The Supporter's Guide to Addictions Coaching

A 12-Week Program for Family & Friends

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This manual does not replace professional treatment.
It supplements it.

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Each week includes: Session Objectives, Supporter Checklist, Session Script, and a Printable Worksheet. Appendices include: Regulation Toolkit, Digital Toolkit Guide, and Guided Imagery Scripts.

Introduction

This manual is built on CRAFT — Community Reinforcement and Family Training — the most evidence-based approach for family members supporting someone with a substance use disorder. CRAFT has been shown to be 64% effective at getting a loved one into treatment, compared to 30% for Al-Anon and 23% for traditional interventions (Meyers et al., 2002).

Who This Is For

• Family members supporting a loved one with alcohol, drug, or behavioral addiction
• Friends who want to help without enabling or alienating
• Spouses/Partners who are exhausted from the cycle and ready for a strategic approach

How It Works

This is a 12-week program designed for you — the supporter. Unlike traditional approaches that focus on the person using substances, CRAFT focuses on changing the environment around them. You will learn to reinforce sober behavior, allow natural consequences, communicate effectively, and take care of yourself — all while creating conditions that make treatment more likely.

What This Is NOT

This is not an intervention. This is not tough love. This is not enabling. This is a strategic, evidence-based approach that treats you as a powerful agent of change in your loved one's environment. It does not replace professional treatment — it makes professional treatment more likely.

The Core Principle

You cannot control another person's behavior. But you can change how you respond to it. And when you change your responses, the environment changes. When the environment changes, the calculus of using vs. not using shifts.

WEEK 1

Understanding Addiction

Learn what addiction actually is — a brain disease, not a moral failing — so you can support with science instead of shame.

Session Objectives

- Understand addiction as a chronic brain condition, not a choice
- Learn how substances hijack the brain's reward system
- Recognize the difference between use, misuse, and addiction
- Understand why willpower alone is not enough

Supporter Checklist

[ ] Check-in: What brings you here? What's been happening?
[ ] Read through the psychoeducation material
[ ] Discuss: What did you already know? What surprised you?
[ ] Complete Worksheet A: What I Know Now
[ ] Set the ground rules for your own coaching journey

Session Script

"Before we learn any skills, we need to get on the same page about what addiction actually is. Because most of what our culture teaches us about addiction is wrong."

"Addiction is not a moral failing. It is not a lack of willpower. It is a chronic brain condition that changes how the brain processes reward, motivation, and decision-making. The American Medical Association classified it as a disease in 1956. The neuroscience has only gotten clearer since then."

"Here's what happens: Substances flood the brain with dopamine — the 'reward' chemical — at levels 2 to 10 times higher than natural rewards like food or sex. Over time, the brain adapts. It downregulates its own dopamine receptors. Now the person needs the substance just to feel normal. Without it, they feel flat, anxious, irritable. The world looks gray."

"This is why 'just stop' doesn't work. Their brain has literally been rewired to prioritize the substance above everything else — above relationships, health, career, even survival instincts."

Key Points to Cover:

- The brain's reward circuit (ventral tegmental area --> nucleus accumbens --> prefrontal cortex)
- Tolerance: needing more to get the same effect
- Withdrawal: physical and psychological symptoms when stopping

- The hijacked prefrontal cortex: impaired judgment and decision-making
- Addiction often co-occurs with trauma, depression, anxiety, or ADHD
- Your loved one is not choosing the substance over you. Their brain is compromised.

"How does that land for you? I know it can be hard to hear, especially when you've been hurt by their behavior."

A Second Lens — Gabor Maté and Compassionate Inquiry:

*"Before we close, I want to introduce one more way of thinking about what we're dealing with. Gabor Maté — a physician and author of *The Myth of Normal* — argues that many of the behaviors we see in mental health conditions are not just symptoms. They are *adaptations*. The person learned to cope with something difficult early in life, and those coping strategies are still running, even though the original threat is long gone."*

"Maté is not saying the condition isn't real or biological. He's saying biology is shaped by experience, especially in the first years of life. And that matters for us as supporters, because it means we're not dealing with a broken person. We're dealing with a person whose brain adapted to something difficult."

"This brings us to our first Compassionate Inquiry exercise. It's simple. Before our next session, I want each of us to sit with this question for five minutes — just notice what comes up, no need to solve anything:"

> *CI Exercise: The Story I Carry*
>
> *When I see [specific behavior that frustrates me], the story I tell myself is _____. I first learned this story when _____.*

"Write it down. We'll come back to it. The goal isn't to fix the story — it's to see it. Once you see it, it has less power over you."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 2

Understanding Your Own Patterns

Before you can change the environment, you need to see how you've been responding — and whether those responses are helping or hurting.

Session Objectives

- Identify your current response patterns to your loved one's use
- Distinguish between enabling, punishing, and strategic responding
- Understand the concept of 'enabling' without shame
- Begin tracking your own reactions

Supporter Checklist

[ ] Check-in: How was the week after our first session?
[ ] Introduce the concept: Your responses are part of the environment
[ ] Review common response patterns (enabling, nagging, threatening, withdrawing)
[ ] Complete Worksheet B: My Response Patterns
[ ] Goal: Track your responses for one week without changing them

Session Script

"Last week we talked about what addiction does to the brain. This week, we're turning the lens on ourselves. Not to blame you — you've been doing the best you can with impossible circumstances. But to understand how your responses fit into the larger system."

*"CRAFT research identifies several common supporter patterns. The first is *enabling* — doing things that remove the natural consequences of using. Paying bills, covering for them at work, cleaning up messes, making excuses. It comes from love and fear. It backfires because it removes the information the addicted person needs to see the cost of their use."*

*"The second pattern is *reactivity* — responding to using with anger, tears, threats, ultimatums. Again, completely understandable. And largely ineffective. Reactivity gives the addicted person something to push against, creates drama that can actually be reinforcing, and leaves you depleted. CRAFT teaches a different approach: strategic disengagement from the using behavior, strategic engagement with the sober behavior."*

*"The third pattern is *hypervigilance* — monitoring, checking, searching, interrogating. You're trying to stay one step ahead of the addiction. But hypervigilance is exhausting, it erodes trust, and it doesn't work. Addiction is more creative than surveillance."*

"None of these patterns make you a bad person. They make you a person responding to an impossible situation with the tools you have. This week, we're going to add some new tools."

