The Supporter's Guide to Adult ADD/ADHD Coaching

A 12-Week Program for Family & Friends

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

Table of Contents

Introduction 3
Week 1: Understanding the ADHD Brain 5
Week 2: The Executive Function Inventory 8
Week 3: Time Blindness & External Scaffolding 11
Week 4: Task Initiation & the Activation Gap 14
Week 5: Organization & Environment Design 17
Week 6: Emotional Regulation & RSD 19
Week 7: Communication That Actually Works 22
Week 8: Impulsivity & Decision-Making 24
Week 9: Motivation, Dopamine & Reward Systems 27
Week 10: Work, Career & Accommodations 29
Week 11: Supporter Self-Care & Burnout Prevention 32
Week 12: Sustaining Progress & Long-Term Systems 35
Appendix: Regulation Toolkit 38
Appendix: Your Digital Toolkit 40
Appendix: Guided Imagery Scripts 41
Disclaimer 42

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 exists because ADHD does not live in a vacuum. It lives in relationships, in shared kitchens with piled dishes, in missed appointments and interrupted conversations, in the gap between what someone intends to do and what actually gets done. And the people standing in that gap — partners, parents, siblings, friends — are often running on fumes with no playbook.

Who This Is For

• Partners and spouses who are exhausted from carrying the mental load and want a structured alternative to nagging
• Parents of adult children with ADHD who want to support without enabling
• Siblings and close friends who want to understand the ADHD brain and help without overstepping
• Anyone who loves an adult with ADD/ADHD and is tired of winging it

How It Works

This is a 12-week program grounded in executive function coaching, CBT for ADHD, and relationship science. Each week introduces a specific skill area — from understanding the neuroscience of ADHD to building external scaffolding for time management, emotional regulation, and communication. You will work alongside your person, not on them.

The program draws on the work of Russell Barkley (executive function model), Ari Tuckman (ADHD couples research), Gabor Maté's Compassionate Inquiry framework, and the manualized ADHD coaching framework developed by Ahmann and Saviet (2024). Every module includes a coaching script, a structured worksheet, and a checklist to keep you both on track.

A Word About Compassionate Inquiry

Throughout this manual, you will encounter exercises drawn from Gabor Maté's Compassionate Inquiry (CI) framework. Maté — a physician, author of Scattered Minds, and co-author of The Myth of Normal — offers a complementary lens on ADHD: that many ADHD traits are not simply genetic destiny but developmental adaptations to early stress. The sensitive child who learned to tune out in a chaotic environment was protecting themselves. The adult who can't sit still may be carrying activation energy that never found a safe place to land.

Compassionate Inquiry does not replace the neuroscience. It sits alongside it. Where Barkley gives us the what (executive function deficits), Maté gives us the why (developmental context) and the how (curiosity over judgment). The CI exercises in this manual are adapted for supporters — they are not therapy. They are structured invitations to pause, notice what is happening in your body and your stories, and respond from awareness rather than reactivity.

What This Is NOT

This manual does not replace professional ADHD treatment — medication management, therapy, or formal ADHD coaching. It supplements those interventions. Think of yourself as the training partner who shows up at the gym every day, not the

physical therapist who designs the rehab plan. Your consistency is the intervention.

A Note on ADD vs. ADHD

The term ADD (Attention Deficit Disorder) was officially replaced by ADHD in 1987, but many adults — particularly those diagnosed later in life — still identify with it. Throughout this manual, we use ADHD to refer to all presentations: predominantly inattentive (what people used to call ADD), predominantly hyperactive-impulsive, and combined type. If your person identifies as "ADD," that is perfectly fine. The strategies here apply to all presentations.

WEEK 1

Understanding the ADHD Brain

Learn what ADHD actually is — a neurodevelopmental condition, not a character flaw — so you can support with clarity instead of frustration.

Session Objectives

- Understand ADHD as a neurodevelopmental condition affecting executive function
- Learn the three presentations: inattentive, hyperactive-impulsive, and combined
- Recognize the difference between 'won't' and 'can't' in ADHD behavior
- Understand the role of dopamine and the prefrontal cortex in ADHD
- Establish ground rules for the coaching relationship

Supporter Checklist

[ ] Check-in: What brought you to this program? What do you each hope to get out of it?
[ ] Read through the psychoeducation material together
[ ] Discuss: What did you already know about ADHD? What surprised you?
[ ] Complete Worksheet: The ADHD Lens
[ ] Set ground rules: when, where, and how you'll do these sessions

Session Script

"Before we start building skills, we need to get on the same page about what ADHD actually is. Because here's the thing — most of the conflict in ADHD relationships comes from a fundamental misunderstanding. The non-ADHD person sees the ADHD person doing something they love for six hours straight, and thinks: 'They CAN focus. They just don't WANT to focus on the things I need them to.' And that interpretation — that it's a choice — is where everything goes sideways."

*"ADHD is not a deficit of attention. It's a deficit of attention *regulation*. The ADHD brain doesn't get to choose what it locks onto. It's driven by interest, urgency, novelty, and challenge — not by importance. That's why your person can hyperfocus on a video game but can't start their taxes. It's not a moral failing. It's a neurological reality."*

Key Points to Cover:

- ADHD affects the prefrontal cortex — the brain's CEO. Planning, prioritizing, starting tasks, managing time, regulating emotions — all prefrontal cortex functions.
- Dopamine is the key neurotransmitter. The ADHD brain is chronically under-stimulated, which is why it seeks novelty and struggles with routine.
- Russell Barkley's model: ADHD is fundamentally a disorder of self-regulation, not

attention. The person knows what to do — they can't reliably make themselves do it at the point of performance.

- Three presentations: Predominantly Inattentive (the "daydreamer"), Predominantly Hyperactive-Impulsive (the "motor that won't stop"), and Combined (both).
- ADHD runs in families. Twin studies estimate heritability around 74% (Barkley, 2015), though Maté argues that what looks genetic may partly reflect shared environments — stressed parents raising children in stressed conditions. Either way, if your partner has ADHD, there's a decent chance one of their parents does too — diagnosed or not.
- Common comorbidities: anxiety, depression, substance use, sleep disorders. ADHD rarely travels alone.

"So here's the reframe I want us both to hold onto for the next 12 weeks: The question is not 'Why won't they do it?' The question is 'What's getting in the way, and how can we build a bridge over it?' That's what coaching is."

