

Treating Familial Identity Theft Using the Collaborative Relational Model

Axton E. Betz-Hamilton, Ph.D., AFC®
South Dakota State University

Meghaan Lurtz, Ph.D., CFP®
Kansas State University

Nathan Astle, MFT

Nearly one-third of all identity theft victims have their identity stolen by a family member. This type of identity theft is known as familial identity theft. Familial identity theft can lead to a host of negative financial, emotional, and physical consequences for the victim. While various governmental and private resources are available to help victims recover, they are siloed and fragmented, leaving victims to navigate how to identify their needs and find appropriate resources on their own. This paper describes the potential efficacy of the collaborative relational model in helping victims recover financially and emotionally by utilizing a fictionalized client case vignette to apply the model.

Keywords: collaborative relational model; familial identity theft; trauma

INTRODUCTION

Identity theft is a serious problem in the United States, with 15 million individuals afflicted in 2021 (Buzzard, 2022). Identity theft victims can experience negative financial, emotional, and physical consequences, including poor credit, anger, feeling violated, and insomnia (Randa & Reyns, 2020). Nearly one-third of identity theft victims have their identity stolen by a family member (LaDue, 2016); this is labeled *familial identity theft*. “Familial identity theft occurs when a family member uses the personal identifying information of another family member without their knowledge or consent to obtain something of value” (Betz-Hamilton, 2020a, p. 220).

While public (e.g., Federal Trade Commission, local law enforcement agencies) and private (e.g., Identity Theft Resource Center) entities provide services to identity theft victims, such resources often offer services without collaborating with other entities. Non-collaboration requires the victim to make contact with multiple agencies, frequently retelling the story of their victimization, which can be traumatic (Cullen, 2007). Familial identity theft victims can and often do seek support from professionals. Still, these professionals are not

Treating Familial Identity Theft

trained to provide specific services for identity theft victims, including social workers, attorneys, and mental health professionals (Betz-Hamilton, 2020b). Utilizing the collaborative relational model of financial therapy, which involves at least two professionals from complementary fields jointly offering services, would help provide needed services to victims efficiently (Seay et al., 2015). The purpose of this paper is to outline steps for a collaborative model of financial therapy, bringing together financial and mental health professionals for the benefit of a shared client, in assisting familial identity theft victims who experience financial, emotional, and sometimes physical consequences from the victimization through via a fictionalized case vignette.

LITERATURE REVIEW

The literature review describes categories of familial identity theft, the reporting behaviors of victims, and the consequences of victimization. Theories used to understand familial identity theft are described, along with the collaborative relational model.

Categories of Familial Identity Theft

Familial identity theft can afflict individuals across the lifespan. Family members are common offenders of child identity theft (Identity Theft Resource Center, 2018); furthermore, adult children can steal the identity of an older adult parent. Cases of familial identity theft typically fall into one or more of three main categories: a) financial, b) medical, and c) criminal. “Financial identity theft is the compromise of your existing financial account(s) or the creation of new financial accounts by an unwanted third party in your name” (Identity Theft Resource Center, 2022b, para. 1). This commonly involves credit card and bank accounts but can involve taxpayer records with the Internal Revenue Service (IRS). Tax identity theft occurs when an individual obtains another’s personal identifying information to file a tax return or claim a refund (IRS, 2022). Recovering from financial identity theft often requires contacting financial institutions, credit reporting agencies, and potentially the IRS. As each entity has its procedures for assisting victims, the recovery process can be overwhelming and confusing for victims. Assistance from a financial counselor would likely help many recover from financial identity theft.

Medical identity theft, which affects an estimated 1-2 million U.S. residents annually (Clifford, 2016), occurs when an individual obtains and uses another’s personal identifying information to obtain medical benefits, such as surgeries or prescription drugs (DeNicola, 2021). As medical identity theft can lead to the comingling of the offender’s medical history with the victim, the victim must act. The first step is to contact all healthcare providers, including pharmacies, for copies of medical records (Federal Trade Commission, 2021). Once medical records are obtained, they must be reviewed, and all errors must be reported to the victim’s health care provider(s). The second step is for the victim to obtain their credit report from each credit reporting agency (i.e., Experian, Equifax, and Transunion) and review them for any medical billing errors. All errors should be reported to the applicable credit bureau.

Medical identity theft can be a frightening experience, and navigating requests for medical records from healthcare providers can be challenging, given legal privacy rights

(Federal Trade Commission, 2021). Moreover, obtaining credit reports may be challenging for some victims. In addition to a financial counselor, an attorney may aid in the recovery of victims of medical identity theft.