A Second Lens — Compassionate Inquiry:

*"Here's the question for this week: What is the cost to *you* of living in this situation? Not to them — to you. Your sleep, your health, your relationships, your sense of self. Many supporters have been so focused on the other person that they've lost track of what this is doing to them."*

> *CI Exercise: The Cost to Me*
>
> *Living in this situation has cost me _____. The part of myself I've lost track of is _____. One thing I used to do for myself that I've stopped doing is _____.*

Nervous System Regulation Technique — Diaphragmatic Breathing:

"This week's regulation technique is diaphragmatic breathing — breathing into the belly rather than the chest."

Place one hand on your chest and one on your belly. Take a breath. Which hand moves more? Most people under chronic stress breathe into the chest — shallow, rapid, activating. Diaphragmatic breathing activates the vagus nerve and shifts the nervous system toward calm.

Practice: breathe in slowly, letting your belly expand first, then your chest. Exhale slowly, letting your belly fall. Five breaths like this. Notice the difference.

Do this before difficult conversations. Do it when you notice yourself escalating. It's the simplest regulation tool available, and it works."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 3

Functional Analysis

Map the triggers, behaviors, and consequences of your loved one's substance use to understand what's driving it.

Session Objectives

- Learn to conduct a functional analysis of substance use
- Identify external and internal triggers
- Map the short-term and long-term consequences
- Understand why the substance 'works' for them (even though it's destroying them)

Supporter Checklist

[ ] Check-in: How did the tracking go?
[ ] Introduce functional analysis: Trigger --> Behavior --> Consequence
[ ] Explain internal vs. external triggers
[ ] Complete Worksheet C: Functional Analysis Chart
[ ] Discuss: What patterns do you see?

Session Script

"This week we're going to do something that therapists call a 'functional analysis.' It sounds clinical, but it's actually very practical. We're going to map out what triggers your loved one's use, what the use looks like, and what happens afterward."

"The key insight is this: substance use serves a function. It does something for them. It might reduce anxiety. It might numb pain. It might make social situations bearable. It might be the only way they know how to relax. Understanding that function is critical, because eventually we need to help them find healthier ways to meet that same need."

"Triggers come in two flavors:"

- External triggers: People, places, times of day, payday, arguments, social events, certain friends
- Internal triggers: Anxiety, boredom, loneliness, shame, physical pain, cravings, memories

"Consequences also come in two flavors:"

- Short-term consequences of using: Relief, euphoria, relaxation, social connection, pain reduction (these are why they keep using)
- Long-term consequences of using: Health problems, relationship damage, job loss, legal trouble, financial ruin, shame

"The trap is that the short-term consequences are immediate and powerful, while the long-term consequences are delayed. The brain is wired to prioritize immediate rewards. That's not weakness — that's neuroscience."

"Let's fill out the chart together. Think about the last few times your loved one used. What happened right before? What did the use look like? What happened right after — both the 'good' (from their perspective) and the bad?"

Compassionate Inquiry: The Compassionate Pause

"Gabor Maté talks about the difference between reacting and responding. Reacting is automatic — it comes from the survival brain. Responding is conscious — it comes from the part of you that can observe what's happening. The space between the two is where healing lives."

"Here's a practice I want us both to try this week. When you feel that surge — the frustration, the hurt, the 'here we go again' — instead of acting on it, try this:"

> *CI Exercise: The Compassionate Pause*
>
> *1. Pause. Put your hand on your chest. Feel your heartbeat.*
>
> *2. Name it. 'Right now I am feeling _____.'*
>
> *3. Locate it. 'I feel it in my _____ (chest, throat, stomach, jaw).'*
>
> *4. Ask. 'What story is this feeling connected to? Is this about right now, or is this old?'*
>
> *5. Choose. 'What do I actually want to happen next?'*

"This is not about suppressing the emotion. It's about creating a gap between the trigger and the response — even three seconds is enough for the prefrontal cortex to come online."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 4

Communication Skills: The PIUS Method

Learn to communicate in a way that opens doors instead of slamming them shut — using the evidence-based PIUS method.

Session Objectives

- Learn the PIUS communication method (Positive, I-statements, Understanding, Shared responsibility)
- Understand why nagging, lecturing, and threatening don't work
- Practice reframing common statements using PIUS
- Identify your own communication patterns during conflict

Supporter Checklist

[ ] Check-in: How did the functional analysis feel?
[ ] Introduce PIUS: Positive, I-statements, Understanding, Shared responsibility
[ ] Practice converting 'old' statements to PIUS statements
[ ] Complete Worksheet D: Communication Practice
[ ] Goal: Use one PIUS statement this week in a real conversation

Session Script

"One of the most powerful tools in CRAFT is changing how you communicate. Not what you say — how you say it. Because the research is clear: nagging, lecturing, threatening, and guilt-tripping don't work. They actually make things worse by increasing defensiveness and creating a dynamic where the addicted person is arguing against change rather than considering it."

"CRAFT teaches the PIUS method. P — Positive, brief, and specific. I — Use 'I' statements, not 'you' statements. U — Understanding — acknowledge their perspective before making your request. S — Shared responsibility — frame it as something you're working on together, not something they need to fix."

"Let's look at the difference. Old version: 'You're destroying this family. You promised you'd stop and you lied again. I can't take this anymore.' New version: 'I've been really worried about you, and I miss the connection we used to have. I know things have been hard. When you come home sober, I feel so much closer to you. I'd really like more of that.' Same situation. Completely different impact."