A Second Lens — Gabor Maté and Compassionate Inquiry:

*"Before we close, I want to introduce one more way of thinking about ADHD. Gabor Maté — a physician who has ADHD himself — argues in *Scattered Minds* that ADHD is not purely genetic. He sees it as a developmental adaptation. The sensitive infant whose environment was stressed, chaotic, or emotionally unavailable learned to tune out as a form of self-protection. The distractibility that drives us crazy today was, at some point, a survival strategy."*

"Maté is not saying ADHD 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 brain. We're dealing with a brain that adapted to something difficult — and those adaptations are still running, even though the original threat is long gone."

"A note of honesty: Maté's view is not universally accepted. Many ADHD researchers emphasize the strong genetic component and worry that the developmental-trauma lens can inadvertently blame parents. Both things can be true. Genetics loads the gun; environment pulls the trigger — or doesn't. We don't need to pick a side. We need to understand both, so we can support with more nuance."

"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 ADHD 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."

"How does that land? Anything you want to push back on?"

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

WEEK 2

The Executive Function Inventory

Map your person's specific executive function strengths and weaknesses to target your coaching where it matters most.

Session Objectives

- Understand the 7 core executive functions affected by ADHD
- Identify which executive functions are most impaired for your person
- Recognize executive function strengths (they exist)
- Create a personalized priority list for the remaining 10 weeks

Supporter Checklist

[ ] Check-in: How did the week go? Any 'aha' moments from the ADHD Lens worksheet?
[ ] Review the 7 executive functions together
[ ] Rate each one honestly — both of you rate independently, then compare
[ ] Complete Worksheet: Executive Function Inventory
[ ] Identify the top 3 areas to prioritize in upcoming weeks

Session Script

*"Last week we talked about what ADHD is. This week, we're going to get specific about how it shows up for *you*. Because ADHD is not one-size-fits-all. Some people struggle most with time. Others with emotional regulation. Others with getting started on tasks. We need to know your particular profile."*

"Executive functions are the brain's management system. Think of them as the air traffic control tower at an airport. The planes are your thoughts, impulses, and tasks. The tower is supposed to sequence them, prioritize them, and prevent collisions. In ADHD, the tower is understaffed."

The 7 Executive Functions:

1. Working Memory — Holding information in mind while using it. ("I walked into the kitchen and forgot why.")
2. Time Management — Estimating how long things take, sensing time passing. ("Time blindness.")
3. Task Initiation — Starting tasks, especially boring or complex ones. ("I know I need to do it. I just... can't start.")
4. Organization — Keeping physical and mental spaces ordered. ("I have a system. It's just invisible to everyone else.")
5. Emotional Regulation — Managing frustration, excitement, and disappointment proportionally. ("I go from 0 to 100 in a second.")

6. Sustained Attention — Maintaining focus on non-preferred tasks. ("My brain just... leaves.")
7. Impulse Control — Pausing before acting, speaking, or spending. ("I said it before I thought it.")

"I want us each to rate these independently — on a scale of 1 to 5, where 1 is 'major struggle' and 5 is 'actually a strength.' Then we'll compare notes. The goal isn't to agree — it's to see where our perceptions overlap and where they diverge."

"This isn't about judgment. It's about precision. A coach who doesn't know where the weak spots are is just guessing. And here's what I want you to notice: the areas where your ratings diverge are often the most important ones. That gap is where the misunderstanding lives."

Compassionate Inquiry: The Gap Between Perception and Experience

"When you look at these seven areas, I want to ask you something — not to answer out loud if you don't want to. Just sit with it. Which one of these has caused you the most shame? Not frustration — shame. The 'I should be able to do this by now' feeling."

Pause. Let that land.

"Gabor Maté talks about how ADHD symptoms are often responses to an environment that couldn't accommodate a particular kind of brain. The shame isn't yours — it was installed. This inventory isn't a report card. It's a map. Maps don't judge terrain. They just show you where you are so you can figure out where to go."

Regulation Practice: Bilateral Tapping

"Before we close, let's do something quick to settle the nervous system. This is called bilateral tapping — it activates both hemispheres of the brain alternately, which helps with emotional processing and focus. It's also something you can do anywhere, anytime."

Instructions: Tap your left knee, then right knee, alternating slowly. Or cross your arms and tap your shoulders. Continue for 30–60 seconds. Breathe normally.

"This works because the alternating left-right stimulation mimics the natural bilateral processing the brain does during REM sleep — it helps integrate information and reduce activation in the threat-response system. ADHD brains often run hot; this cools the engine a little."

Closing

"This week, I want you both to complete the Executive Function Inventory worksheet independently — before you compare. Don't show each other until you're both done. The gap between your ratings is the most important data we'll collect."

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

WEEK 3

Time Blindness & External Scaffolding

Build external time management systems that work with the ADHD brain instead of against it.

Session Objectives

- Understand time blindness as a neurological phenomenon, not laziness
- Learn the concept of 'externalizing time' — making the invisible visible
- Introduce practical tools: visual timers, time-blocking, transition warnings
- Practice the 'time estimation challenge' to calibrate awareness

Supporter Checklist

[ ] Check-in: How did the Executive Function Inventory conversation go?
[ ] Discuss time blindness: What does it feel like from the inside?
[ ] Introduce external scaffolding tools
[ ] Do the Time Estimation Challenge together
[ ] Complete Worksheet: Building Your Time Scaffolding
[ ] Set up at least one new time tool this week

Session Script

Check-In (5 minutes)

"How did the Executive Function Inventory go? Were there any surprises when you compared ratings? What was the biggest gap between your perceptions?"

Listen for areas of divergence — these are the places where the supporter has been experiencing something the person with ADHD genuinely didn't know was happening. Acknowledge both experiences without taking sides.

"This week we're tackling one of the most misunderstood parts of ADHD: time blindness. And I want to start by being honest — this one probably causes more conflict between us than almost anything else. Late to dinner. Underestimating how long things take. Losing track of hours. It feels personal. But it's not."

"Time blindness means the ADHD brain literally does not sense time passing the way a neurotypical brain does. Russell Barkley calls ADHD 'time myopia' — nearsightedness for time. Your person can see what's right in front of them, but the future is blurry. That's why a deadline three weeks away feels like it doesn't exist — until it's tomorrow. And why 'just be ready by 6' lands differently than 'set a timer for 5:30, 5:45, and 5:55.'"

