

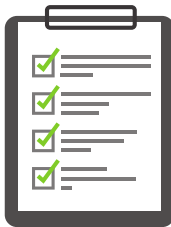
FINRA Module 5: Clinical Companion Resources

Supporting the Emotional Recovery of Fraud Survivors

This companion document was developed to support mental health providers participating in Module 3 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:

- Evidence-Based Approaches and Treatment Modalities
- Sequencing Roadmap for Fraud Recovery

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Usage

This document is designed for use alongside the Module 5 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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Clinical Companion: Evidence-Based Clinical Approaches

Fraud trauma is often misunderstood. Victims may be dismissed as careless or naïve, when in reality, they are navigating the complex aftereffects of targeted manipulation and betrayal. Clinicians working with this population need tools that both validate survivors' experiences and support meaningful healing.

This Clinical Companion Resource brings together evidence-based clinical approaches adapted from interviews with Dr. Jennifer Lawrence (2025). It is designed to provide practical guidance for mental health professionals working with fraud victims, offering concrete interventions, narrative examples, and reframing strategies that address the unique layers of fraud trauma.

The goal is not simply symptom reduction, but restoration of agency, trust, and identity. Approaches such as **Cognitive Behavioral Therapy (CBT)**, **Eye Movement Desensitization** and **Reprocessing (EMDR)**, **Narrative Therapy**, and **grief-informed practice** are highlighted with survivor-centered adaptations. Each section includes:

- **Clinical Work:** Practical applications for the therapy room
- **Narrative Example:** Survivor stories that illustrate lived experience
- **Highlight:** Core insights that can be reinforced with clients

Ways to Apply This Resource in Practice:

- Use as a session planning tool: Identify which domain (e.g., self-blame, intrusive memories, fixation, anniversaries) matches your client's current presentation.
- Integrate into psychoeducation: Share language or reframes that normalize the client's experience and reduce shame.
- Apply as a training reference: Introduce peer clinicians or trainees to specialized approaches for fraud trauma.
- Draw from narrative examples: Offer clients relatable illustrations that foster hope and insight.
- Reinforce progress by emphasizing "Highlight" phrases: These statements can be repeated in therapy or used as affirmations for clients to carry outside session.

By weaving together trauma-informed frameworks, psychoeducation, and client narratives, this resource affirms that recovery from fraud is possible. Healing begins with validation, grows through empowerment, and unfolds into renewed trust in self and others.

Clinical Companion: Evidence-Based Clinical Approaches

CBT: Reframing Self-Blame & Building Competence

Clinical Work:

- Practicing boundary-setting in safe situations
- Challenging self-blaming 'I should have known better' thoughts
- Reframing: 'Your trust and generosity were strengths misused by a perpetrator — not proof of stupidity.'
- Boundary Setting: Who Deserves Access to What Information?

Narrative Example: One client began with something very simple: setting a modest weekly grocery budget. At first, she doubted whether she could stick to it, but each week she tracked her purchases and realized she was staying within her limit. Over time, this routine reinforced her sense that she could make thoughtful, intentional choices with money. What started as a basic budgeting exercise became tangible proof that she was capable and trustworthy with her decisions.

Highlight: Managing her \$60 grocery budget logged as: 'I made good choices with money today', 'I can trust myself.'

EMDR: Processing Intrusive Memories & Core Beliefs

Clinical Work:

- Target 'stuck' memories (e.g., replaying handing over money to a bank teller during the scam)
- Address negative core beliefs: 'I'm stupid,' 'I can't trust myself'
- Replace with balanced beliefs through EMDR processing
- Use bilateral stimulation to reduce emotional charge

Narrative Example: A client kept replaying the moment she slid a withdrawal slip across the counter at the bank. She described it as a frozen image that came back every night. In EMDR sessions, her therapist helped her pair this image with the negative belief, "I'm stupid." Together, they identified a healthier belief she wanted to hold: "I was manipulated, but I can protect myself now." Through repeated sets of bilateral stimulation, the memory gradually lost its emotional charge. Eventually, when she recalled the bank scene, the new belief felt true — the memory no longer carried the same wave of shame and self-blame.