"The PIUS method is not about being a doormat. It's about being strategic. You are choosing your words based on what is most likely to move the needle — not based on what feels satisfying to say in the moment. The satisfying thing to say rarely moves the needle. The strategic thing to say often does."

"This week, I want you to identify one conversation you've been having on repeat — the same argument, the same outcome. We're going to rewrite it using PIUS. Not to use it immediately — just to have it ready. Preparation is everything."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What are you really trying to say in those repeated arguments? Underneath the anger and the ultimatums, what is the core message? 'I'm scared.' 'I love you.' 'I'm losing you.' 'I don't know who I am anymore in this relationship.' That core message is worth finding — because it's the one that might actually land."

> *CI Exercise: The Core Message*
>
> *In our repeated arguments, what I'm really trying to say is _____. I haven't said it directly because _____. If I could say it clearly and calmly, it would sound like _____.*

Nervous System Regulation Technique — Slow Counting:

"This week's technique is for the moment before a difficult conversation — when you're activated and need to slow down before you speak."

Count slowly from ten to one. With each count, take a breath. Don't rush. Let each number land.

The mechanism: counting engages the prefrontal cortex — the thinking brain — which competes with the amygdala for control of your response. You are literally buying your thinking brain time to come back online before your mouth opens.

Ten. Breath. Nine. Breath. Eight. Breath. All the way down. By the time you reach one, you are more regulated than you were at ten. It's not magic — it's neuroscience."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 5

Positive Reinforcement

Learn to strategically reward sober behavior so that not-using becomes more attractive than using.

Session Objectives

- Understand positive reinforcement as a behavioral tool
- Identify specific sober behaviors to reinforce
- Learn what counts as reinforcement (it's not just praise)
- Create a personalized Reinforcement Plan

Supporter Checklist

[ ] Check-in: How did the PIUS practice go?
[ ] Introduce positive reinforcement: rewarding what you want to see more of
[ ] Brainstorm reinforcers (activities, attention, appreciation, physical affection)
[ ] Complete Worksheet E: Reinforcement Plan
[ ] Goal: Reinforce one sober behavior this week

Session Script

"This is the heart of CRAFT. And it's counterintuitive, so stay with me."

"Most families spend all their energy responding to the bad stuff — the using, the lying, the chaos. That makes sense. The bad stuff is loud and scary. But here's what the research shows: responding primarily to the bad stuff doesn't reduce it. It often increases it, because the addicted person learns that using gets a response — even a negative one — while not using gets nothing."

"CRAFT flips this. The core principle is: make sobriety more rewarding than using. Not by bribing — by noticing, acknowledging, and genuinely engaging when they're sober. When they come home sober, you're warm, present, engaged. You do something they enjoy. You have a real conversation. You make the sober version of the relationship worth having."

"This requires you to be strategic about your own emotional availability. When they're using, you disengage — not punitively, not dramatically, just quietly. 'I'm not able to connect right now. I'll be here when you're sober.' When they're sober, you engage fully. The contrast is the message."

"The research on CRAFT is remarkable. Across multiple studies, 64-74% of loved ones entered treatment when supporters used CRAFT — compared to 13% with Al-Anon and 30% with traditional intervention. The mechanism is exactly this: making the sober life more appealing than the using life, one interaction at a time."

"This week, identify three things your loved one genuinely enjoys when sober. Plan to do one of them this week if the opportunity arises — if they're sober and available. Don't announce it. Don't make it conditional. Just do it. See what happens."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What do you genuinely enjoy about your loved one when they're sober? Not what you used to enjoy, not what you hope they'll be — what do you actually appreciate about them right now, in their sober moments? Finding that answer is important. Because if you can't find it, the positive reinforcement will feel hollow to both of you."

> *CI Exercise: What I Love About Them Sober*
>
> *When [loved one] is sober, I genuinely appreciate _____. A moment recently when I felt connected to them was _____. What I want more of in our relationship is _____.*

Nervous System Regulation Technique — Savoring:

"This week's technique is savoring — deliberately extending a positive experience by paying full attention to it."

When something good happens — a sober evening, a real conversation, a moment of connection — don't rush past it. Pause. Notice it. Feel it in your body. Let it land.

The mechanism: the brain has a negativity bias — it registers and stores negative experiences more readily than positive ones. Savoring counteracts this by deliberately holding positive experiences in awareness long enough for them to consolidate in memory. You are literally rewiring your nervous system toward hope.

This matters for you. Supporters in high-stress situations often lose the ability to notice good things. Savoring is how you get it back."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 6

Natural Consequences

Learn to step back and allow the natural consequences of substance use — without rescuing, punishing, or retaliating.

Session Objectives

- Understand the difference between natural consequences and punishment
- Identify ways you've been shielding your loved one from consequences
- Learn the 'withdraw and allow' approach
- Create a plan for what you will and won't do during use episodes

Supporter Checklist

[ ] Check-in: How did the reinforcement practice go?
[ ] Introduce natural consequences vs. punishment
[ ] Review your enabling patterns from Week 2
[ ] Complete Worksheet F: Natural Consequences Plan
[ ] Discuss: What feels hardest to stop doing?

Session Script

"Last week we talked about making sobriety more rewarding. This week is the other side of the coin: making substance use less comfortable. Not by punishing — by stepping back."

"Natural consequences are the things that would happen naturally if you weren't there to prevent them. The missed work because no one called in for them. The financial shortfall because you didn't cover it. The social awkwardness because you didn't smooth it over. These consequences are not cruel — they are information. They are the reality of addiction, which you have been buffering your loved one from experiencing."

*"Allowing natural consequences is different from manufacturing consequences or threatening them. You're not doing anything to them. You're simply stopping doing things *for* them that they should be experiencing the results of. The distinction matters — both ethically and practically. Manufactured consequences feel like punishment and create resentment. Natural consequences feel like reality and create information."*

"The hardest part of this is tolerating your own distress when the consequences land. When they miss work and might lose their job. When they can't pay rent. When a friendship ends. Your nervous system will scream at you to fix it. This is where your own regulation work becomes essential. You need to be able to sit with their discomfort without rescuing them from it."

