The Supporter's Guide to Anxiety 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

Welcome. You're here because you care about someone struggling with anxiety, and you're looking for ways to help. This manual is designed to equip you with the knowledge, skills, and strategies to become an effective supporter. We will be drawing heavily from Cognitive Behavioral Therapy (CBT) and a specific, evidence-based model called Supportive Parenting for Anxious Childhood Emotions (SPACE), which has been adapted here for supporting adults. The core idea is that by changing your own behaviors, you can create an environment that fosters courage and resilience rather than one that accidentally maintains anxiety. It’s not about fixing the person you care about; it’s about changing the dance between you.

Over the next 12 weeks, you will learn to stop accommodating the anxiety and start supporting the person. This is a critical distinction. Accommodation is any action you take to help your loved one avoid or reduce their anxiety in the short term. It feels helpful, but it’s like trying to help a butterfly out of its chrysalis—you inadvertently rob them of the strength they need to fly. Our goal is to replace accommodation with support, which means validating their feelings while expressing confidence in their ability to cope. You will become a coach, a cheerleader, and a collaborator in their journey toward managing anxiety effectively. This is not a passive role. It requires courage, consistency, and a willingness to tolerate your own discomfort. But the payoff—seeing your loved one reclaim their life from anxiety—is immeasurable.

WEEK 1
Understanding Anxiety

Learn the fundamentals of anxiety, its function, and how it becomes a disorder.

Session Objectives

- Define anxiety and differentiate it from fear.
- Understand the evolutionary purpose of the anxiety response.
- Identify the three main components of anxiety: thoughts, feelings, and behaviors.
- Recognize how the cycle of anxiety is maintained through avoidance and accommodation.

Supporter Checklist

[ ] Read the session script and reflect on its key messages.
[ ] Complete Worksheet A to identify current patterns.
[ ] Observe one instance of anxiety in your loved one without intervening.
[ ] Note down your own feelings when you witness their distress.
[ ] Set an intention for your role as a supporter this week.

Session Script

You: Let's start at the beginning. What is anxiety? We throw the word around a lot, but in clinical terms, it’s the anticipation of a future threat. It’s different from fear, which is the response to an immediate, present danger. Think of it like a smoke detector. A smoke detector is a fantastic, life-saving device. It’s supposed to go off when there’s a fire. But what if it goes off every time you make toast? That’s anxiety. It’s a fundamentally protective system that has become overactive and is now causing false alarms. The goal is not to dismantle the smoke detector—we need it—but to recalibrate it so it only goes off for actual fires.

Anxiety isn't a single thing; it has three parts that feed each other. First, there are the anxious thoughts, the ‘what ifs’ that flood the brain. Second, the physical feelings: the racing heart, the tight chest, the churning stomach. Third, the behaviors, which almost always involve one thing: avoidance. Avoiding the feared situation, the uncomfortable feeling, the scary thought. This avoidance provides immediate relief, which makes it highly reinforcing. But every time your loved one avoids something, the anxiety grows stronger. The message their brain receives is, ‘That was dangerous. I was right to avoid it.’ And the world shrinks a little more.

Your role in this process is crucial. Often, without realizing it, supporters get pulled into this cycle of avoidance. We accommodate. We provide reassurance, make excuses for them, or help them escape situations that make them anxious. It comes from a place of love, but it backfires. It strengthens the anxiety. Our work together is to gently, strategically, and lovingly reverse this pattern. You are not a therapist, and you are not responsible for their feelings. You are a supporter, a coach. Your role is to create an

environment that encourages bravery, not to pave a path free of all discomfort. This is the fundamental shift we will be working on.

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

The Supporter's Role

Clarify your role as a supporter, not a fixer, and learn the core principles of supportive communication.

Session Objectives

- Distinguish between accommodating anxiety and supporting the person.
- Learn the two key messages of supportive communication: validation and confidence.
- Practice making supportive statements.
- Identify your own emotional responses to your loved one's anxiety.

Supporter Checklist

[ ] Read the session script on supportive communication.
[ ] Complete Worksheet B to practice supportive statements.
[ ] Try using one supportive statement in a real conversation.
[ ] Notice any personal feelings of guilt or anxiety that arise when you don't accommodate.
[ ] Review the difference between support and accommodation.

Session Script

You: Last week, we talked about the anxiety cycle. This week, we focus on your specific role in it. The most common trap for supporters is becoming an 'accommodation machine.' You do it because you love them and hate to see them suffer. But as we discussed, accommodation is a short-term fix that makes the anxiety stronger over time. Today, we're going to look at your specific accommodation patterns and start building a different response.