Criminal identity theft occurs when an arrested individual provides another's personal identifying information to law enforcement, leading to an arrest record in the victim's name (Equifax, 2022). This type of identity theft is increasingly common, with 57% of identity theft victims who reported to the Identity Theft Resource Center (2021) reporting they were victims of criminal identity theft. To clear the victim's record, the victim should work with the law enforcement agency that requested the arrest warrant and potentially "go to court for a finding of factual innocence" (State of California Department of Justice, n. d., para. 2). Engaging with law enforcement can be frightening for victims of criminal identity theft (Cullen, 2007); the victim should utilize the services of an attorney to ensure their rights are being preserved as they work to recover their identity.

Reporting Behaviors of Familial Identity Theft Victims

Familial identity theft victims are often reluctant to report the crime to law enforcement (Betz-Hamilton, 2020b). Reporting reluctance can be due to the victim feeling as though reporting to law enforcement won't change the offender's behavior, the victim being financially dependent on the offender, the victim feeling pressure to treat the identity theft as a private family matter to preserve family relationships (Siciliano, 2016), and experiencing polyvictimization. One participant in a study by Betz-Hamilton (2020b) said that her father, who stole her identity, seemed undeterred by law enforcement actions: "He gets out of [jail] and is just as much of a criminal as before, so I didn't really see [filing a police report] as a solution" (p. 103). Both child victims and older adult victims can be financially dependent on the offender for basic necessities due to an inability to be financially or physically independent; they may fear how they will be provided for should they report the identity theft, so they choose not to report. Polyvictimization of familial identity theft victims occurs when the offender engages in additional forms of abuse of the victim in addition to the identity theft, including physical, emotional, or sexual abuse, as well as neglect. Polyvictimization of familial identity theft victims was found by Betz-Hamilton and Nez (2022). Victims may be concerned for their safety if they report the identity theft to law enforcement, as the offender may retaliate by withholding financial resources from the victim or engaging in further abuse of the victim.

Consequences of Familial Identity Theft Victimization

Prior research has examined the financial, emotional, and physical consequences of identity theft victimization. Identity theft often results in victims having a poor credit score due to unpaid balances on fraudulent accounts opened in a victim's name (Equifax, n.d.). Harrell (2021) found 69.3% of identity theft victims experienced financial loss. Reynolds (2021) used data from the 2016 National Crime Victimization Survey—Identity Theft Supplement (NCVS-ITS) to examine identity theft victims' out-of-pocket losses and found victims who had lower incomes, lower educational attainments, and were unmarried were more likely to have out-of-pocket losses relative to other identity theft victims. The financial

Treating Familial Identity Theft

stress of identity theft victimization often results in emotional consequences for victims (Equifax, 2015).

Using data from the 2012 NCVS-ITS, Golladay and Holtfreter (2017) found the demographic factors of being older, less educated, identifying as a racial minority, and being unmarried positively influenced the number of emotional consequences victims experienced. Contextual factors that positively influenced the number of emotional consequences victims experienced included enduring financial loss, repeat identity theft victimization, and a longer period required to clear the victim's identity (Golladay & Holtfreter, 2017; Randa & Reynolds, 2020). The most common emotions experienced by victims were anger and feeling violated, followed by worry and feeling vulnerable (Randa & Reynolds, 2020). Identity theft victims' emotional reactions can parallel those experienced by victims of violent crime and can be considered traumatic (Office for Victims of Crime, 2010). Chappell (2013) notes that identity theft can be a traumatic experience; victims have come to dread previously enjoyed activities, distrusted others for a substantial time, and felt insecure. Mental health counseling was the most common resource victims sought to cope with the emotional consequences of identity theft (Betz-Hamilton, 2020b).

Regarding the physical consequences of identity theft, Golladay and Holtfreter (2017), along with Randa and Reynolds (2020), identified the demographic factors of being unmarried, having a lower income, being less educated, and identifying as a racial minority were positively associated with the number of physical consequences victims experienced. Contextual factors that were positively associated with the number of physical consequences identity theft victims experienced included repeat identity theft victimization, experiencing financial loss, and a longer time to clear the victim's identity. The most common physical consequence experienced by victims was insomnia, followed by digestive issues and fatigue (Randa & Reynolds, 2020).