"The supporter often experiences time blindness as disrespect. 'If you cared, you'd be on time.' That's the wrong read. It's not about caring. It's about a brain that doesn't have an internal clock. Knowing that doesn't make the lateness less inconvenient — but it changes what the solution looks like."

Key Strategies:

- Visual Timers: Time Timer, hourglass timers, or phone apps that show time as a shrinking visual. Making time visible is the single most effective intervention.
- Time-Blocking: Assign specific time slots to tasks. Use color-coded calendars. The ADHD brain responds to structure it can see.
- Transition Warnings: "We need to leave in 20 minutes." Then: "10 minutes." Then: "5 minutes, start wrapping up." This is not nagging — it's scaffolding.
- The Pomodoro Technique: 25 minutes of focused work, 5-minute break. The timer creates urgency. Urgency activates the ADHD brain.
- Body Doubling: Simply being in the same room while your person works can dramatically improve focus and time awareness. You don't have to do anything — just be present.
- Buffer Time: Always add 50% more time than estimated. If they think it takes 30 minutes, block 45.

"Let's try something right now. I'm going to ask you to estimate how long three different tasks take you. Then this week, we'll time them and see how close you were. No judgment — this is data collection."

Time Estimation Challenge:

1. Getting ready in the morning (from alarm to out the door)
2. Grocery shopping (from leaving home to putting groceries away)
3. Responding to a batch of emails

"The gap between the estimate and reality is your 'time blindness gap.' Once we know it, we can build systems around it. The goal isn't to fix the gap through willpower — it's to design around it."

Compassionate Inquiry: The Cost of Lateness

You (to the supporter): "I want to ask you something directly. When your person is late — or takes longer than expected — what's the story you tell yourself about it? Not the logical explanation. The gut-level story."

Pause. Let them answer honestly.

*"And I want to ask you —" *(to the person with ADHD)* "— when you're running late and you know it, what happens inside? Is it panic? Shutdown? Shame? Or do you genuinely not notice until someone says something?"*

This exchange often surfaces a key dynamic: the supporter is telling a story about disrespect, and the person with ADHD is either unaware or flooded with shame. Both are real. Neither is the whole picture.

Regulation Practice: 4-7-8 Breathing

"Let's close with a quick regulation practice, especially if that last conversation stirred anything up. This is 4-7-8 breathing — inhale for 4 counts, hold for 7, exhale for 8. The extended exhale activates the parasympathetic nervous system — the 'rest and digest' branch — and counters the stress response."

Inhale through the nose for 4 counts. Hold for 7. Exhale through the mouth for 8. Repeat 3-4 times.

"This is a tool for both of you — not just for the person with ADHD. Supporter nervous systems get activated too. You're allowed to use it."

Closing

"This week: try one visual timer. Time three tasks and record the actual vs. estimated time. And if you catch yourself feeling frustrated about time, pause and ask: 'Is this disrespect, or is this time blindness?' The answer changes the response."

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

WEEK 4

Task Initiation & the Activation Gap

Learn why starting is the hardest part for the ADHD brain and build strategies to bridge the activation gap.

Session Objectives

- Understand why task initiation is disproportionately difficult in ADHD
- Learn the concept of 'activation energy' and the dopamine connection
- Practice breaking tasks into micro-steps
- Introduce the '2-Minute Start' and 'Worst First' strategies

Supporter Checklist

[ ] Check-in: How did the Time Estimation Challenge go? What was the gap?
[ ] Review time scaffolding tools — what worked? What didn't?
[ ] Discuss the activation gap: Why can't they 'just start'?
[ ] Practice micro-stepping with a real task
[ ] Complete Worksheet: The Activation Toolkit
[ ] Pick one strategy to practice daily this week

Session Script

Check-In (5 minutes)

> *"How did the time estimation challenge go? What were the gaps? Did anything surprise you?"*

Discuss the data without judgment. Normalize large gaps — they're typical. The goal was awareness, not accuracy.

> *"This week we're going to talk about the thing that drives supporters absolutely crazy: 'Why can't you just START?' You can see the task. You know it needs to be done. You've talked about it. You've agreed on a plan. And then... nothing happens. And from the outside, it looks like they just don't care."*

> *"Here's what's actually happening in the ADHD brain. Every task requires a certain amount of 'activation energy' to begin. For neurotypical brains, routine tasks have low activation energy — you just do them. For the ADHD brain, activation energy is wildly inconsistent. A task that's boring, complex, or has no immediate payoff can require enormous activation energy — even if the person desperately wants to do it. Wants to, deeply, and still can't start. That's not laziness. That's neurology."*

> *"The technical term is 'task initiation deficit.' It's one of the most disabling aspects of ADHD in daily life — and one of the most misread. Because from the outside, 'I can't start' looks identical to 'I don't want to.' They are not the same thing."*

Key Strategies:

- Micro-Stepping: Break any task into steps so small they feel almost ridiculous. "Clean the kitchen" becomes: "Put one dish in the dishwasher." The goal is to make starting feel effortless.
- The 2-Minute Start: Commit to doing the task for just 2 minutes. Set a timer. When it goes off, you can stop. (Most people keep going — starting was the hard part.)
- Worst First: Do the most dreaded task first thing in the morning when willpower and dopamine are highest. Get it out of the way before the day depletes resources.
- Novelty Injection: Make boring tasks more interesting. Listen to a podcast while folding laundry. Use a fun app for budgeting. The ADHD brain needs stimulation to activate.
- Accountability Check-Ins: A quick text — "Hey, did you start that thing?" — can provide the external prompt the ADHD brain needs. This is NOT nagging if it's agreed upon in advance.
- Pairing: Attach a new habit to an existing one. "After I pour my coffee, I spend 5 minutes on email."

"Let's practice right now. Pick a task that's been sitting on the to-do list for more than a week. We're going to break it into micro-steps together — steps so small that the first one takes less than 2 minutes."

Do this exercise together. Write out the micro-steps on paper or in the worksheet. The act of externalizing the steps is itself part of the scaffolding.

Compassionate Inquiry: What Does 'Can't Start' Feel Like?

