

Module 4: Screening and Referring Identity Theft Victims to Professional Therapy

Time Required

1 hour

Purpose

The purpose of this module is to introduce participants to symptoms of depression, anxiety, and posttraumatic stress disorder and distinguish these symptoms from natural trauma reaction; suggestions for professional referrals are included.

Lessons

- Introduction to Depression (10 minutes)
- Introduction to Anxiety (10 minutes)
- Introduction to Posttraumatic Stress (10 minutes)
- Referring for Professional Counseling (30 minutes)

Learning Objectives

By the end of this module, participants will be able to:

- List at least three symptoms of depression, anxiety, and posttraumatic stress
- Describe strategies to referring victims of identity theft to professional counseling.

Participant Handouts

Mental Health Therapist Survey

Equipment and Materials

Powerpoint Set-Up

Videotaped excerpts of Identity Theft victims in the event that none of the class participants have worked with Identity Theft.

Preparation for the Instructor

Thoroughly review the curriculum. Based on the time the module begins, write the time you should be a various sections in the left-hand margin.

- ☞ Show Visual 4-1.

Introduce the Module

Paraphrase the Following:

The previous module provided resilience strategies for victims of Identity Theft who do not manifest mental health issues that may require referral to a professional trauma therapist. This module will help you identify those who would likely benefit from professional therapy and offer suggestions for referral.

It is crucial to remember that only licensed professionals can diagnose. Therefore, the information in this module is presented only for screening purposes in deciding when to refer to professionals. A non-licensed person must **never** tell persons that they have a particular disorder.

☞ Show Visual 4-2.

Introduce the Learning Objectives for the module.

By the end of this module, participants will be able to:

- List at least three symptoms of depression, anxiety, and posttraumatic stress.
- Describe strategies to referring victims of identity theft to professional counseling.

Lesson 1: Introduction to Depression (10 minutes)

Paraphrase the Following:

Natural trauma reaction can move into clinical depression when symptoms become chronic rather than intermittent, being experienced most of the day, nearly every day for at least two weeks. The symptoms represent a noticeable change from the person's previous level of functioning before the Identity Theft experience.

For example, having some sleepless nights worrying about what has happened is a natural trauma reaction. When night after night is sleepless, then depression should be considered. Being so focused on the Identity Theft that one sometimes doesn't feel hungry is a natural reaction. Going for days without getting hungry and losing a significant amount of weight can be a sign of depression. Feeling frustrated about a nonchalant reaction from the police is natural. Feeling generally helpless and hopeless about ever being able to straighten things out can be a symptom of depression.

☞ Show Visuals 4-3 and 4-4.

Common Symptoms of Depression:

- **Feeling or appearing sad most of the time**
- **Being uninterested in and unable to enjoy things that previously were pleasurable**
- Significantly decreased or increased appetite that results in a 5% weight loss or gain in a month
- Unable to sleep much or sleeping much more than previously
- Activity such as walking or getting up from a chair is slowed down
- Tired and lacking in energy

- Feeling worthless and guilty
- Unable to concentrate and make decisions
- Thinking about or wishing for death, even though a specific plan may not be developed

☞ Show Visual 4-5.

If the person exhibits or describes 5 or more of these symptoms, including the first two, it is likely that the person has moved into depression and may benefit from professional assessment and possible therapy and/or medication.

Discussion

Ask participants to think about the Identity Theft victims with whom they have worked and raise their hand if they believe that at least one of them may be depressed. If willing, ask them to describe the symptoms without revealing identifying information about the person. (If the participant population has no experience with Identity Theft, use videotapes)

Lesson 2: Introduction to Anxiety (10 minutes)

Paraphrase the Following:

It has been said that depression results from focus on the past and anxiety results from focus on the future. Like depression, anxiety is not intermittently worrying about aspects of the Identity Theft, but the worry has become chronic. The person worries about many things (sometimes everything) that objective facts do not justify.

Another fairly common manifestation of anxiety is a “Panic Attack” during which the person feels an intense dread or foreboding, often accompanied by rapid heartbeat, shortness of breath, and sometimes chest pain. It usually begins abruptly, builds for 10 minutes or so, and can last up to half an hour. Panic attacks can happen during the day or at night.

Generalized anxiety is a possible diagnosis if the person worries excessively at least half the time over a period of a few months. Some symptoms of anxiety are the same as those of depression. It is not unusual for both depression and anxiety to be present in the same victim.

☞ Show Visual 4-6

Common Symptoms of Anxiety

- Feeling restless, edgy, keyed up
- Tired and lacking in energy
- Unable to concentrate
- Irritable
- Increased muscle tension
- Difficulty sleeping

☞ Show Visual 4-7.

If the person exhibits or describes 3 or more of these symptoms more than half the time over the last few months, it is likely that the person is experiencing general anxiety and may benefit from professional therapy and/or medication.