Using data from the 2016 NCVS-ITS, Betz-Hamilton (2022) examined potential differences in the financial, emotional, and physical consequences familial and non-familial identity theft victims experienced. No significant differences were found. However, including age as a predictor variable yielded a significant result for feeling worried or anxious. Younger victims were more likely to report feelings of worry or anxiety. In a qualitative study of familial identity theft victims, victims described feeling anxiety, fear, and issues with trusting financial institutions and government agencies (Betz-Hamilton, 2020b).

Theories Used to Understand Familial Identity Theft

Familial identity theft is a complex problem that individual, interpersonal, and social contexts can influence. Three theoretical approaches exist that incorporate various contextual factors and can be used as frameworks for understanding and addressing familial identity theft, including Bronfenbrenner's Bioecological Theory (Tudge et al., 2009), the Family Systems Adaptation to Trauma model (Goff et al., 2020), and the Collaborative Relational Model (Seay et al., 2015).

This crime occurs within family systems influenced by community and cultural subsystems. Moreover, individuals within a family system are unique individuals with varying traits and experiences, which makes Bronfenbrenner's Bioecological Theory a logical explanatory framework for understanding familial identity theft victims' experiences. In a study of child identity theft victims' experiences that also included familial identity theft victims, Betz (2012) used Bronfenbrenner's Bioecological Theory to identify and organize the personal characteristics of victims, contextual elements, and influences of time on victims' experiences, along with the relationships between each.

Like Bronfenbrenner's Bioecological Theory, the Family Systems Adaptation to Trauma (FSAT) Model (Goff et al., 2020) incorporates contextual subsystems (e.g., individual, interpersonal and familial, social and contextual) in a clinically focused model that incorporates helping clients process their trauma and reestablish safety and connection with their self, others, and the community. Experiencing familial identity theft can be traumatic (Equifax, 2015) and result in a victim feeling unsafe, having difficulty trusting others, and experiencing a loss of control, which is consistent with the individual subsystem in the FSAT model (Goff et al., 2020). Boundaries and communication are components of the interpersonal and family subsystem. By its very nature, familial identity theft violates boundaries; communication about finances in families in which familial identity theft occurs may be lacking (Betz-Hamilton, 2019). The social-contextual community subsystem reflects the community-based networks of systems within which a family interacts (Goff et al., 2020). Prior research on familial identity theft victimization indicates these interactions are limited or negative, with few victims filing a police report (Betz-Hamilton, 2020b) and victims struggling with creditors to clear their name (Betz-Hamilton, 2020a).

In the FSAT model, processing trauma reflects the need to help clients address specific memories and symptoms related to the trauma through evidence-based treatments such as prolonged exposure therapy or eye movement desensitization and reprocessing (Goff et al., 2020). Betz-Hamilton (2020b) found that familial identity theft victims viewed mental health counseling as the most helpful resource in recovering from identity theft. This suggests victims who have a trusted relationship with a qualified provider, such as a financial therapist or mental health professional, will be willing to engage in this process.

Establishing safety is critical for successful clinical work with victims of trauma (Goff et al., 2020). At the individual subsystem level, addressing safety issues such as self-harm and suicide may be warranted; identity theft can be a risk factor for both (Equifax, 2015; Weisbaum, 2017). Helping clients learn how to establish and reinforce personal boundaries with family members is a way to establish safety at the interpersonal and family subsystems level (Goff et al., 2020).

Goff et al. (2020) refer to the need to help clients reestablish connections to self, others, and their communities as reconnection. With familial identity theft victims, these reconnections may be challenging if they have experienced other forms of abuse by the offender (Betz-Hamilton, 2019). Social and relationship skills may need to be taught. For practitioners who work with familial identity theft victims who do not have training in treating trauma, such as financial planners, the collaborative relational model may be a

Treating Familial Identity Theft

practical approach for working with victims who could benefit from mental health services and financial services.

Collaborative Relational Model

The collaborative relational model of financial therapy utilizes professionals representing at least two complementary fields, “each with core expertise in different areas, to provide in-depth and comprehensive financial therapy to clients” (Seay et al., 2015, p. 161). Previous models utilized financial planning, family therapy, and legal professionals to address client needs (Seay et al., 2015). Clients who may benefit from a collaborative relational model include those presenting with concurrent financial, emotional, physical, relational, and sometimes legal problems. These are problems that familial identity theft victims can experience. Professionals engaged in a collaborative relational model work together as a team to address clients' complex needs. This collaboration happens in shared sessions with clients, treatment team processing sessions without the client present, and through regular communication on client goals, interventions, and progress as needed.