You (to the person with ADHD): "When you're sitting with a task you need to do and you can't start — what's happening inside? Is it a wall? A fog? Dread? Blankness? I want to understand the texture of it, not just the behavior."

Listen without rushing to solve. This is often the first time someone has been asked to describe the internal experience rather than just account for the behavior.

You (to the supporter): "And when you watch that happen — what comes up for you? Frustration? Helplessness? The urge to take over? All of those are valid. I want to know what it costs you to witness it."

"Here's what I want both of you to hold: the person with ADHD is not choosing the wall. And the supporter's frustration is not unreasonable. Both things are true. Our job is to build a bridge across the gap — not to assign blame for the gap existing."

Regulation Practice: Orienting

"Let's close with an orienting practice. This is one of the simplest and most effective nervous system tools — it works by activating the social engagement system and signaling safety to the brain."

Instructions: Slowly look around the room. Let your eyes move at their own pace —

don't force it. Notice five things you can see. Let your gaze rest on anything that feels neutral or pleasant. Take a slow breath.

"Orienting works because the threat-response system narrows attention to the perceived danger. Deliberately scanning the environment — and finding it safe — tells the nervous system it can relax. For ADHD brains that are often in a low-level stress state, this is a quick reset."

Closing

"This week: use the micro-stepping worksheet on one task that's been stuck. And if you're the supporter — try asking 'What's the first tiny step?' instead of 'Why haven't you done it yet?' Different question, different outcome."

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

WEEK 5

Organization & Environment Design

Create ADHD-friendly physical and digital environments that reduce cognitive load and support daily functioning.

Session Objectives

- Understand why traditional organization systems fail for ADHD brains
- Learn the 'out of sight, out of mind' principle and design around it
- Create ADHD-friendly systems: visual, accessible, low-maintenance
- Address digital clutter: email, files, notifications

Supporter Checklist

[ ] Check-in: How did the activation strategies work this week?
[ ] Discuss current organizational pain points — no judgment, just inventory
[ ] Review the ADHD organization principles
[ ] Walk through one physical space together and redesign it
[ ] Complete Worksheet: Environment Audit & Redesign
[ ] Implement one change this week

Session Script

"This week is about environment. And I want to start with a confession that most supporters need to hear: the organizational system that works for YOU probably does not work for someone with ADHD. And that's not because they're not trying hard enough. It's because ADHD brains have different rules."

"Rule number one: Out of sight is out of mind. Literally. If your person can't see it, it doesn't exist for them. That's why the filing cabinet is empty and the desk is covered in piles. Those piles are their filing system — everything they need is visible. The problem isn't the piles. The problem is that the piles don't have a structure."

ADHD Organization Principles:

- Visibility: Use clear containers, open shelving, and wall-mounted organizers. If it goes in a drawer, it's gone.
- Simplicity: Every system should have 3 steps or fewer. If it's more complicated than that, it won't be maintained.
- Landing Zones: Designate specific spots for keys, wallet, phone, and bag. Always the same spot. Build the habit with physical cues (a hook, a tray, a specific shelf).
- One-Touch Rule: Handle things once. Open mail --> act on it or recycle it. Don't create a "to deal with later" pile.
- Digital Hygiene: Unsubscribe aggressively. Use 3 email folders max (Action, Waiting, Archive). Turn off non-essential notifications.

• The Launch Pad: A designated area near the door with everything needed for leaving the house. Pack it the night before.

"Here's what I want us to do today: pick ONE space that causes the most friction between us. The kitchen counter. The entryway. The home office. We're going to walk through it together and redesign it using these principles. Not my way. Not your way. The ADHD-friendly way."

"And here's the deal I want to make: once we set up a system, we give it two weeks before we evaluate. No tweaking, no 'I told you so.' Two weeks of honest effort, then we assess."

Nervous System Regulation Exercise: 4-7-8 Breathing

"Let's practice a breathing technique that directly stimulates your vagus nerve. It's called 4-7-8 Breathing."

"Sit comfortably. Inhale through your nose for a count of 4. Hold for 7. Exhale through your mouth for 8. The exhale is twice as long as the inhale — that's the key."

"Let's do four cycles together. Inhale, 2, 3, 4... hold, 2, 3, 4, 5, 6, 7... exhale, 2, 3, 4, 5, 6, 7, 8."

> *Why this works: The extended exhale directly stimulates the vagus nerve, shifting your autonomic nervous system toward rest-and-digest. The hold phase increases CO_2 tolerance, which reduces panic sensitivity over time.*

"If holding for 7 feels too long, start with 4-4-6 and build up. This is particularly good for sleep and general anxiety."

Nervous System Regulation Exercise: Humming / Vocal Toning

"Here's one you can do anywhere, even quietly. It's called Humming or Vocal Toning."

"Take a normal breath in. On the exhale, hum at a comfortable pitch — or try a low 'voo' sound. Feel the vibration in your chest, throat, and face. Continue for a few minutes."

> *Why this works: The vagus nerve passes through your larynx. Vibration from humming mechanically stimulates it, triggering parasympathetic activation. Peter Levine specifically recommends the 'voo' sound for people who feel frozen or numb.*

"Even sub-vocal humming has an effect. How does that feel in your body?"

WEEK 6

Emotional Regulation & RSD

Understand emotional flooding and Rejection Sensitive Dysphoria — and learn de-escalation strategies that actually work.

Session Objectives

- Understand why emotional dysregulation is a core feature of ADHD, not a separate problem
- Learn about Rejection Sensitive Dysphoria (RSD) and its impact on relationships
- Practice the STOP technique for emotional flooding
- Develop a shared de-escalation protocol

Supporter Checklist

[ ] Check-in: How did the environment redesign go?
[ ] Discuss emotional patterns: When do things escalate? What triggers it?
[ ] Introduce RSD — does this resonate?
[ ] Practice the STOP technique together
[ ] Complete Worksheet: Our De-Escalation Protocol
[ ] Agree on a signal for 'I need a pause'

Session Script

"This week might be the most important one in the whole program. Because we're going to talk about the thing that probably causes the most pain in our relationship: emotions. Specifically, the intensity and speed of emotions in ADHD."

"Here's something most people don't know: emotional dysregulation is not a side effect of ADHD. It's a core feature. Russell Barkley argues it should be in the diagnostic criteria. The ADHD brain feels emotions faster, more intensely, and has a harder time putting the brakes on. A minor criticism can feel like a personal attack. A small disappointment can feel like a catastrophe. And it happens in milliseconds — before the thinking brain has a chance to intervene."