Discussion

Ask participants to think about the Identity Theft victims with whom they have worked and raise their hand if they believe that at least one of them may be experiencing anxiety. If willing, ask them to describe the symptoms without revealing identifying information about the person. (If the participant population has no experience with Identity Theft, use videotapes)

Lesson 3: Introduction to Posttraumatic Stress (10 minutes)

Paraphrase the Following:

People who survive severely traumatic events sometimes develop Posttraumatic Stress symptoms. The symptoms usually do not develop right away, and the longer the person experiences the trauma, the more likely he or she is to develop symptoms. For the official diagnosis of posttraumatic stress **disorder**, a person must have experienced an event that involved actual or threatened death or serious physical injury. Most victims of Identity Theft do not fit this criteria unless the taking of the identity involved robbery of credit cards or other violence that caused the person to feel extremely fearful and helpless.

However, some Identity Theft victims may experience some posttraumatic stress symptoms but not enough to warrant the full PTSD diagnosis. In these cases, it is simply referred to as Posttraumatic Stress. If several of these symptoms are present, the person may benefit from assessment and possible professional therapy. People who have had traumatic experiences may have symptoms of depression, anxiety, AND posttraumatic stress.

☞ Show Visual 4-8

Common Intrusive Symptoms of Posttraumatic Stress

- Intrusive, distressing thoughts and images about the event
- Repeated, distressing dream about the event
- Feeling as if the moment the Identity Theft became known or other aspects of it are happening all over again
- Marked mental distress in reaction to cues that resemble aspects of the event (credit card ads on television, for example)
- Physiological reactions to these cues (such as rapid heartbeat, elevated blood pressure)

☛ **Show Visual 4-9 and 4-10**

Common Avoidance Symptoms of Posttraumatic Stress

- Trying to avoid feelings, thoughts, or conversations about the event
- Trying to avoid activities, people, or places that recall the event
- Inability to recall important features of the event
- Being uninterested in and unable to enjoy things that previously were pleasurable
- Feeling detached or isolated from other people
- Experiencing restriction in ability to love or feel other strong emotions
- Feeling that life will be brief or unfulfilled

☛ **Show Visual 4-11**

Common Physiological Symptoms of Posttraumatic Stress

- Difficulty going to sleep or staying asleep
- Angry outbursts and irritability
- Poor concentration
- Excessive vigilance (always on guard for more difficulties)
- Increased startle reaction

Discussion

Ask participants to think about the Identity Theft victims with whom they have worked and raise their hand if they believe that at least one of them may be experiencing symptoms of posttraumatic stress. If willing, ask them to describe the symptoms without revealing identifying information about the person. . (If the participant population has no experience with Identity Theft, use videotapes)

Lesson 4: Referring for Professional Therapy (30 minutes)

Paraphrase the Following:

It is not easy for most people to decide if or when they need professional therapy. Nor is it the responsibility of the helping person to “make” someone go to therapy even if they feel it would benefit them.

Discussion

Ask participants to name some of the barriers might prevent victims of Identity Theft from seeking professional counseling.

Tell participants that it can be useful for them to suggest that most people find therapy helpful, even if they feel they could manage without it. Therapy certainly will not hurt the victim of Identity Theft if the therapist has some understanding of the complexity of these cases and is committed to treating victims with dignity and compassion.

☛ Show Visual 4-12

Participants should know the different types of therapists available in Texas and distinctions among them in the event that a victim is interested in the differences.

Types of Therapists

Licensed Clinical Social Worker (LCSW)

LCSWs have at least a Master's degree in social work that included field placements, they have provided many hours of supervised therapy after receiving the degree, they have passed a clinical licensing exam, and they regularly take approved continuing education courses. LCSWs practice without supervision and may work in an agency or engage in private practice. LCSWs may be more comfortable working with other aspects of Identity Theft, such as advocating for their clients with outside agencies or attending court proceedings with them than therapists educated to work only within the therapeutic hour in an office.

Licensed Professional Counselor (LPC)

The education and supervision of LPCs is similar to that of social workers, but their degrees may be in counseling or another related fields. LPCs may focus more than social workers on the therapy itself and not become as involved in the external Identity Theft issues.

Licensed Marriage and Family Counselor (LMFT)

The education and supervision of LMFTs is similar to that of social workers and LPCs, but their focus is more on marriage, couples living together, and families.

Licensed Master Social Worker (LMSW)

LMSWs are similar to LCSWs, but they do clinical work only under supervision. LMSWs generally work in agencies and have supervisors.

Licensed Professional Counselor Intern (LPCI)

LPCIs are similar to LMSWs in that their work is under supervision.

Psychologist

Psychologists primarily test and diagnose, but some also provide therapy. They have received PhDs in a field of mental health, and they have worked under supervision post-degree until becoming licensed.

Psychiatrist

Psychiatrists are physicians who completed medical school and then specialized in mental health issues. Since psychiatrists can prescribe medications, many limit their practice to that, scheduling clients every 15 minutes or so. Some psychiatrists also provide therapy, but most rely on other professionals to do the counseling. If medication is needed for the treatment of depression, anxiety, PTSD, and other diagnoses, psychiatrists may be more skilled than general practitioners because mental health medication prescription is their specialty. Most LCSWs, LPCs, and LMFTs work with psychiatrists for prescription needs.