"There are limits. Safety is always the line. If allowing a natural consequence would put your loved one in physical danger, you intervene. But most consequences are not safety issues — they are discomfort issues. And discomfort is information. Information is what motivates change."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What are you most afraid will happen if you stop protecting them from consequences? Name the specific fear. 'They'll lose their job.' 'They'll end up homeless.' 'They'll die.' These fears are real and they deserve respect. And they also need to be examined — because sometimes the fear of the consequence is worse than the consequence itself, and the fear is what's keeping the enabling in place."

> *CI Exercise: The Fear Behind the Enabling*
>
> *The consequence I'm most afraid to allow is _____. If that happened, I believe _____. What I'm protecting myself from by preventing it is _____.*

Nervous System Regulation Technique — Pendulation:

"This week's technique is pendulation — moving attention back and forth between a difficult feeling and a resource."

Notice the distress in your body right now — where is it? What does it feel like? Stay with it for ten seconds. Now shift your attention to something that feels neutral or slightly positive — your feet on the floor, a pleasant memory, the warmth of your hands. Stay with that for ten seconds. Now back to the distress. Now back to the resource.

The mechanism: pendulation teaches the nervous system that it can move between states — that distress is not permanent, that there is always a resource available. Over time, this builds resilience and reduces the fear of difficult feelings. You are not avoiding the distress — you are learning to hold it alongside something else."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 7

Self-Care for the Supporter

You cannot pour from an empty cup. This week is entirely about you — your health, your boundaries, and your right to a life.

Session Objectives

- Assess your current level of burnout and compassion fatigue
- Understand codependency patterns without shame
- Identify activities and relationships that sustain you
- Create a non-negotiable self-care plan

Supporter Checklist

[ ] Check-in: How did the natural consequences practice go?
[ ] Honest assessment: How are YOU doing?
[ ] Discuss codependency: when helping becomes harmful to you
[ ] Complete Worksheet G: Self-Care Inventory & Plan
[ ] Commit to one self-care activity this week that has nothing to do with your loved one

Session Script

"We're seven weeks in, and we've been focused almost entirely on your loved one. This week is about you. Because here's the truth that nobody tells families of people with addiction: you are at risk too."

"Compassion fatigue is real. Burnout is real. The constant vigilance — checking if they're using, waiting for the phone to ring, managing the chaos — takes a physical and psychological toll. Your cortisol levels are elevated. Your sleep is disrupted. Your own relationships are suffering. Your health is declining."

"And here's the uncomfortable part: sometimes our helping becomes its own kind of compulsion. We get so focused on managing their crisis that we lose track of our own life. That's not a character flaw — it's a predictable response to living in chronic crisis."

Signs of Supporter Burnout:

- You can't remember the last time you did something just for yourself
- Your entire emotional state depends on whether they're using or not
- You've stopped seeing friends or doing activities you used to enjoy
- You feel guilty when you're not monitoring or helping them
- You're physically exhausted, getting sick more often, or not sleeping
- You've lost your sense of humor (a serious warning sign)

"Your well-being is not a luxury. It's a prerequisite. If you burn out, you can't help anyone — including them. And you deserve a life regardless of what they choose to do."

"Let's take an honest inventory of where you are right now. And then let's build a plan that includes at least one thing every day that is just for you."

Important: If you realize during this exercise that you need professional support — a therapist, a support group, a medical check-up — that is not a sign of weakness. It is a sign of wisdom.

Nervous System Regulation Exercise: Hand on Heart

"Let's do something simple but powerful. Place one or both hands over your heart. Feel the warmth of your hands through your clothing."

"Apply gentle pressure — enough to feel grounded. If it helps, say to yourself: 'I'm here. I'm safe. This is hard, and I can handle it.' Breathe naturally and stay with the sensation."

> *Why this works: Warm touch on the chest activates pressure receptors that signal safety to the brain. Research shows this gesture reduces cortisol and increases oxytocin — the same neurochemistry activated by being held by a safe person.*

"You can do this anywhere. In public, just rest one hand on your chest as if you're thinking. No one will know it's a regulation practice."

Nervous System Regulation Exercise: Butterfly Hug

"This one comes from EMDR work with trauma survivors. Cross your arms over your chest, fingertips resting just below your collarbones."

"Now alternate tapping — right, left, right, left. Keep it slow and gentle. Do SHORT sets: 10 to 30 seconds, then pause and notice what you feel. Repeat 3 to 5 sets."

> *Why this works: The bilateral tapping provides alternating stimulation to both brain hemispheres, similar to EMDR eye movements. Short sets promote calming. This was developed by Lucina Artigas for use with trauma survivors.*

"Keep sets short for calming. Longer sets can open up emotional processing, which is better done with clinical support."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 8

Recognizing Windows of Opportunity

Learn to identify the moments when your loved one is most open to change — and how to use those moments wisely.

Session Objectives

- Understand 'windows of opportunity' in CRAFT
- Identify common windows (after consequences, during sober moments, health scares)
- Prepare a treatment suggestion script
- Research treatment options in advance so you're ready

Supporter Checklist

[ ] Check-in: How is your self-care going?
[ ] Introduce windows of opportunity: when they're most open to change
[ ] Discuss: Have you seen any windows recently?
[ ] Complete Worksheet H: Windows of Opportunity Checklist
[ ] Research 2-3 treatment options and have contact info ready

Session Script

"One of the most powerful things about CRAFT is that it teaches you to recognize the moments when your loved one is most open to considering change. These are called 'windows of opportunity.'"

"A window opens when the balance tips — when the pain of using outweighs the relief it provides, even temporarily. These moments are often brief, so you need to be prepared."