Highlight: "That memory doesn't live in my body anymore."

Clinical Companion: Evidence-Based Clinical Approaches

DBT: Emotion Regulation & Distress Tolerance

Clinical Work:

- Introduce mindfulness practices to reduce rumination (e.g., “Notice the thought — don’t fight it, don’t feed it”).
- Use STOP skill for fraud-related triggers: paying bills, a phishing email etc., (Stop, Take a step back, Observe, Proceed mindfully).
- Build self-soothing kits for anniversaries or high-distress moments.
- Apply radical acceptance: “This happened — and fighting reality isn’t the same as healing.”

Narrative Example:

A client often spiraled when checking emails. Her therapist introduced the STOP skill. Instead of sending frantic texts to friends, she practiced pausing, noticing her urge, and then soothing herself with music and deep breathing. Over time, she felt less hijacked by the urge to “do something” every time the memories surfaced.

Highlight: “I can’t control that it happened, but I can control how I respond now.”

Narrative Therapy: Reclaiming the Story

Clinical Work:

- Explore fixation as grief + unfinished business
- Ask reflective questions: “What does holding on represent for you?”
- Shift focus from scammer’s story → survivor’s story
- Strengthen survivor-centered identity

Narrative Example:

A client admitted she spent hours rereading old scam messages. When asked what holding on to them represented, she realized she was trying to prove that the relationship hadn’t been entirely fake. Through narrative work, she shifted her focus from the scammer’s lies to her own longing for authentic connection — and how she was building resilience now.

Highlight: “The story isn’t about them anymore. It’s about me.”

Clinical Companion: Evidence-Based Clinical Approaches

Psychoeducation: Normalizing Fixation & Exposing Tactics

Clinical Work:

- Provide education on scammer tactics (organized crime, identity theft)
- Normalize rumination as a trauma response
- Reframe fraud as systemic exploitation, not individual weakness
- Reduce shame through information

Narrative Example:

One survivor said, “I can’t stop Googling him. It makes me feel pathetic.” Her clinician explained that fixation was a normal trauma response — the brain’s attempt to solve a puzzle with no closure. She also learned that scammers often work in teams or call centers. Realizing she was up against a system, not just one person, helped reduce her shame.

Highlight: “I wasn’t naïve, professionals targeted me.”

Triggers & Anniversaries: Anticipating and Reframing

Clinical Work:

- Identify common triggers (taxes, bills, discovery dates)
- Normalize anniversaries as “nervous system remembering”
- Co-create rituals (candles, letters, donations)
- Reframe trauma dates into healing markers

Narrative Example:

A client became overwhelmed during tax season and thought she was regressing. Her therapist reframed this as her body remembering — not failure. Together, they created a ritual where she lit a candle on the fraud anniversary and wrote, “This is the day I reclaimed my story.” The ritual transformed a painful date into a source of empowerment.

Highlight: “This date doesn’t own me anymore.”

Clinical Companion: Evidence-Based Clinical Approaches

Trauma-Informed Practice: Celebrating Small Wins

Clinical Work:

- Encourage daily/weekly “wins tracking”
- Reinforce competence in small decisions
- Replace “I can’t be trusted” with new self-narrative
- Build tangible record of growth

Narrative Example:

One client kept a “wins notebook” where she recorded small victories: deleting a phishing email, ignoring a spam call, showing up on time to therapy, or setting a boundary with her sister. Over time, her notebook became proof that she was capable of making sound choices again.

Highlight: “I can see on paper how much I’ve grown from this experience.”

Grief-Informed Practice: Honoring Living Losses

Clinical Work:

- Name grief beyond finances: identity, safety, trust
- Validate disenfranchised grief
- Support rituals of acknowledgment
- Hold multiple coexisting losses with care

Narrative Example:

A client once said, “What hurts most isn’t losing the money — it’s losing faith in myself.” Her therapist validated this as grief, not weakness. On the anniversary of the fraud, she chose to donate a small amount to a prevention nonprofit and journal, “Something good came from my pain.” The act honored her losses and reframed them into meaning.