Rejection Sensitive Dysphoria (RSD):

- RSD is extreme emotional pain triggered by perceived rejection, criticism, or failure. Note: RSD is not a formal DSM diagnosis — it was coined by William Dodson and is widely recognized in the ADHD clinical community, though some researchers consider it part of the broader emotional dysregulation picture rather than a distinct entity.
- It's not just 'being sensitive' — it's a neurological response, not a choice
- It can look like sudden rage, sudden withdrawal, or sudden despair
- It's triggered by real OR perceived rejection — the brain doesn't distinguish

- It's one of the most common reasons adults with ADHD avoid new challenges, social situations, or honest conversations

"I want to be honest: I've probably triggered your RSD without knowing it. And you've probably had reactions that felt completely out of proportion to me. Neither of us was wrong. We were just operating with different neurological equipment."

The STOP Technique:

- S — Stop. Literally freeze. Don't say the next thing.
- T — Take a breath. One slow, deep breath.
- O — Observe. What am I feeling? Where is it in my body? What triggered it?
- P — Proceed mindfully. Choose your response instead of reacting.

"We need a shared protocol for when things get heated. Not rules for one person — rules for BOTH of us. What's our signal that someone needs a pause? How long is the pause? What do we do during it? And how do we come back together?"

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. Maté calls this 'dis-covering' — removing the cover from what's really going on underneath the reaction."

Nervous System Regulation Exercise: 4-7-8 Breathing

"Let's practice a breathing technique that directly stimulates your vagus nerve. It's called 4-7-8 Breathing."

"Sit comfortably. Inhale through your nose for a count of 4. Hold for 7. Exhale through your mouth for 8. The exhale is twice as long as the inhale — that's the key."

"Let's do four cycles together. Inhale, 2, 3, 4... hold, 2, 3, 4, 5, 6, 7... exhale, 2, 3, 4, 5, 6, 7, 8."

> *Why this works: The extended exhale directly stimulates the vagus nerve, shifting your autonomic nervous system toward rest-and-digest. The hold phase increases CO2 tolerance, which reduces panic sensitivity over time.*

"If holding for 7 feels too long, start with 4-4-6 and build up. This is particularly good for sleep and general anxiety."

Nervous System Regulation Exercise: Humming / Vocal Toning

"Here's one you can do anywhere, even quietly. It's called Humming or Vocal Toning."

"Take a normal breath in. On the exhale, hum at a comfortable pitch — or try a low 'voo' sound. Feel the vibration in your chest, throat, and face. Continue for a few minutes."

> *Why this works: The vagus nerve passes through your larynx. Vibration from humming mechanically stimulates it, triggering parasympathetic activation. Peter Levine specifically recommends the 'voo' sound for people who feel frozen or numb.*

"Even sub-vocal humming has an effect. How does that feel in your body?"

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

WEEK 7

Communication That Actually Works

Replace the nag-defend cycle with ADHD-informed communication strategies that preserve connection.

Session Objectives

- Identify the parent-child dynamic that develops in ADHD relationships
- Learn the difference between nagging and scaffolding
- Practice 'I' statements and observation-based feedback
- Introduce the 'Weekly Business Meeting' for household management

Supporter Checklist

[ ] Check-in: How did the de-escalation protocol work? Any adjustments needed?
[ ] Discuss the parent-child dynamic honestly — where does it show up?
[ ] Practice the communication reframes
[ ] Complete Worksheet: Communication Reframes
[ ] Schedule your first Weekly Business Meeting

Session Script

"Let's talk about the elephant in the room. In most ADHD relationships, a pattern develops: the non-ADHD partner becomes the manager, the reminder, the organizer, the parent. And the ADHD partner becomes the managed, the reminded, the child. Neither person wants this. Both people resent it. And it kills intimacy."

"Here's how it happens: The ADHD partner forgets something. The supporter reminds them. They forget again. The supporter reminds again, with more frustration. The ADHD partner feels criticized and shuts down or gets defensive. The supporter feels like they have to do everything. Resentment builds on both sides."

Breaking the Cycle:

- Replace reminders with systems. Instead of "Did you take out the trash?" --> set a recurring phone alarm. The phone nags so you don't have to.
- Use observation, not accusation. Instead of "You never listen to me" --> "I noticed you were on your phone while I was talking. I need your eyes when we discuss important things."
- Front-load the positive. "I really appreciated that you started the laundry. Can we figure out a system for getting it folded the same day?"
- Ask, don't tell. "What would help you remember to do this?" puts the problem-solving back in their hands.
- The Weekly Business Meeting: 30 minutes, same time each week. Agenda: calendar review, task division, household logistics, appreciation. This is where the

"business" of running a household gets handled — so it doesn't bleed into every other conversation.

"The Weekly Business Meeting is probably the single most effective tool for ADHD couples. It contains the logistics. It gives both people a voice. And it means the other 167 hours of the week can be about connection, not coordination."

Compassionate Inquiry: Curiosity Over Correction

"Maté says the opposite of judgment isn't acceptance — it's curiosity. When you catch yourself about to correct, remind, or criticize, try replacing the statement with a genuine question. Not a rhetorical question — those are just criticism in disguise. A real one."

CI-Informed Questions for Supporters:

- Instead of 'Why didn't you do it?' --> 'What got in the way?'
- Instead of 'You always forget' --> 'What would help you remember?'
- Instead of 'I can't count on you' --> 'What's it like for you when things fall through the cracks?'
- Instead of 'You don't care about this' --> 'I know you care. What's making this hard?'

"Notice the shift. The first version assumes intent. The second version assumes good faith and asks about obstacles. That's the core of Compassionate Inquiry applied to daily life — you're drilling down to what's actually happening instead of reacting to the surface behavior."

"Let's practice some reframes right now. I'll say a common 'nag' statement, and we'll rewrite it together."

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

WEEK 8

Impulsivity & Decision-Making

Understand the neuroscience of impulsivity and build guardrails for financial, verbal, and behavioral impulses.