Common Windows of Opportunity:

- After a particularly bad consequence (DUI, job loss, health scare, relationship crisis)
- During a sober, reflective moment ("I can't keep doing this")
- After seeing the impact on someone they love (their child, their parent)
- When they're physically unwell from use (hangover, withdrawal symptoms)
- After a period of sobriety when they can feel the contrast
- When they express any dissatisfaction with their current situation

"When a window opens, your job is to be ready — not to lecture, not to say 'I told you so,' but to gently suggest a next step. And that next step needs to be specific and achievable."

"Don't say: 'You need to go to rehab.' Say: 'I found a counselor who specializes in this. Her name is Dr. Martinez. She has an opening Thursday at 2. I can drive you. Would you be willing to try one session?'"

"The more specific and low-barrier the suggestion, the more likely they are to say yes. 'One session' is less scary than 'rehab.' 'I'll drive you' removes an obstacle. 'Thursday at 2' makes it real."

Important: If they say no, do not push. Say: "Okay. The offer stands whenever you're ready." Then go back to reinforcing sober behavior and allowing natural consequences. The window will open again.

Compassionate Inquiry: Tracing the Shame

*"Let's talk about shame for a minute. Not guilt — guilt says 'I did something wrong.' Shame says 'I *am* something wrong.' And in relationships where mental health is a factor, shame is everywhere — for both people."*

"Gabor Maté argues that most shame is not about the current situation. It's inherited. It's the voice of a parent, a teacher, a culture that said 'you're too much' or 'you're not enough.' And it gets activated — hard — when we're in caregiving relationships."

> *CI Exercise: Tracing the Shame*
>
> *Think of a recent moment when you felt shame in this relationship. Now trace it back:*
>
> *1. The moment: What happened? What did you feel?*
>
> *2. The story: What did you tell yourself about what it meant?*
>
> *3. The origin: When did you first learn that story? Whose voice is it?*
>
> *4. The body: Where do you feel shame in your body right now?*
>
> *5. The reframe: If that shame belongs to the past, what is actually true right now?*

"You don't have to share all of this. But write it down. Shame loses power when it's seen."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 9
Safety Planning

When substance use creates danger — for them or for you — you need a plan that doesn't require thinking in the moment.

Session Objectives

- Assess the current level of safety risk
- Create a safety plan for dangerous use episodes
- Identify when to call for help (and who to call)
- Establish personal safety boundaries

Supporter Checklist

[ ] Check-in: Have any windows of opportunity opened?
[ ] Honest assessment: Is there a safety concern right now?
[ ] Discuss: What does 'dangerous' look like in your situation?
[ ] Complete Worksheet I: Safety Plan
[ ] Share the plan with at least one trusted person

Session Script

"This is the most serious session in the program. We need to talk about safety — yours and theirs."

"Substance use can create dangerous situations. Driving under the influence. Overdose. Violence — either directed at you or at themselves. Leaving children unsupervised. Bringing dangerous people into the home. These are not hypothetical risks for many families."

"A safety plan is not a sign that things are hopeless. It's a sign that you're being realistic and responsible. Emergency rooms have fire exits. Airplanes have oxygen masks. You need a plan for the worst-case scenario."

Key Safety Questions:

- Has your loved one ever been violent or threatening while under the influence?
- Have they ever driven under the influence?
- Have they ever overdosed or come close?
- Are there children in the home who could be at risk?
- Do you have access to Narcan/naloxone if opioids are involved?
- Do you have a safe place to go if you need to leave quickly?

"If the answer to any of those is yes, we need a concrete plan. Not 'I'll figure it out in the moment' — because in the moment, your brain will be flooded with adrenaline and you won't think clearly."

"Your safety is non-negotiable. I don't care how much you love them. If you are in danger, you leave. You can love someone and refuse to be in danger at the same time."

Crisis Numbers:

- 988 Suicide & Crisis Lifeline: Call or text 988
- SAMHSA National Helpline: 1-800-662-4357
- National Domestic Violence Hotline: 1-800-799-7233
- Poison Control (overdose): 1-800-222-1222

Nervous System Regulation Exercise: Physiological Sigh

"Before we go further, let's do something together. This is called the Physiological Sigh — it's the fastest evidence-based way to calm your nervous system in real time."

"Here's how it works: Take a sharp sniff in through your nose. Then immediately sniff again — a second, deeper inhale on top of the first. Now exhale slowly and fully through your mouth. Let it all go."

"Let's do that two more times together. Double inhale through the nose... long exhale through the mouth."

> *Why this works: The double inhale maximally inflates the alveoli in your lungs, which triggers the parasympathetic nervous system on the exhale. Stanford research confirms this is the single fastest voluntary method for reducing acute stress.*

"How does that feel? Even one cycle can shift things."

Nervous System Regulation Exercise: 5-4-3-2-1 Sensory Grounding

"Let's practice a grounding exercise. This one uses your senses to anchor you right here, right now."

"Name 5 things you can see. Say them out loud. Now 4 things you can touch — reach out and feel them. 3 things you can hear. Listen carefully. 2 things you can smell. And 1 thing you can taste."

> *Why this works: This engages your prefrontal cortex and redirects attention from internal distress to external sensory input. It interrupts the amygdala's alarm response and anchors you in the present moment.*

"This is especially powerful during flashbacks or panic. You can guide your loved one through it: 'Tell me five things you can see right now.'"

WEEK 10

Building a Support Network

You cannot do this alone. This week is about building a team — for you and, eventually, for your loved one.

Session Objectives

- Assess your current support network
- Identify gaps in support (emotional, practical, professional)
- Explore support groups and resources
- Create a plan for expanding your network

Supporter Checklist

[ ] Check-in: How is the safety plan sitting with you?
[ ] Map your current support network
[ ] Discuss: Who knows what you're going through?
[ ] Complete Worksheet J: Support Network Map
[ ] Commit to reaching out to one new support resource this week

Session Script

"Addiction thrives in secrecy and isolation — not just for the person using, but for the family too. Many supporters suffer in silence because of shame, stigma, or the belief that they should be able to handle this alone."