In addition, training in trauma by financial planners, attorneys, and therapists could play a role in a collaborative relational model. Financial planners have credit and debt management expertise, and familial identity theft victims often need assistance rebuilding their credit. Attorneys may assist with legal matters related to accurate credit reports and debt collection. Identity theft can be traumatic (Equifax, 2015), so a therapist may provide beneficial services to a familial identity theft victim.

Professionals engaged in a collaborative relational model work together as a team to address clients' complex needs. This can happen in various ways, including multi-professional goal-setting meetings, email updates, and professional discussions about client progress without clients present. This follows many examples of multidisciplinary collaboration in community mental health (Bond et al., 2001). Not every situation requires a full team, but as clients' needs and financial ability vary, professionals must be open to how additional professionals can help achieve client goals.

Before employing a collaborative relational model to address the needs of familial identity theft victims, it is important to note professionals in mental health fields (e.g., licensed professional counselors, marriage and family therapists), financial services fields (e.g., financial planning) and legal fields (e.g., attorneys) are required to adhere to varying ethical standards of practice. There will need to be communication between professionals in different fields who want to engage in a collaborative approach regarding dual relationships, confidentiality, working with other professionals, fee management and insurance reimbursement, and the use of technology (Ross et al., 2016).

Relevant Ethical Standards for Mental Health, Financial Services, and Legal Professionals Using the Collaborative Relational Model

Dual Relationships. Within the context of the provision of mental health services, dual relationships refer to a service provider engaging in a separate and distinct relationship,

either during or after the provision of services (Ross et al., 2016). Mental health professionals must avoid dual relationships that may impair professional judgment or lead to exploitation. For financial services professionals and legal professionals, dual relationships are not as distinctly defined (American Bar Association, 2023; Ross et al., 2016). Engaging in social activities with a client may be necessary to build a relationship with that client. Ross et al. (2016) recommend that when utilizing a collaborative approach, each professional should adhere to their professional code of ethics regarding dual relationships and communicate this information to the client.

Confidentiality. Standards regarding confidentiality differ between mental health, financial services, and legal professions. Mental health professionals must gather necessary client information only for providing services (Ross et al., 2016). They are required to keep client information confidential unless client consent is given, which is akin to the confidentiality standards outlined in the financial services profession. Mental health professionals must breach confidentiality in instances where a client discloses that they have engaged in abusing others or threaten future harm to themselves or others.

In contrast, financial services professionals are not mandated reporters. Mental health professionals are prohibited from providing services in public; financial services professionals can provide services in public if confidentiality requirements are maintained. Legal professionals are not allowed to share client information without obtaining consent from the client, with some exceptions, including revealing information to prevent death or bodily harm, to prevent the client from committing a crime that is likely to result in substantial injury to the financial interests of another, to ensure compliance with the Model Rules of Professional Conduct established by the American Bar Association, and to comply with a court order (American Bar Association, 2023).

Working with Other Professionals. Mental health professionals are permitted to consult with colleagues and referral sources if no client information is disclosed (Ross et al., 2016). Regarding referrals, mental health professionals must ensure that the services provided by the referral are in the client's best interest. To ensure this, Ross et al. (2016) suggest that mental health professionals work with financial services providers who adhere to a fiduciary standard of care rather than a suitability standard of care. While financial services professionals make referrals when a client's needs exceed their knowledge or scope of practice, it is more common for financial services professionals to refer to other financial services professionals. Mental health professionals also typically refer to other mental health professionals. Similarly, legal professionals usually refer to other legal professionals and may work with others on a matter (American Bar Association, 2023). Legal professionals can evaluate a client matter for another professional if the evaluation is congruent with other aspects of the lawyer-client relationship.

Fee Management and Reimbursement. Practitioners in mental health differ from those in financial services and legal fields regarding fee management and reimbursement. Mental health providers are permitted to charge for services stated and performed and can accept health insurance if it can be demonstrated that an individual is being treated for a recognized mental health disorder (Ross et al., 2016). They are prohibited from bartering for

Treating Familial Identity Theft

services and accepting kickbacks, commissions, bonuses, paid referrals, and client gifts. Conversely, financial services professionals can collect kickbacks, commissions, bonuses, paid referrals, and gifts from clients and cannot accept insurance. Legal professionals must charge a reasonable fee for services based on the time, labor, and skill required to provide the services (American Bar Association, 2023). The fees must be comparable to similar services in the same geographic area. Given the disparities in fee management and reimbursement between mental health and financial services practitioners, Ross et al. (2016) note that when using a collaborative model, each professional may have to follow different standards regarding payment for services.