Session Objectives

- Understand impulsivity as a prefrontal cortex issue, not a character flaw
- Identify the three types of impulsivity: verbal, behavioral, and financial
- Build 'speed bumps' — systems that create a pause before action
- Address financial impulsivity specifically (a major relationship stressor)

Supporter Checklist

[ ] Check-in: How was the first Weekly Business Meeting?
[ ] Discuss impulsivity patterns — which type is most problematic?
[ ] Review the speed bump strategies
[ ] Complete Worksheet: Impulse Guardrails
[ ] Implement at least one financial guardrail this week

Session Script

Check-In (5 minutes)

> *"How did the communication strategies from last week land? Did you get a chance to try any of them? What happened?"*

Listen for both successes and friction. Normalize that new communication patterns feel awkward before they feel natural.

> *"Impulsivity in ADHD is not about wanting to make bad decisions. It's about the braking system being unreliable. The ADHD brain sees something appealing and the gas pedal fires before the brake pedal engages. By the time the prefrontal cortex catches up with 'Wait, should I actually do this?' — the thing is already done."*

> *"There are three flavors of impulsivity, and most people with ADHD have at least two:"*

Three Types of Impulsivity:

1. Verbal Impulsivity: Blurting out thoughts, interrupting, saying things you immediately regret, oversharing. "I said it before I thought it."
2. Behavioral Impulsivity: Starting new projects before finishing old ones, making snap decisions, risky behavior, impulsive job changes. "I acted before I thought it through."
3. Financial Impulsivity: Impulse purchases, online shopping binges, signing up for subscriptions, difficulty sticking to budgets. "I bought it before I thought about whether I could afford it."

*"The solution is not willpower. Willpower is a prefrontal cortex function — the exact thing that's compromised. The solution is *speed bumps* — external systems that force a pause between impulse and action. You're not fixing the brain. You're redesigning the environment."*

Speed Bump Strategies:

- The 48-Hour Rule: Any non-essential purchase over $50 (or whatever your threshold is) waits 48 hours. Put it in the cart. Walk away. If you still want it in 48 hours, buy it.
- Separate Accounts: A "fun money" account with a fixed monthly amount. When it's gone, it's gone. No judgment about how it's spent.
- The Pause Phrase: Before responding in a heated moment: "Let me think about that and get back to you." Buys time for the prefrontal cortex to engage.
- Project Parking Lot: A list of "ideas I'm excited about" that gets reviewed weekly. Prevents impulsive project starts.
- Unsubscribe & Remove: Delete shopping apps. Unsubscribe from marketing emails. Remove saved credit card info. Add friction to the impulse pathway.

"Financial impulsivity is one of the top three stressors in ADHD relationships. Let's talk about it directly. What's our current system? What's working? What's not?"

Compassionate Inquiry: The Aftermath of Impulsivity

You (to the person with ADHD): "After an impulsive moment — a purchase, a blurted comment, a project you started and abandoned — what happens inside? Is it regret? Defensiveness? Shame? Or do you move on quickly and not understand why the other person is still upset?"

This question often surfaces a significant asymmetry: the person with ADHD has already moved on emotionally, while the supporter is still processing the impact. Neither response is wrong — they're just different.

You (to the supporter): "And when an impulsive thing happens — the unexpected purchase, the interrupted conversation, the abandoned project — what's the story you tell yourself about the future? 'This will always happen'? 'I can't trust this'? I'm asking because that story shapes how you respond."

"The goal of this conversation isn't to assign fault. It's to understand the cycle: impulse fires → action happens → supporter reacts → person or confusion → shame makes the next impulsive moment mo bumps break the cycle before it starts."

Regulation Practice: Hand on Heart

"Let's close with a self-compassion practice, because this week's topic — impulsivity and its consequences — often carries a lot of weight. Place one hand on your heart. Feel the warmth. Take a slow breath."

Instructions: Place one hand on the center of the chest. Apply gentle pressure.

Breathe slowly — in for 4, out for 6. Notice the warmth of your own hand.

"This activates the same neural pathways as receiving care from another person. The skin receptors under the hand release oxytocin — the bonding hormone — which counters cortisol and reduces the threat response. It's not a metaphor. It's physiology. Use it after hard conversations."

Closing

"This week: agree on one speed bump to implement — just one. The 48-hour rule is the easiest starting point. And if an impulsive moment happens, try naming it without blame: 'That was an impulsive moment. Let's figure out the speed bump for next time.'"

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

WEEK 9

Motivation, Dopamine & Reward Systems

Understand the dopamine deficit driving ADHD motivation struggles and build reward systems that sustain engagement.

Session Objectives

- Understand the dopamine-motivation connection in ADHD
- Learn why interest-based motivation differs from importance-based motivation
- Build external reward systems that work with the ADHD brain
- Address the shame cycle around motivation

Supporter Checklist

[ ] Check-in: How are the impulse guardrails working?
[ ] Discuss motivation patterns: What gets done easily? What never gets done?
[ ] Introduce the interest-based nervous system concept
[ ] Complete Worksheet: The Motivation Map
[ ] Design a reward system for one recurring difficult task

Session Script

"If I had to pick one sentence that captures the ADHD motivation problem, it would be this: 'I know it's important. I know I should do it. I want to do it. I just... can't make myself do it.' And then the shame hits. 'What's wrong with me?'"

"Nothing is wrong with you. Your brain runs on a different operating system. Dr. William Dodson calls it the 'interest-based nervous system.' Neurotypical brains are motivated by importance, rewards, and consequences. ADHD brains are motivated by interest, challenge, novelty, and urgency. That's it. Those are the four levers."

The Four ADHD Motivation Levers:

1. Interest: "I find this fascinating." (Hyperfocus territory)
2. Challenge: "This is hard and I want to prove I can do it." (Competition, games)
3. Novelty: "This is new and exciting." (Why new projects always get started)
4. Urgency: "This is due in 2 hours." (Why deadlines work — but only last-minute ones)

"Notice what's NOT on the list: importance. 'This matters' is not enough to activate the ADHD brain. That's why your person can forget to pay a bill that will cost them $200 in late fees but spend three hours researching the perfect camping tent. The tent is interesting. The bill is important. The ADHD brain picks interest every time."