Paraphrase the Following:

The greatest challenge in selecting a therapist for ID theft issues, however, is not the type of therapist a victim chooses, but finding one who has an understanding of trauma reaction involved in Identity Theft. We have seen from the literature review that literally nothing has yet been published in the mental health literature about the uniquely complex issues that are involved in Identity Theft. Therefore, we suggest the following strategies for participants.

☞ Show Visual 4-13 and 4-14

Building a Referral Network

Identify Trauma Therapists

Identify therapists in the community with general trauma expertise.

You are most likely to know these by reputation and word of mouth.

Identify “Good” Therapists

If there are no trauma therapists in the community, identify “good” general therapists. Again, you are most likely to know these by reputation and word of mouth.

Send Survey

Mail or E-mail the survey provided, along with a cover letter that includes a return deadline to all identified therapists. Returning the survey will imply that they are interested in receiving referrals from you. Include a stamped, return envelope if mailing hard copies.

Interview the Therapists

Schedule an appointment with those interested in being used as a referral source to determine if they seem to be a good fit for Identity Theft victims.

Require this Curriculum

Require that the therapists take this curriculum. (One hour of Advanced Identity Therapy Training for Professionals may be developed to follow this curriculum)

Make Surveys Available

After selecting referral therapists, make copies of their surveys available for victims so they can choose the therapist they think may be the best fit for them.

Collect Victim Satisfaction Statements

Ask victims who are willing to write statements about how the various therapists were or were not helpful and include this information to new victims.

Let Victims Choose

NEVER refer to only one therapist. Let the victims make the choice. Let them know that if, after a session or two, they don't feel that the therapist is appropriate for them, they should terminate and find a different one.

Paraphrase the Following:

Making referrals for counseling is not difficult if you avoid the phrase, “You need...” Anyone is uncomfortable when someone tells them they we “need” something because it implies that they are inadequate.

Try something like this:

“I’m sorry you’re having such a hard time. I don’t know if you’ve considering counseling, but if you are, here is some helpful information we have gathered from therapists in our area. We have interviewed all of these therapists, they attended a class about Identity Theft, and we think they might be helpful to you.”

☞ **Show Slide 4-15**

Activity: Case Study I

Divide participants into groups of two or three and give them 10 minutes to read and discuss the following case study(ies) and decide what they would do to help the victim. (If the class is large, give some groups Case Study I and some Case Study II.) When finished, ask groups to report their conclusions.

Note: Participants may want to know that the outcome of Case #2 is that the prosecutor approached the court to change the title of the case to US v FNU LNU (which stands for *First Name Unknown, Last Name Unknown*).

Case Study # 1

Mr. and Mrs. P became identity theft victims shortly after immigrating legally to Texas. They were parents of an infant and had come to Texas from a country where they experienced political instability and violent crime. The Identity Theft issue was relatively minor from a material perspective. They had only one credit card, which was stolen and used. The financial effects were quickly remedied with the credit card company. However, they continued to be very troubled by what had happened. They were afraid that the identity thief would find out where they lived and kidnap their baby. They slept in shifts so that someone would be awake and alert in their home at all times, and they then began to suffer from lack of sleep. They were also frustrated because their friends didn't understand why they were so upset and worried.

(1) You have helped Mr. and Mrs. P contact their credit card company to get the fraudulent activity taken off their card and you call to see how they are doing. Mrs. P. tells you about their emotional situation. What are two or three concrete things you can suggest that they do to feel safer?

(2) Do you think what they are experiencing is natural reaction? If so, what resilience-building strategies would you suggest?

(3) Do you think you should screen for mental health referral? If so, what questions would you ask Mrs. P?

(4) If you decide that a referral to a professional therapist would be appropriate, what would you say to Mrs. P?

(5) If Mrs. P is resistant to therapy, what would you say?

Case Study #2

Mr. and Mrs. J's daughter was accidentally run over by a car and killed 40 years ago. It was recently discovered that an identity thief had stolen their daughter's identity including her date of birth and social security number. Her parents are now in their 80's and you are now aware of what happened.

(1) Would you inform the parents or not? Why?

(2) Assume that you did notify the parents. What might be some of their reactions?

(3) What are some things you would look for in deciding whether or not to refer the parents for professional therapy?

(4) The identity thief has now been apprehended but refuses to give prosecutors her real name. Therefore, the prosecutors continued, which was very upsetting to the parents who felt helpless to protect the identity and good name of their daughter. What could be done to prevent the thief from serving time in the name of the victim? If this issue could not be resolved, what reactions might you expect from the parents?

☞ Show Visual 4-16

Review Module Objectives and ask participants if they were met.

By the end of this module, participants will be able to:

- List at least three symptoms of depression, anxiety, and posttraumatic stress.
- Describe strategies to referring victims of identity theft to professional counseling.

Module 4 References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.) Washington, DC: Author.

Morrison, J.(1995). *DSM-IV made easy: The clinician's guide to diagnosis*. New York: The Guilford Press.