You: There are three categories of accommodation. The first is providing reassurance — answering the same worried question for the fifteenth time, telling them it will be okay, promising nothing bad will happen. The second is modifying your own behavior — changing plans, taking over responsibilities, avoiding topics that upset them. The third is facilitating avoidance — driving them away from situations they fear, making excuses for them, or simply not expecting them to do things that make them anxious. All three feel like love. All three backfire.

You: The replacement for accommodation is supportive communication. It has two parts. First, validate the feeling without validating the fear. "I can see you're really scared about this" is different from "You're right, it might go badly." Second, express confidence in their ability to cope. "I know this is hard for you, and I believe you can handle it." That's the whole formula. Validate the feeling, express confidence. It sounds simple. It isn't. We'll practice it today.

You: Let's look at your specific patterns. I want you to think about the last week. How

many times did you provide reassurance? How many times did you modify your behavior to accommodate their anxiety? How many times did you help them avoid something? Don't judge yourself — just notice. This is your baseline. We're going to track this over the coming weeks and watch it change.

A Second Lens — Compassionate Inquiry:

*"Here's a question worth sitting with before next week: When you accommodate, what are you protecting yourself from? Not just them — *you*. What is it in you that cannot tolerate watching them be anxious? That's not a criticism. It's a genuine question. The answer often lives in your own history."*

> *CI Exercise: The Accommodation Audit*
>
> *When I accommodate [specific behavior], I feel _____ in my body. If I didn't accommodate, I'm afraid _____ would happen. The earliest time I learned to manage someone else's distress was _____.*

"Write it down. We'll come back to it. The goal isn't to fix anything yet — it's to see the pattern clearly."

Nervous System Regulation Technique — Orienting:

"Before we close, let's do a quick regulation exercise. This one is called Orienting. It comes from Somatic Experiencing and works by activating the social engagement system — the part of your nervous system that signals 'I'm safe, I can look around.'"

Slowly turn your head to the right. Let your eyes follow. Pause wherever your gaze naturally lands. Notice what you see — really see it, as if for the first time. Then slowly turn to the left. Do the same. Let your eyes rest on something. Take a breath. Notice if your shoulders drop even slightly.

This is what your nervous system does when it feels safe — it looks around. When we're anxious, we stop doing this. We tunnel-vision. Orienting interrupts that tunnel and reminds the body: the threat isn't here right now."

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

WEEK 3

The CBT Model

Dive into the Cognitive Behavioral Therapy (CBT) model to understand the thought-feeling-behavior connection.

Session Objectives

- Explain the core principles of the CBT model.
- Identify common cognitive distortions related to anxiety.
- Learn how to help your loved one externalize and question their anxious thoughts.
- Understand the concept of behavioral experiments.

Supporter Checklist

[ ] Read the script explaining the CBT triangle.
[ ] Complete Worksheet C to identify cognitive distortions.
[ ] Listen for one cognitive distortion in a conversation this week.
[ ] Practice asking a gentle, questioning Socratic-style question.
[ ] Reflect on how your own thoughts influence your feelings and actions.

Session Script

You: Today we're putting on our CBT hats. Cognitive Behavioral Therapy is one of the most effective treatments for anxiety, and for good reason. It gives us a map. The map is a simple triangle with thoughts, feelings, and behaviors at the corners. The core idea is that these three things are constantly influencing each other. An anxious thought ('I'm going to fail this test') leads to an anxious feeling (dread, panic), which leads to a behavior (procrastinating, avoiding studying). This behavior then reinforces the original thought ('I didn't study, so now I'm definitely going to fail'). And around and around we go.

Our entry point as supporters is often with the thoughts. Anxious thinking is full of predictable errors called 'cognitive distortions.' Things like catastrophizing (assuming the worst-case scenario), black-and-white thinking (seeing things as all good or all bad), or mind-reading (assuming you know what others are thinking). Your job is not to tell them their thoughts are wrong. That will just start an argument. Your job is to become a curious detective. You can help them get some distance from their thoughts by externalizing them. Give the anxiety a name, like 'the worry monster.' Then, you can ask questions about what the worry monster is saying. 'What's the evidence for that thought? What's another way of looking at this? What would you tell a friend who had that thought?'