Use of Technology. Regarding the use of technology, when providing services electronically, mental health providers are responsible for determining the electronic medium's appropriateness and maintaining confidentiality (Ross et al., 2016). While ethical codes in the financial services industry do not directly address the use of technology, practitioners must maintain all copies of electronic correspondence. Furthermore, using technology is often seen as a way to add value for financial services clients. In a collaborative model, client needs regarding financial matters may be more freely met using technology. The Model Rules of Professional Conduct (American Bar Association, 2023) do not directly address the use of technology.

CASE VIGNETTE

This case vignette represents an example of how collaborative financial therapy (Seay et al., 2015) can be applied to victims of familial identity theft. It does not convey the entirety of how the model can be applied, and the interventions suggested represent only part of the possible tools and outcomes available to those using this model.

Dana, a 21-year-old single female who is a junior at a state university, obtained her credit report as part of a personal financial planning class assignment. She saw numerous fraudulent credit card entries and associated collection agency entries and, upon further investigation, learned that her mother had established the credit card accounts in her name without her knowledge or consent. Dana's FICO score is 380. She discloses that she was emotionally abused and neglected by her mother and has difficulty focusing, eating, and can't sleep. Collection agencies are contacting her and threatening to sue her over the fraudulent accounts. Her mother rationalizes the identity theft by stating she needed the money to keep a roof over their heads and refuses to address any of the accumulated debt. Her grades, while never outstanding, are plummeting to a level that makes her academic future at the university uncertain. She discloses she has headaches, stomach aches, and feels like her heart races at random times.

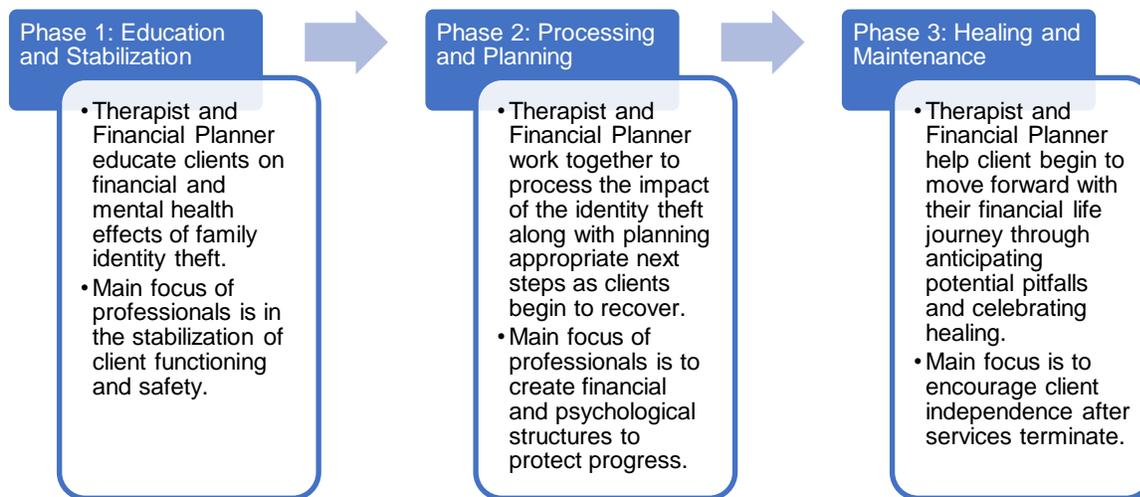
She is considered a dependent on her mother's federal and state income tax returns. While she receives a Pell Grant, it is not enough to cover tuition, fees, housing, and other expenses, and she has no other family support. She works part-time at a local restaurant and lives in a low-rent apartment. She does not receive any form of housing assistance (e.g., Section 8). Dana has sought help from the university financial aid office, the student

counseling center, and Experian. She feels like she is getting the ‘run-around’ and that no one in a position to help is helping her.

Application of Collaborative Relational Model to Case Vignette

Figure 1.

Example Model of Collaborative Relational Model in Treating Familial Identity Theft.



Phase 1: Education and Stabilization

Dana is experiencing a myriad of problems resulting from familial identity theft, including financial issues due to her credit score and limited financial resources. She has experienced multiple forms of abuse and is showing signs of trauma (e.g., difficulty focusing, eating, insomnia) (U.S. Department of Veterans Affairs, 2022). Legal problems are on the horizon for her as collection agencies threaten lawsuits for the fraudulent debt. All these problems are happening concurrently and are intertwined with one another. Dana would be an excellent candidate for receiving help from a financial planner and a therapist who utilizes a collaborative model. An attorney may help Dana deal with the threat of lawsuits from collection agencies. A challenge in working with Dana will be each professional establishing a trusting relationship with her, as identity theft victims commonly report difficulty trusting others (Identity Theft Resource Center, 2022a). As professionals begin working with Dana, it is crucial that Dana feels she has a team behind her as she deals with these varied and interconnected issues.