"You cannot handle this alone. Not because you're weak — because no one can. The research on CRAFT consistently shows that supporters who have their own support network do better — they stay in the program longer, they're more consistent in applying the skills, and their loved ones are more likely to enter treatment. Your support network is not a luxury. It's a clinical variable."

*"There are several types of support worth building. The first is *peer support* — other people who are living with addiction in their family. Al-Anon, SMART Recovery Family & Friends, or a CRAFT support group. These people understand in a way that friends and family who haven't lived it simply cannot. The second is *professional support* — a therapist for yourself, not for your loved one. You are carrying a significant trauma load. You deserve your own space to process it. The third is *practical support* — people who can help with logistics, childcare, finances, or simply being present."*

"Building a support network requires vulnerability — telling people what's actually happening. Many supporters have been keeping the secret for years. The shame around addiction is real and it's damaging. But secrecy maintains shame. Disclosure — to the right people, in the right context — breaks it."

"This week, identify one person you could tell the truth to. Not everything — just the truth that you're struggling and you need support. It doesn't have to be a dramatic disclosure. It can be: 'Things have been really hard at home. I could use some support.' That's enough to start."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What has the secrecy cost you? What relationships have you kept at a distance because of it? What parts of yourself have you hidden? Secrecy is a survival strategy. It made sense at some point. But it has a cost, and it's worth naming that cost clearly."

> *CI Exercise: The Cost of Secrecy*
>
> *I've been keeping this secret from _____. The cost of that secrecy has been _____. If I told the truth to one person, I imagine I would feel _____.*

Nervous System Regulation Technique — Expressive Writing:

"This week's technique is expressive writing — writing about your emotional experience for fifteen minutes without editing or censoring."

Set a timer for fifteen minutes. Write about what you're feeling, what you're afraid of, what you're grieving, what you're angry about. Don't worry about grammar or coherence. Don't plan to show it to anyone. Just write.

The mechanism: James Pennebaker's research at UT Austin shows that expressive writing about difficult experiences reduces cortisol, improves immune function, and reduces symptoms of depression and anxiety — with effects that persist for months after a single writing session. The act of putting words to experience integrates the emotional and narrative parts of the brain.

Burn it afterward if you want. The benefit is in the writing, not the keeping."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 11

Relapse Prevention & Early Warning Signs

Relapse is common in addiction recovery. Learn to recognize the signs early and respond strategically instead of reactively.

Session Objectives

- Understand that relapse is part of the process, not a failure
- Identify early warning signs specific to your loved one
- Create a graded response plan (Yellow --> Orange --> Red)
- Prepare yourself emotionally for setbacks

Supporter Checklist

[ ] Check-in: How is your support network building?
[ ] Discuss: What does relapse mean? (It's a process, not an event)
[ ] Identify your loved one's personal warning signs
[ ] Complete Worksheet K: Early Warning Signs & Action Plan
[ ] Discuss: How will you take care of yourself if relapse happens?

Session Script

"Here's something that's hard to hear but essential to understand: relapse rates for addiction are 40-60%. That's comparable to relapse rates for diabetes, hypertension, and asthma. Addiction is a chronic condition, and chronic conditions have setbacks."

"Relapse is not a failure. It's information. It tells us what part of the recovery plan needs strengthening. But — and this is important — how you respond to relapse matters enormously."

"Relapse is a process, not an event. It starts long before the person picks up the substance. There are warning signs — behavioral changes, mood shifts, old patterns returning — that signal the process has begun."

Early Warning Signs (Relapse Process):

1. Emotional relapse: Mood changes, isolation, not going to meetings, bottling up feelings, poor self-care
2. Mental relapse: Thinking about using, romanticizing past use, hanging out with old using friends, planning a relapse
3. Physical relapse: Actually using the substance

"Your job is to notice the emotional and mental stages — before it gets to physical relapse. And when you notice, you respond with CRAFT tools: reinforce sober behavior, use PIUS communication, suggest treatment, and take care of yourself."

"What you do NOT do: panic, lecture, threaten, or give up. You go back to the tools. They work."

"Let's identify your loved one's specific warning signs. Think about the last time things got worse. What changed first?"

Compassionate Inquiry: The Six Questions for Supporters

*"Gabor and Daniel Maté, in *The Myth of Normal*, offer six questions for self-inquiry. I've adapted them for supporters. These are not comfortable questions. They're meant to surface the hidden costs of caregiving — the boundaries not set, the needs not met, the stories that keep us locked in self-sacrifice."*

> *CI Exercise: The Six Questions (Adapted for Supporters)*
> *1. What am I not saying? What truth about this relationship am I afraid to speak?*
> *2. What am I not feeling? What emotion have I been pushing away?*
> *3. What am I not doing? What action am I avoiding because it feels selfish?*
> *4. What am I pretending? What role am I playing that doesn't feel authentic?*
> *5. What am I holding? What am I carrying that isn't mine to carry?*
> *6. What am I not seeing? What pattern am I refusing to acknowledge?*

"Sit with these. You don't have to answer them all today. But let them work on you."

Nervous System Regulation Exercise: Bilateral Movement

"Let's get your body moving. Stand up and march in place — bring your right hand to your left knee, then your left hand to your right knee. Keep alternating."

"Let your arms swing naturally. Breathe normally. Continue for 2 to 3 minutes. Notice if you feel more present, less foggy."

> *Why this works: Cross-lateral movement activates both brain hemispheres simultaneously, promoting integration. It also generates proprioceptive input, helping your body locate itself in space — critical when someone feels disconnected.*

"This is a great first move when someone is shut down and can't access breathing exercises. Movement often works when stillness doesn't."

Nervous System Regulation Exercise: Feet on Floor

"Here's the simplest grounding tool there is. Press both feet flat on the floor. Remove your shoes if you can."