Building Reward Systems:

- Immediate rewards: The ADHD brain discounts future rewards heavily. "If I finish this report, I'll feel good next week" doesn't work. "If I finish this section, I get a coffee break NOW" does.
- Gamification: Turn tasks into games. Use apps with streaks, points, and levels. The ADHD brain loves keeping a streak alive.
- Pairing: Attach an unpleasant task to a pleasant one. Audiobook + housework. Favorite show + folding laundry.
- Artificial urgency: Set earlier deadlines. Use accountability partners. Create consequences that are immediate, not distant.
- Celebrate small wins: The ADHD brain needs more frequent positive feedback. Don't wait for the big finish — celebrate the small steps.

Compassionate Inquiry: The Shame Cycle

"Before we build reward systems, I want to name something that lives underneath every motivation struggle in ADHD: shame. The cycle goes like this: You can't start the task. You feel bad about not starting. The bad feeling makes it even harder to start. You avoid it longer. The shame deepens. Eventually you either do it in a panic or it doesn't get done at all — and either way, the shame stays."

"Maté would say: the shame is not about the task. The shame is old. It's the voice of every teacher who said 'You're not trying hard enough.' Every parent who said 'You're so smart, why can't you just do it?' Every report card that said 'Not working to potential.' That voice got internalized, and now it runs on autopilot."

> *CI Exercise: Tracing the Shame*
>
> *Think of a task you've been avoiding. Notice the feeling that comes up when you think about it.*
>
> *1. What does the shame say? (e.g., 'You're lazy. You'll never get it together.')*
>
> *2. Whose voice is that? (A parent? A teacher? A former partner?)*
>
> *3. How old were you when you first heard it?*
>
> *4. What did that child need to hear instead?*
>
> *5. Can you say that to yourself now?*

"This is not about wallowing. It's about recognizing that the shame is a passenger, not the driver. Once you can see it as something that was put on you — not something that IS you — the task gets a little easier to start."

"Let's map out what motivates you and what doesn't. Then we'll engineer some reward systems around the tasks that never seem to get done."

WEEK 10
Work, Career & Accommodations

Navigate workplace challenges, explore accommodations, and support career development with ADHD-specific strategies.

Session Objectives

- Identify workplace-specific ADHD challenges
- Understand legal rights to workplace accommodations (ADA)
- Learn strategies for meetings, email, and project management
- Discuss career alignment — leveraging ADHD strengths

Supporter Checklist

[ ] Check-in: How is the reward system working?
[ ] Discuss current workplace challenges and wins
[ ] Review accommodation options — is disclosure right for your person?
[ ] Complete Worksheet: Workplace Strategy Plan
[ ] Identify one workplace change to implement this week

Session Script

Check-In (5 minutes)

"How are the reward systems from last week going? Did you find a motivation lever that actually worked? What happened when you tried it?"

Listen for what worked and what didn't. Normalize that reward systems need iteration — the first version rarely sticks perfectly.

"ADHD at work is a particular kind of challenge because the workplace rewards exactly the things ADHD makes difficult: sitting still, sustained attention, meeting deadlines, remembering details, and managing multiple priorities. But here's the flip side — ADHD brains are often exceptional at crisis management, creative problem-solving, high-energy bursts of productivity, and thinking outside the box."

"The question isn't 'Can someone with ADHD succeed at work?' — of course they can. The question is 'What supports need to be in place for them to succeed consistently?' And the honest follow-up: 'Is the current job asking the brain to do things it's structurally bad at — all day, every day?'"

Workplace Strategies:

- Meetings: Request agendas in advance. Take notes by hand (it forces attention). Ask for action items in writing after the meeting.
- Email: Process email in batches, not continuously. Use the 2-minute rule: if it takes less than 2 minutes, do it now. Otherwise, schedule it.
- Project Management: Break projects into milestones with intermediate deadlines.

Use visual project boards (Trello, Kanban). Share progress with someone for accountability.

• Environment: Noise-canceling headphones. A standing desk or fidget tools. Permission to take movement breaks.

• Accommodations (ADA): Adults with ADHD are covered under the Americans with Disabilities Act. Reasonable accommodations can include flexible scheduling, written instructions, a quiet workspace, and extended time on certain tasks. Disclosure is a personal choice — weigh the benefits against the workplace culture.

"Let's also talk about career fit. ADHD brains thrive in roles that offer variety, autonomy, urgency, and novelty. They struggle in roles that are repetitive, heavily detail-oriented, and rigidly structured. That doesn't mean they can't do those jobs — but it means the cost of doing them is higher. And that cost is often paid at home."

ADHD Career Strengths:

- Crisis management and emergency response
- Entrepreneurship and startups
- Creative fields (design, writing, marketing)
- Sales and client-facing roles
- Roles with variety and physical movement

"Is your current job a good fit for your brain? If not, what would need to change — the job, or the systems around it? Both are legitimate answers. Neither is easy."

Compassionate Inquiry: Work and Identity

You (to the person with ADHD): "How much of your self-worth is tied to your performance at work? When work is hard — when you miss a deadline, forget something important, or get feedback about attention or organization — what happens to how you feel about yourself?"

This question often surfaces a deep wound. ADHD adults have frequently been told — explicitly or implicitly — that their struggles at work reflect a character flaw. They've internalized it.

"Gabor Maté writes that ADHD is often a response to an environment that couldn't accommodate a particular kind of mind. The workplace is one of those environments. Your struggles there are not evidence that you're broken. They're evidence that the environment wasn't designed for your brain."

You (to the supporter): "And I want to ask you — when your person has a hard week at work, how does that land at home? What does it cost the relationship? Not as blame — as information."

Regulation Practice: Feet on Floor

"Let's close with a grounding practice. This is simple and can be done anywhere — at work, in a meeting, before a difficult conversation."

Instructions: Press both feet firmly into the floor. Feel the contact — the weight, the texture, the temperature. Take a slow breath. Scan upward from your feet: legs, hips, back, shoulders. Notice what's solid.

"This works by activating proprioceptive receptors — the sensors in your joints and muscles that tell the brain where the body is in space. When the threat response activates, proprioception is one of the fastest ways to signal 'I am here, I am safe, the ground is solid.' It's especially useful before high-stakes work situations."

Closing

"This week: identify one workplace accommodation — formal or informal — that would make the job more sustainable. It doesn't have to be an ADA request. It could be as simple as moving your desk, batching email, or asking for written follow-ups after meetings. One thing."