In utilizing the collaborative relational model with a client in Dana’s situation, it is recommended that both the financial planner and therapist meet the client together in the initial session. Dana can build trust with both professionals by having them together during the intake session. It is recommended that both professionals explain the scope of their work to Dana, the information they intend to gather from Dana, why they are gathering it, and

Treating Familial Identity Theft

address expectations regarding fees. In prioritizing the myriad of issues Dana presents, it is recommended that the problems with the collection agencies be dealt with first. The financial planner would be the most appropriate professional to educate Dana on her rights under the Fair Debt Collection Practices Act and help her determine if the collection agencies have violated those rights. This education and determination can likely be completed over 1-2 sessions. If it is determined an attorney needs to be consulted, additional sessions may be required. Dana's resource limitations should also be addressed. The financial planner could refer her to local community resources for housing, food, clothing, and utilities assistance. A session could be devoted to Dana contacting each referred resource. A therapist working with Dana would also want to provide psychoeducation on post-traumatic stress disorder, trauma, and basic forms of intervention such as mindfulness, support system building, and distress tolerance skills. Both professionals should use formal assessment tools such as the Patient Health Questionnaire (PHQ-9) (Kroenke et al., 1999) and informal questions to better understand Dana's frame of mind and most urgent financial needs.

The first step in any situation needs to be stabilization, where clients can return to basic functioning (e.g., being able to go to work, feed/take care of themselves, etc.) (Baranowsky & Gentry, 2015). While not every client will necessarily need this stabilization phase as part of their treatment plan, professionals must check-in for understanding and solicit feedback from Dana at least every session.

Phase 2: Processing and Planning

The physical effects of familial identity theft and concurrent emotional abuse should be addressed, as these effects are affecting her daily life and impacting her academic success. The therapist would be the most appropriate professional to address these difficulties. Addressing these will likely involve discussing with Dana what her relationship with her mother has been like and how the emotional abuse Dana experienced affected her. Though different models of therapy application all have their pros and cons, a trauma-informed model such as Eye Movement Desensitization and Reprocessing (EMDR) or Internal Family Systems (IFS) would be beneficial for Dana as she processes both the events and outcomes of the familial identity theft she experienced. It is expected this could take 2-9 sessions, though the depth of trauma and betrayal and the client's internal emotional resources could lengthen the treatment plan (Shapiro, 2014). It should be noted that while urgent symptom reduction may happen in a shorter time frame, professionals should not mistake that progress to mean that a client is fully capable of functioning and is ready for termination.

One crucial consideration for cases where there are both immediate financial needs and debilitating trauma symptoms is the need for structure. Just as the financial planner provides education around the identity theft repair process, the therapist would likely provide psychoeducation on the psychological effects of trauma and how that can affect functioning, depending on their approach. All professionals working with the client will need to be extra attuned to pacing, as many clients are too overwhelmed to conceptualize big-picture recovery when they are just trying to function at basic levels. This is why basic education and checking for comprehension are crucial for someone experiencing trauma symptoms. One way that professionals can provide this structure is to explain the "steps" the

clients can expect as they work to repair their financial situation and psychological functioning. Providing financial structure may look like helping Dana develop spending and cash flow plans, or other monitoring that may be useful to help clients feel more in control of what happens to them. This shift to an empowered state is both financially useful and psychologically impactful. The financial planner and therapist should be in regular communication with one another about Dana and the progress being made in addressing the issues surrounding her familial identity theft experience outside of the conjointly offered sessions. Obtaining consent for this communication from Dana in the intake session is critical. It would also be beneficial for occasional sessions with both professionals to address the client's overall treatment plan and what changes need to be made to make continued progress. Some clients with more extreme trauma symptoms (e.g., shutting down, functional paralysis, etc.) may require multiple combined sessions to help ground the client while discussing distressing themes. For example, while looking over the next financial and legal steps a financial planner recommends, a therapist may occasionally interject with a grounding exercise to keep clients present enough to move forward in taking those next steps.

