncomfortable with checklists	Promotes autonomy and insight; avoids re-traumatization through direct questioning.

Important Reminders for Clinicians

Assessment ≠ Diagnosis: Use tools to guide discussion, not to label or pathologize.

Always assess for emotional readiness before introducing trauma content.

Normalize distress during assessment: "You may feel discomfort, but you're not unsafe."

Screening is a process, not a single event — build tolerance over time.

Narrative Intake Prompts for Fraud Survivors

Use these open-ended questions to guide early sessions and build insight, trust, and emotional safety.

Shame, Stigma & Social Response

Prompt	Purpose
“Can you tell me a little about what life was like for you when this began?”	Builds a timeline of vulnerability and emotional context without implying fault.
“What were you hoping to find when you first reached out or responded?”	Gently surfaces unmet needs like connection, safety, or purpose.
“Were there any recent losses, changes, or stressors you were coping with around that time?”	Introduces grief or transitions as emotional precursors without assigning blame.

Attachment & Relational Dynamics

Prompt	Purpose
“What was it about this person or offer that made you feel connected or drawn in?”	Highlights attachment needs or longing for validation, often linked to past trauma.
“When you think back to the beginning, what felt good or comforting about the interaction?”	Helps differentiate between genuine emotional resonance and manipulation.
“Were there any red flags or moments that felt off – even if you didn’t act on them?”	Builds insight while honoring protective instincts without shame.

Processing Manipulation & Coercion

Prompt	Purpose
“How did the situation evolve over time?”	Encourages chronological retelling, supporting narrative coherence.
“What do you think this person understood about you – your hopes or needs – that they may have used?”	Names manipulation without suggesting complicity.
“In hindsight, what do you wish had been different – not just in your decisions, but in how others supported you?”	Opens space for grief, support gaps, and meaning-making.

Narrative Intake Prompts for Fraud Survivors

Use these open-ended questions to guide early sessions and build insight, trust, and emotional safety.

Shame, Stigma & Social Response

Prompt	Purpose
“Who have you told about this? What was that like for you?”	Explores social stigma, disclosure risks, and support systems.
“What do you imagine others might think if they heard your story?”	Gently surfaces internalized shame or fear of judgment.
“What’s the hardest part about talking about this right now?”	Provides emotional safety and therapist attunement.

Identity, Meaning & Recovery

Prompt	Purpose
“What has this experience made you question — about yourself, other people, or the world?”	Opens a path for existential reflection and worldview disruption.
“What strengths or skills helped you get through this — even if it didn’t feel like enough at the time?”	Reclaims agency, resilience, and survival strategies.
“What would recovery or healing look like for you — what would feel like progress?”	Invites the client into goal-setting, restoring agency.

Clinician Resource: Narrative Intake Prompts for Working with Fraud Survivors

Developed using insights from Dr. Jennifer Lawrence, LICSW, in collaboration with Give an Hour and the FINRA Foundation Fraud Recovery Training Project.

Dr. Lawrence’s trauma-informed clinical approach has shaped the tone, structure, and therapeutic intent of these prompts. Her work supporting financial fraud survivors directly informed the language, pacing, and framing strategies recommended throughout this resource.

Therapeutic Approach	Core Strategy	Best Used For
Values-Based Recovery Work	Reconnect identity to core values and future goals.	Identity rupture, lost sense of self.
Narrative Therapy	Externalize blame, rebuild coherent self-narrative.	Self-blame, loss of narrative control.
Psychoeducation + Emotional Regulation	Normalize trauma responses and teach manipulation tactics.	Cognitive overload, emotional reactivity.
Relational-Cultural Therapy (RCT)	Use relationship to model healthy, safe connection.	Relational trauma, emotional isolation.
Internal Family Systems (IFS) / Parts Work	Integrate emotional 'parts' involved in trust and betrayal.	Internal conflict, complex trauma histories.
Cognitive Behavioral Therapy (CBT)	Identify and reframe distorted beliefs; reduce shame and anxiety.	General anxiety, shame, and cognitive distortions post-fraud.
Trauma-Focused CBT (TF-CBT)	Combine CBT structure with trauma narrative and emotional regulation.	Clients with trauma histories or deeply violating scam experiences.
EMDR (Eye Movement Desensitization)	Process trauma through bilateral stimulation to reduce emotional charge.	Clients overwhelmed by trauma who don't respond to talk therapy.
Somatic Experiencing	Regulate nervous system, release stored trauma, increase bodily awareness.	Clients with chronic stress, dissociation, or somatic symptoms.
Motivational Interviewing	Support client ambivalence while reinforcing self-protective decision-making.	Clients hesitant to disengage from scammer or report experience.
Group Psychoeducation & Peer Support	Educate on fraud tactics, emotional responses, boundaries; reduce shame/isolation.	Normalizing the experience and reducing stigma through peer connection.