"Feel the contact — the texture, the temperature. Imagine roots growing from the soles of your feet down into the earth. With each exhale, let your weight settle downward. Gravity is constant and reliable."

> *Why this works: Proprioceptive input through the feet sends grounding signals to the brainstem. The deliberate attention to gravity interrupts the 'floating' or 'unreal' quality of dissociation.*

"You can do this anywhere — in a waiting room, during a difficult conversation. No one needs to know."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

WEEK 12

Graduation & Long-Term Maintenance

Review the entire journey, celebrate your growth, and build a sustainable plan for the long road ahead.

Session Objectives

- Review all skills learned over 12 weeks
- Celebrate YOUR progress — not just theirs
- Compile the Master Maintenance Plan
- Discuss what long-term support looks like

Supporter Checklist

[ ] Review the entire journey (Weeks 1-11)
[ ] Celebrate your wins — you've done extraordinary work
[ ] Compile the Master Maintenance Plan
[ ] Discuss: What happens after Week 12?
[ ] Complete Worksheet L: Master Maintenance Plan

Session Script

"We made it to Week 12. And I want to start by saying something that doesn't get said enough to families of people with addiction: you are brave. What you've been doing — showing up every week, learning new skills, changing lifelong patterns, sitting with discomfort — that takes real courage."

"Let's look at what you've built:"

- Week 1: You understood addiction as a brain disease
- Week 2: You identified your own response patterns
- Week 3: You mapped the triggers and functions of their use
- Week 4: You learned to communicate without nagging or threatening
- Week 5: You learned to reinforce sober behavior
- Week 6: You learned to allow natural consequences
- Week 7: You prioritized your own well-being
- Week 8: You prepared for windows of opportunity
- Week 9: You created a safety plan
- Week 10: You built a support network
- Week 11: You prepared for setbacks

"That's not nothing. That's a complete toolkit for navigating one of the hardest situations a human being can face."

"This program ends, but the work doesn't. Addiction is a long game. There will be good days and terrible days. There will be progress and setbacks. The tools don't expire. Use them as often as you need to."

For the Long Haul:

- Keep your support network active — don't isolate when things get hard
- Continue your own self-care — it's not optional
- Review your worksheets periodically — they're your personal manual
- If your loved one enters treatment, celebrate it AND stay realistic
- If they don't enter treatment yet, keep using CRAFT. The research shows it works over time.
- Remember: you are not responsible for their choices. You are responsible for your own well-being.

"I'm genuinely proud of the work you've done. You showed up for yourself. That matters."

Compassionate Inquiry: A Final Reflection

"We started this program by asking what story you carry about your person's condition. Let's close by asking what has changed."

> *CI Exercise: What I See Now*
>
> *1. The story I carried at the start: _____*
>
> *2. What I see now: _____*
>
> *3. What has shifted in how I understand my person: _____*
>
> *4. What has shifted in how I understand myself: _____*
>
> *5. The compassion I want to carry forward: _____*

"This is your record. Come back to it when things get hard — because they will. But you'll have this to remind you of what you learned and who you became in the process."

Nervous System Regulation Exercise: Bilateral Movement

"Let's get your body moving. Stand up and march in place — bring your right hand to your left knee, then your left hand to your right knee. Keep alternating."

"Let your arms swing naturally. Breathe normally. Continue for 2 to 3 minutes. Notice if you feel more present, less foggy."

> *Why this works: Cross-lateral movement activates both brain hemispheres simultaneously, promoting integration. It also generates proprioceptive input, helping your body locate itself in space — critical when someone feels disconnected.*

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"Feel the contact — the texture, the temperature. Imagine roots growing from the soles of your feet down into the earth. With each exhale, let your weight settle downward. Gravity is constant and reliable."

> *Why this works: Proprioceptive input through the feet sends grounding signals to the brainstem. The deliberate attention to gravity interrupts the 'floating' or 'unreal' quality of dissociation.*

"You can do this anywhere — in a waiting room, during a difficult conversation. No one needs to know."

Printable worksheet available in the online manual at curranscoachingmanuals.manus.space

Appendix: Regulation Toolkit

21 evidence-based exercises for calming, grounding, activating, and self-soothing.

Calming Sympathetic Arousal

For fight/flight, activated, anxious states

- **Physiological Sigh** (1–3 breaths)
  Double-inhale through nose, long exhale through mouth. Fastest voluntary method for calming.
- **4-7-8 Breathing** (2–5 min)
  Inhale 4 counts, hold 7, exhale 8. Extended exhale stimulates vagus nerve.
- **Left Nostril Breathing** (5–10 min)
  Close right nostril with thumb, breathe only through left. Activates parasympathetic branch.
- **Humming / Vocal Toning**(3–5 min)
  Hum or produce a low 'voo' sound on exhale. Vibration stimulates vagus nerve through larynx.
- **Progressive Muscle Relaxation** (10–20 min)
  Tense each muscle group 5–7 sec, release. Feet to head. Interrupts tension-anxiety loop.
- **Hand on Heart** (1–5 min)
  Place hands over heart with gentle pressure. Releases oxytocin, reduces cortisol.

Activating from Shutdown

For numb, dissociated, foggy, dorsal vagal states

- **Cold Water / Temperature** (15–60 sec)
  Cold water on face triggers dive reflex — involuntary parasympathetic override.
- **Orienting** (2–5 min)
  Slowly look around the room with curiosity. Sends updated safety signals to brainstem.
- **Bilateral Movement** (2–3 min)
  March in place, right hand to left knee, left hand to right knee. Integrates hemispheres.
- **Gentle Shaking** (2–5 min)
  Stand, gently bounce from legs upward. Discharges stored survival energy (Levine).

Grounding Practices

For both activation and shutdown

- **5-4-3-2-1 Sensory** (3–5 min)
  Name 5 see, 4 touch, 3 hear, 2 smell, 1 taste. Anchors in present moment.
- **Weighted Contact** (10–20 min)
  Weighted blanket or firm pressure. Deep proprioceptive input signals safety.
- **Feet on Floor** (2–5 min)
  Press feet flat, imagine roots growing down. Gravity is constant and reliable.