Phase 3: Healing and Maintenance

As Dana continues in her financial and psychological healing, both financial planners and therapists can help Dana prepare for the termination of her professional services. Financial planners will likely go over appropriate checking in on credit reports and financial management systems, including cash flow statements, and anticipate difficulties that may arise due to a decreased credit score, though only temporarily. Where appropriate, suggesting tools for raising credit scores, such as keeping credit utilization down, accessing secured credit cards, and potentially accessing new lines of credit, may be useful here. Therapists can help Dana prepare for relapses in symptoms by practicing skills used in respective models and learning to identify mental health symptoms before they become unmanageable.

Dana's financial and psychological symptoms resulting from her familial identity theft happen in the context of other events. Symptoms do not occur in a vacuum, and the healing that Dana can do also happens in the context of a collaborative professional support system of both financial and mental health professionals.

CONCLUSION

Familial identity theft victims often experience a variety of challenges resulting from the crime, including financial, emotional, and physical challenges. The collaborative relational model appears to hold promise as a model for addressing multiple common issues experienced by familial identity theft victims. Yet, practitioners need to be conscious of the varying ethical standards across professions and have open communication about the impacts of these standards on practice before engaging with clients. Applying the collaborative relational model to treat familial identity theft can only be as impactful on client healing as the practitioners who engage in the work of stabilization, education,

Treating Familial Identity Theft

processing, and healing with their clients. This model gives practitioners a framework of how the client's healing journey can be improved through collaboration.

REFERENCES

- American Bar Association. (2023). *Model Rules of Professional Conduct - Table of contents*. https://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct/model_rules_of_professional_conduct_table_of_contents/
- Baranowsky, A. B., & Gentry, J. E. (2015). *Trauma practice: Tools for stabilization and recovery*. Hogrefe Publishing.
- Betz, A.E. (2012). *The experiences of adult/child identity theft victims*. (Unpublished doctoral dissertation). Iowa State University, Ames.
- Betz-Hamilton, A. (2019). *The less people know about us: A mystery of betrayal, family secrets, and stolen identity*. Grand Central Publishing.
- Betz-Hamilton, A. (2020a). A phenomenological study on parental perpetrators of child identity theft. *Journal of Financial Counseling and Planning*, 31(2), 219-228. <http://doi.org/10.1891/JFCP-19-00001>
- Betz-Hamilton, A. (2020b). Understanding the experiences of familiar identity theft victims: A pilot study. *Journal of Financial Therapy*, 11 (1), 6. <http://doi.org/10.4148/1944-9771.1237>
- Betz-Hamilton, A. (2022). A comparison of the financial, emotional, and physical consequences of identity theft victimization among familial and non-familial victims. *Journal of Financial Counseling and Planning*, 33 (2), 217-227. <https://www.doi.org/10.1891/JFCP-2021-0014>
- Betz-Hamilton, A., & Nez, P. (2022). *Familial identity theft*. <https://financialtherapyassociation.org/4492-2/>
- Bond, G. R., Drake, R. E., Mueser, K. T., & Latimer, E. (2001). Assertive community treatment for people with severe mental illness: Critical ingredients and impact on patients. *Disease Management and Health Outcomes*, 9, 141-159.
- Buzzard, J. (2022). *2022 Identity fraud study: The virtual battleground*. <https://javelinstrategy.com/2022-Identity-fraud-scams-report>
- Chappell, R. P. (2013). *Child identity theft: What every parent needs to know*. Roman & Littlefield.
- Clifford, T. (2016). Provider liability and medical identity theft: Can I get your insurance number? *Northwestern Journal of Law and Social Policy*, 12 (1), 2. <http://scholarlycommons.law.northwestern.edu/njlsp/vol12/iss1/2>
- Cullen, T. (2007). *The Wall Street Journal complete identity theft guidebook: How to protect yourself from the most pervasive crime in America*. Crown Business.
- DeNicola, L. (2021, February 9). *How can medical identity theft occur?* <https://www.experian.com/blogs/ask-experian/how-can-medical-identity-theft-occur/>
- Equifax. (2015, February). *A lasting impact: The emotional toll of identity theft*. https://assets.equifax.com/legacy/assets/PSOL/15-9814_psol_emotionalToll_wp.pdf
- Equifax. (2022). *8 Types of identity theft you should know*. <https://www.equifax.com/personal/education/identity-theft/types-of-identity-theft/>