Highlight: “My grief is real — even if others don’t recognize it.”

Sequencing Roadmap for Fraud Recovery

Adapted from clinical insights of Dr. Jennifer Lawrence (2025)

This roadmap provides a phase-by-phase guide for mental health professionals supporting clients impacted by financial fraud. Recovery is not linear but spiral – survivors may revisit pain with increasing distance, regulation, and perspective over time. Sequencing helps reduce overwhelm, validate grief, and build readiness for deeper trauma work.

How to Use This Tool

This roadmap is meant to serve as a clinical guide and planning framework, not a rigid protocol. It can help clinicians orient treatment, reduce client overwhelm, and sequence interventions to match readiness.

Practical Applications:

Assessment & Orientation

- Use the phases to explain to clients what recovery may look like.
- Normalize that revisiting earlier phases is not “failure,” but part of the spiral model of healing.

Session Planning

- Identify which phase best aligns with the client’s current needs.
- Choose interventions and reframes appropriate to that phase.
- Use “Key Clinical Takeaways” as anchors when clients feel stuck.

Psychoeducation

- Share selected phrases and metaphors (e.g., “spiral, not linear”) to reduce shame and promote self-compassion.
- Highlight that trauma responses (fixation, avoidance, grief) are expected and valid.

Supervision & Training

- Use the roadmap to orient new clinicians or trainees to fraud trauma recovery.
- Frame case consultation discussions around which phase a client is currently navigating.

Key Point:

The roadmap is a companion designed to help clinicians pace the work, validate client experiences, and build confidence that recovery is possible. Victims don’t need to “climb” perfectly from Phase 1 to 5; they may move back and forth while still making progress.

Sequencing Roadmap for Fraud Recovery

Phase 1: Safety & Validation

Goals: Establish immediate safety, stabilize the nervous system, and normalize the trauma response.

Clinical Focus:

- Crisis Stabilization
- Normalize trauma responses (shame, avoidance, fixation, withdrawal).
- Prioritize immediate safety and emotional triage.
- Validate distress: emphasize this is not gullibility but a trauma response.

Phase 2: Grief & Emotional Processing

Goals: Name and validate the wide range of losses, create safe space for grief, and begin restoring trust in self.

Clinical Focus:

- Identify “living losses” beyond finances: trust, safety, identity, future dreams.
- Validate disenfranchised grief that society often minimizes.
- Create rituals to honor grief (candles, journaling, letters).
- Encourage small “wins” (budgeting, boundaries) to rebuild self-trust.

Phase 3: Trauma Processing & Meaning-Making

Goals: Address intrusive memories, shame-based beliefs, and distorted self-narratives once stability is established.

Clinical Focus (Modalities):

- CBT: Challenge self-blame and reframe distorted beliefs.
- EMDR: Reduce emotional charge of intrusive memories and negative core beliefs.
- Narrative Therapy: Shift focus from the scammer’s story to the survivor’s story.
- Other trauma-informed, evidence-based interventions

Phase 4: Rebuilding Trust & Identity

Goals: Foster reconnection, repair identity, and reinforce survivor strengths.

Clinical Focus:

- Support safe boundary-setting experiments and gradual reconnection.
- Use a “wins notebook” to track progress and reinforce competence.
- Encourage low-stakes social engagement (peer groups, walking clubs).
- Affirm survivor strengths to rebuild agency and self-trust.

Phase 5: Reintegration & Empowerment

Goals: Support long-term resilience, community engagement, and survivor-led meaning-making.

Clinical Focus:

- Integrate peer support (often anonymously at first).
- Reclaim anniversaries through healing rituals (candles, donations, letters).
- Empower survivors to explore advocacy, prevention, or mentoring roles.
- Emphasize autonomy: survivors choose if and how to share their story.

Key Clinical Takeaways

- Recovery is spiral, not linear — survivors revisit pain with greater strength and perspective.
- Validation precedes empowerment — grief and shame must be honored before skills-building.
- Sequencing reduces overwhelm — organizing recovery into phases supports regulation and readiness.
- Each phase builds on the last — safety → processing → reintegration → empowerment.