Self-Soothing / Co-Regulation

Activate the social engagement system

- **Self-Havening** (2–5 min)

  Three touch areas: (1) Arm Havening — cross arms, stroke shoulder to elbow. (2) Face Havening — fingertips at center of forehead, sweep outward to temples; then fingertips beside nose, sweep outward across cheeks. (3) Palm Havening — rub palms together slowly. Activates C-tactile nerves, produces delta waves.

- **Butterfly Hug** (30 sec–2 min)

  Cross arms, alternate tapping shoulders. SHORT sets (10–30 sec) for calming.

Emergency / Crisis Tools

- Cold water on face — triggers dive reflex
- Physiological sigh — fastest voluntary calming
- Ice cube in hand — overrides dissociation
- Strong taste/smell — forces present-moment awareness
- Stamp feet hard — proprioceptive grounding
- Count backwards from 100 by 7s — engages prefrontal cortex

Match State to Practice

Panic / Acute Anxiety

Try: Cold water, Physiological sigh, 5-4-3-2-1

General Anxiety

Try: 4-7-8 Breathing, Hand on Heart, PMR

Dissociation / Numb

Try: Cold water, Orienting, Shaking, Strong smell

Shutdown / Collapsed

Try: Shaking, Bilateral Movement, Cold water

Hypervigilance

Try: Orienting, Humming, Left Nostril Breathing

Flashback

Try: 5-4-3-2-1, Feet on Floor, Orienting, Cold water

Anger / Discharge

Try: Shaking, Stamp feet, Bilateral Movement

Sleep Difficulty

Try: 4-7-8 Breathing, Self-Havening, PMR

Self-Compassion

Try: Hand on Heart, Self-Havening, Butterfly Hug

Based on polyvagal theory (Porges), Somatic Experiencing (Levine), and current neuroscience research.

Appendix: Your Digital Toolkit

This manual comes with a full set of online tools at curranscoachingmanuals.manus.space. Here is what is available to you.

- **12-Week Session Scripts**
  Complete scripts for every session. Read them out loud -- designed to sound like a real conversation, not a textbook.
- **Interactive Worksheets**
  Fillable in the app or printable. Completed worksheets save automatically so you can track patterns over time.
- **Regulation Toolkit (21 Exercises)**
  Organized by what your loved one is experiencing right now. Calming, grounding, activating, self-soothing, and emergency tools.
- **Binaural Beats Audio Environment**
  Bilateral stimulation tones through stereo headphones. Four presets, adjustable volume, ambient sounds. A relaxation aid, not therapy.
- **Guided Imagery Studio**
  Record guided imagery scripts in your own voice with BLS tones underneath. Teleprompter walks you through each section. Export as MP3.
- **Compassionate Inquiry Framework**
  Based on Gabor Mate's model. Reflective exercises woven into every weekly session to look underneath symptoms.
- **Coaching Journal**
  Private, searchable journal for tracking observations, patterns, and your own growth as a coach.
- **Progress Tracking**
  Visual indicators for module completion, worksheet status, and checklist items. Exportable for treatment team coordination.
- **Crisis Safety Plan**
  Structured plan with emergency contacts, warning signs, coping strategies. Fill it out before Week 1. Print two copies.
- **Self-Care Assessment**
  Honest assessment of your own well-being -- physical, emotional, social, spiritual. If you burn out, the program stalls.
- **Coach's Toolkit**
  Quick-reference tools, communication scripts, de-escalation strategies for in-the-moment use.
- **FAQ**
  The questions supporters actually ask: What if they refuse? What if I say the wrong thing? When do I call 911?
- **Downloadable PDF**
  This document. Print the whole thing or just the pages you need for a given session.

Access all tools at curranscoachingmanuals.manus.space

Appendix: Guided Imagery Scripts

From 101 Trauma-Informed Interventions by Linda Curran. Each script is available as an individual downloadable PDF and in the online Guided Imagery Studio with teleprompter and BLS audio.

The Container (Appendix 4)

Containment Imagery -- ~12 minutes

An imaginal resource for compartmentalizing distressing material in order to be present. Not repression -- a technique to attend to what needs attending to until the necessary resources are available.

Comfortable Place (Appendix 5)

Safe/Neutral Place Imagery -- ~15 minutes

Establishes a mental refuge -- a place of safety and calm the client can return to at any time. Uses all five senses to anchor the experience.

Repairenting (Appendix 6)

Imagery for Disrupted Attachment -- ~18 minutes

Addresses early attachment disruption by inviting the client to re-experience being cared for by a nurturing figure. Clinician-guided -- requires safety screening before use.

CLINICIAN-GUIDED: Requires safety consent before recording.

Care and Nurture (Appendix 7)

Imagery for Care and Nurture -- ~10 minutes

Develops the capacity to give and receive care. The client imagines nurturing a young being, then receiving that same quality of care.

Addiction: Longings/Cravings (Appendix 8)

Imagery for Distress Tolerance and Self-Efficacy -- ~20 minutes

Graduated exposure to craving sensations with resource anchoring. Builds distress tolerance and self-efficacy through imaginal rehearsal of successful coping.

Addictions manual only.

Download individual script PDFs from the Guided Imagery Studio at curranscoachingmanuals.manus.space

Important Disclaimer

This manual is an educational resource designed to support family members and friends. It does not replace professional treatment, including medication management, psychotherapy, or formal clinical intervention.

The Compassionate Inquiry exercises included in this manual are adapted from Gabor Mate's framework for use by lay supporters. They are not therapy. If any exercise brings up strong emotions or memories, please seek support from a qualified mental health professional.

If you or your loved one is in crisis, contact the 988 Suicide & Crisis Lifeline (call or text 988) or go to your nearest emergency room.

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