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

WEEK 11

Supporter Self-Care & Burnout Prevention

Address the toll of supporting someone with ADHD and build sustainable self-care practices to prevent burnout.

Session Objectives

- Recognize the signs of supporter burnout
- Understand the difference between supporting and enabling
- Build a personal self-care plan that is non-negotiable
- Address resentment directly and constructively

Supporter Checklist

[ ] Check-in: How are things going overall? Take the temperature of the relationship.
[ ] Supporter: Complete the burnout inventory honestly
[ ] Discuss the support vs. enabling distinction
[ ] Complete Worksheet: Supporter Self-Care Plan
[ ] Schedule at least one self-care activity this week

Session Script

You (to the supporter): "We've spent 10 weeks focused primarily on understanding and supporting the ADHD brain. This week is about YOU. Because here's the truth that nobody talks about: supporting someone with ADHD is exhausting. And if you burn out, the whole system collapses."

> *"Supporter burnout in ADHD relationships is real, documented, and common. It shows up as chronic resentment, emotional exhaustion, loss of attraction or affection, feeling like a parent instead of a partner, and eventually — withdrawal. And the cruelest part is that the supporter often feels guilty for being tired, because 'they're the one with the condition, not me.'"*

Signs of Supporter Burnout:

- You feel more like a parent than a partner
- You've stopped asking for help because it's easier to do it yourself
- You feel resentment when your person has fun while tasks are undone
- You've lost interest in shared activities
- You feel guilty for being angry, which makes you angrier
- You've stopped talking about your own needs

Support vs. Enabling:

- Supporting: "I'll set up the system with you, and then you maintain it." --> Building capacity.
- Enabling: "I'll just do it myself because it's faster." --> Removing the need to build

capacity.

• Supporting: "I'll give you a transition warning, but you're responsible for being on time." --> Shared accountability.

• Enabling: "I'll lie about the start time so you're not late." --> Taking over their responsibility.

"Resentment is the cancer of relationships. And the only cure is honesty. So I'm going to ask you both a hard question: What are you each resentful about right now? No fixing. No defending. Just listening."

Compassionate Inquiry: The Six Questions for Supporters

*"Gabor Maté and his son Daniel, in *The Myth of Normal*, offer six questions for self-inquiry. I've adapted them for supporters. These are not comfortable questions. They're not meant to be. They're meant to show you what you've been carrying — and what you might be ready to put down."*

> *CI Exercise: The Six Questions (Adapted for Supporters)*
>
> *1. In my role as supporter, what am I not saying no to, even though I feel a no?*
>
> *2. How does my inability to say no impact my life — my health, my mood, my relationships?*
>
> *3. What bodily signals have I been ignoring? (Tension, exhaustion, headaches, insomnia, jaw clenching)*
>
> *4. What is the hidden story behind my inability to say no? (e.g., 'If I don't hold everything together, it all falls apart.')*
>
> *5. Where did I learn that story? Who taught me that my worth depends on how much I carry?*
>
> *6. Where have I ignored or denied the yes that wanted to be said — the yes to my own needs, my own rest, my own life?*

"Sit with these. You don't have to answer them all today. But I want you to notice which one lands hardest. That's the one that's been running the show."

"And supporter — your self-care is not optional. It's not selfish. It's structural. If you don't fill your tank, you have nothing to give. Let's build a plan that's realistic and non-negotiable."

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."

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."

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

WEEK 12

Sustaining Progress & Long-Term Systems

Consolidate gains, build a maintenance plan, and prepare for the long game of ADHD management.

Session Objectives

- Review progress across all 11 weeks
- Identify what worked, what didn't, and what needs adjustment
- Build a long-term maintenance plan
- Celebrate growth and set intentions for the next phase

Supporter Checklist

[ ] Review: Walk through each week's worksheet and discuss what stuck
[ ] Identify the top 3 strategies that made the biggest difference
[ ] Discuss what still needs work — no shame, just honesty
[ ] Complete Worksheet: Our Long-Term Plan
[ ] Celebrate — you both showed up for 12 weeks. That matters.

Session Script

"Twelve weeks. You both showed up. That alone is worth acknowledging, because consistency is the hardest thing in ADHD — and you did it anyway."

"Today is not an ending. It's a transition. ADHD doesn't go away. The strategies you've built over these 12 weeks are not a cure — they're a toolkit. And like any toolkit, it needs maintenance. Tools get rusty. Systems drift. New challenges emerge. The question is: what's your plan for keeping this going?"

Review Process:

- Walk through each week's worksheet together
- For each week, ask: "What stuck? What faded? What do we need to revisit?"
- Be honest about what didn't work — that's data, not failure

Long-Term Maintenance:

- Keep the Weekly Business Meeting. This is the single most important habit to maintain. Even when things are going well — especially when things are going well.
- Quarterly Check-Ins. Every 3 months, revisit the Executive Function Inventory. Priorities shift. New challenges emerge.
- Medication Reviews. If your person is on medication, regular check-ins with their prescriber are essential. Medication needs change over time. Maté reminds us that medication should serve the person's functioning and self-esteem — never be used to control behavior. If the medication feels like a leash rather than a tool, that

conversation needs to happen with the prescriber.

• Therapy/Coaching. Consider ongoing ADHD coaching or couples therapy with an ADHD-informed therapist. This manual is a supplement, not a replacement.

• Community. CHADD (Children and Adults with ADHD) has local support groups. ADDitude Magazine has a robust online community. You are not alone in this.

Compassionate Inquiry: A Final Reflection

"One last Compassionate Inquiry exercise. Maté says that healing is not about becoming a different person. It's about reconnecting with who you were before the adaptations took over. For both of you — the person with ADHD and the supporter — this program has been about seeing more clearly. Seeing the neurology. Seeing the patterns. Seeing the stories you each carry."

> *CI Exercise: What I See Now*
>
> *1. What do I understand about my person (or myself) now that I didn't understand 12 weeks ago?*
>
> *2. What story have I started to let go of?*
>
> *3. What compassion have I found — for them, and for myself?*

"Write those down. They're your compass for the road ahead."

"I want to end with something important. The fact that you're here — both of you — means you chose this relationship. You chose to understand instead of judge. To build systems instead of blame. To show up week after week even when it was hard. That's not nothing. That's everything."

"What are you most proud of from these 12 weeks? And what's one thing you want to keep working on?"

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

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.

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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