This questioning process is the heart of the 'cognitive' part of CBT. The 'behavioral' part is about testing these thoughts in the real world. We call these 'behavioral experiments.' If the thought is, 'If I go to the party, I'll have a miserable time,' a behavioral experiment might be to go for just 30 minutes with the specific goal of

observing whether the prediction comes true. You are not a therapist, so you won't be designing these experiments. But you can be an ally in the process, encouraging them to test their fears in small, manageable ways. You're like a scientist's research assistant, helping them gather data to see if their hypotheses (the anxious thoughts) are actually true.

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."

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 4

De-escalating Panic

Learn what a panic attack is and how to respond effectively without increasing fear.

Session Objectives

- Define a panic attack and its physiological symptoms.
- Understand the fear-of-fear cycle that perpetuates panic.
- Learn grounding techniques to help someone through a panic attack.
- Practice staying calm and modeling a non-anxious presence.

Supporter Checklist

[ ] Read the script on responding to panic attacks.
[ ] Complete Worksheet D to create a panic response plan.
[ ] Practice a grounding technique yourself (e.g., 5-4-3-2-1).
[ ] Discuss the plan with your loved one when they are calm.
[ ] Remind yourself that a panic attack is not dangerous, just intensely uncomfortable.

Session Script

You: Let's talk about one of the most frightening experiences for both the person suffering and the supporter watching: a panic attack. A panic attack is a sudden, intense rush of fear or discomfort that peaks within minutes. It can feel like you're dying, having a heart attack, or losing your mind. It is terrifying. And it is not dangerous. That distinction matters enormously, and it's one of the most important things you can communicate — calmly, at the right moment.

You: The physiology is straightforward. The amygdala — the brain's threat detector — fires a false alarm. The sympathetic nervous system floods the body with adrenaline. Heart rate spikes. Breathing becomes rapid and shallow. Muscles tense. Blood moves away from the digestive system toward the limbs. The body is preparing to fight or flee a threat that isn't there. The symptoms feel catastrophic because the body is in genuine emergency mode. But the emergency is a false alarm.

You: Your role during a panic attack has three phases. Before it peaks: stay calm, lower your own voice, move slowly. Your nervous system is contagious — if you escalate, they escalate. During the peak: don't try to talk them out of it. Don't say "calm down" or "there's nothing to be afraid of." Instead, say: "I'm right here. This will pass. You're safe." Those three sentences. That's it. After it passes: resist the urge to debrief immediately. Let them rest. The debrief can happen later, when the adrenaline has cleared.

You: The most counterproductive thing you can do during a panic attack is to rush them to safety — to leave the restaurant, to pull over the car, to let them escape the situation. Every escape reinforces the brain's message that the situation was

genuinely dangerous. The goal, over time, is to stay in the situation through the panic and let the body learn that it survived. This is the principle behind exposure therapy. You're not doing exposure therapy — that's a clinician's job. But you can stop actively facilitating escape.

A Second Lens — Compassionate Inquiry:

*"Here's the question for this week: When your loved one has a panic attack, what happens in *your* body? Where do you feel it? What's the first impulse — to fix, to flee, to freeze? That impulse is information. It's not wrong. It's your own nervous system responding to their distress. Understanding your own response is the first step to changing it."*

> *CI Exercise: My Response to Their Panic*
>
> *When I see them panic, the first thing I feel in my body is _____. My automatic response is to _____. If I could slow that response down, I might instead _____.*

Nervous System Regulation Technique — Physiological Sigh:

*"This week's regulation technique is the one to use *during* a panic attack — for yourself, not for them. It's called the physiological sigh, and it's the fastest way to downregulate the nervous system."*

Take a normal inhale through the nose. At the top of that inhale, take a second quick sniff — a double inhale. Then let it all out slowly through the mouth. The double inhale fully inflates the alveoli in the lungs, and the long exhale activates the parasympathetic brake. One or two of these will measurably lower your heart rate within seconds.

Practice it now. Inhale — sniff — exhale slowly. Again. Notice the shift.

This is what you do when they're panicking and you need to stay regulated. You cannot co-regulate them if you're dysregulated yourself."

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

WEEK 5

Reducing Accommodation

Systematically identify and begin to reduce accommodating behaviors.

Session Objectives

- Define accommodation in the context of anxiety.
- Identify your specific accommodating behaviors.
- Prioritize which accommodations to target first.
- Create a plan to reduce one specific accommodation.