Treating Familial Identity Theft

- Equifax. (n. d.). *Identity theft: What it is, what to do*.
<https://www.equifax.com/personal/education/identity-theft/what-it-is-what-to-do/>
- Federal Trade Commission. (2021, May). *What to know about medical identity theft*.
<https://consumer.ftc.gov/articles/what-know-about-medical-identity-theft>
- Goff, B.S.N., Ruhlman, L.M., Dekel, R., & Huxman, S.A.J. (2020). Trauma, posttraumatic stress, and family systems. In K.S. Wampler, M. Rastogi, & R. Singh (Eds.), *The handbook of systemic family therapy*. Wiley. <https://doi.org/10.1002/9781119788409.ch11>
- Golladay, K., & Holtfreter, K. (2017). The consequences of identity theft victimization: An examination of emotional and physical health outcomes. *Victims and Offenders*, 12(5), 741–760. <https://doi.org/10.1080/15564886.2016.1177766>
- Harrell, E. (2021). *Victims of identity theft, 2018*.
<https://bjs.ojp.gov/library/publications/victims-identity-theft-2018>
- Identity Theft Resource Center. (2018, June 25). *One million kids were victims of id theft last year*. <https://www.idtheftcenter.org/post/one-million-kids-were-victims-of-id-theft-last-year/>
- Identity Theft Resource Center. (2021). *2021 Consumer aftermath report: How identity crimes impact victims, their families, and workplaces*.
<https://www.idtheftcenter.org/publication/identity-theft-the-aftermath-study/>
- Identity Theft Resource Center. (2022a). *2022 Consumer impact report*.
<https://www.idtheftcenter.org/wp-content/uploads/2022/09/2022-Consumer-Impact-Report V3.3 Final Linked.pdf>
- Identity Theft Resource Center. (2022b). *What is financial identity theft and how does it happen?* https://www.idtheftcenter.org/help_center/what-is-financial-identity-theft-and-how-does-it-happen/#:~:text=Financial%20identity%20theft%20is%20the,billing%20accounts%2C%20insurance%2C%20etc.
- Internal Revenue Service. (2022, July 28). *Identity theft central*.
<https://www.irs.gov/identity-theft-central>
- Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (1999). *Patient Health Questionnaire-9 (PHQ-9)* [Database record]. APA PsycTests.
- LaDue, J. (2016, March 1). *What to do when a family member steals your credit*.
<https://www.yahoo.com/finance/news/family-member-steals-credit-103006808.html>
- Office for Victims of Crime. (2010, October). *Expanding services to reach victims of identity theft and financial fraud*.
https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/ID_theft/about.html
- Randa, R., & Reyns, B. W. (2020). The physical and emotional toll of identity theft victimization: A situational and demographic analysis of the National Crime Victimization Survey. *Deviant Behavior*, 41(10), 1290–1304.
<https://doi.org/10.1080/01639625.2019.1612980>
- Reynolds, D. (2021). The differential effects of identity theft victimization: How demographics predict suffering out-of-pocket losses. *Security Journal*, 34, 737–754.
<https://doi.org/10.1057/s41284-020-00258-y>

- Ross, D. B., Gale, J., & Goetz, J. (2016). Ethical issues and decision-making in collaborative financial therapy. *Journal of Financial Therapy*, 7 (1), 3.
<https://doi.org/10.4148/1944-9771.1087>
- Seay, M., Goetz, J. W., & Gale, J. (2015). Collaborative relational model. In B.T. Klontz, S. L. Britt, & K.L. Archuleta (Eds), *Financial therapy: Theory, research, and practice*. Springer.
- Shapiro, F. (2014). The role of eye movement desensitization and reprocessing (EMDR) therapy in medicine: addressing the psychological and physical symptoms stemming from adverse life experiences. *The Permanente Journal*, 18(1), 71–77.
<https://doi.org/10.7812/TPP/13-098>
- Siciliano, R. (2016, October 13). *What is familiar fraud and how can it impact your family?*
https://www.huffpost.com/entry/what-is-familiar-fraud-and-howcan-it-impact-your-family_b57ff89e2e4b0f42ad3d25bfd
- State of California Department of Justice. (n. d.). *Criminal identity theft*.
<https://oag.ca.gov/idtheft/criminal#:~:text=Criminal%20identity%20theft%20occurs%20when,created%20in%20that%20person's%20name.>
- Tudge, J. R. H, Mokrova, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory & Review*, 1 (4), 198-210.
- Weisbaum, H. (2017, November 6). *Not just a financial toll: Some victims of identity theft consider suicide*. <https://www.nbcnews.com/business/consumer/not-just-financial-toll-some-victims-identity-theft-consider-suicide-n817966>
- U.S. Department of Veterans Affairs (2022, September 22). *Common reactions after trauma*.
https://www.ptsd.va.gov/understand/isitptsd/common_reactions.asp