Supporter Checklist

[ ] Read the script on the strategy of reducing accommodation.
[ ] Complete Worksheet E to map out your accommodations.
[ ] Choose one small accommodation to work on this week.
[ ] Prepare a supportive statement to use when you change your behavior.
[ ] Anticipate and plan for a negative reaction from your loved one.

Session Script

You: We've been talking about accommodation since week one. Now, it's time to get systematic. Accommodation is anything you do that helps your loved one avoid feeling anxious. It's the reassurance you give, the situations you help them escape, the responsibilities you take over. It's the ultimate expression of love that accidentally maintains the problem.

You: The research on accommodation is clear and sobering. Studies of families of people with OCD, panic disorder, and GAD consistently show that high accommodation is associated with worse outcomes — more severe symptoms, less treatment response, greater functional impairment. When we accommodate, we are not helping. We are, with the best intentions, making things worse. That's a hard thing to sit with. But it's also liberating, because it means that changing your behavior — not theirs — can shift the whole system.

You: The process of reducing accommodation is gradual and strategic. You don't withdraw all accommodation overnight — that would be destabilizing and cruel. Instead, you pick one accommodation to reduce, communicate your intention clearly, and hold the line. The communication script is important. It sounds like this: "I love you, and I've been thinking about how I can be more helpful to you. I've realized that when I [specific accommodation], it might actually be making things harder for you in the long run. I'm going to try to stop doing that, not because I don't care, but because I believe you can handle this. I'll still be here. I'm just going to stop [specific behavior]."

You: Then you hold the line. They will push back. They may be angry, hurt, or panicked. That's expected. It doesn't mean you're wrong. It means the system is changing. Your job is to stay warm and firm simultaneously — not cold, not punitive,

not lecturing. Just steady. "I hear you. I love you. I'm not going to [accommodation] anymore."

A Second Lens — Compassionate Inquiry:

"Before we move to the worksheet, I want to name something. Reducing accommodation is hard not just because of their reaction — it's hard because of what it stirs up in you. The guilt. The fear that you're being cruel. The worry that something bad will happen. These feelings are real. They deserve attention."

> *CI Exercise: The Cost of Accommodation*
>
> *When I imagine stopping [specific accommodation], I feel _____. The story I tell myself about what will happen is _____. If I could reassure my own nervous system right now, I would say _____.*

Nervous System Regulation Technique — Hand on Heart:

"This week's regulation technique is for the moments when the guilt hits — when you've held the line and they're upset and your own nervous system is screaming at you to fix it."

Place one or both hands on your chest, over your heart. Feel the warmth of your own hands. Feel the rise and fall of your breath. Take three slow breaths, feeling your chest expand into your hands.

This activates the vagus nerve through gentle pressure and warmth, and it activates the self-compassion system — the same caregiving circuitry you use for others, turned toward yourself. You are doing something hard. You deserve the same warmth you're trying to give them."

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

WEEK 6

Supportive Communication

Master the art of supportive communication and learn how to validate feelings without validating fears.

Session Objectives

- Review and deepen understanding of validation and confidence statements.
- Learn to differentiate between a feeling and a thought.
- Practice responding to the underlying emotion, not the content of the worry.
- Develop strategies for handling requests for reassurance.

Supporter Checklist

[ ] Read the script on advanced supportive communication.
[ ] Complete Worksheet F to practice responding to difficult scenarios.
[ ] Focus on validating the *feeling* behind a worry this week.
[ ] Try to deflect or ignore a request for reassurance.
[ ] Notice how it feels to sit with your loved one's discomfort without fixing it.

Session Script

You: We're circling back to supportive communication this week to deepen your skills. The core concept remains the same: validate the feeling, express confidence. But let's get more nuanced. A common mistake is to accidentally validate the anxious thought instead of the feeling. If your loved one says "What if I fail the presentation?" and you say "I'm sure you'll do great" — that's reassurance, not validation. If you say "You're right, presentations are scary" — that validates the thought, not the feeling. What we want is: "I can hear how worried you are about this. That makes sense. And I believe you can handle it."

You: The second nuance is timing. Supportive communication works best when anxiety is moderate — not at the peak of a panic attack, not in a moment of complete calm. When anxiety is at its peak, the cognitive brain is offline. No amount of validation or confidence-expressing will land. At peak anxiety, your job is presence and calm, not words. The words come later, when the window of tolerance is open.

You: The third nuance is tone. The same words delivered in a tense, tight, slightly exasperated tone will land completely differently than the same words delivered with genuine warmth and steadiness. Your loved one's nervous system is reading your nervous system, not just your words. If you're secretly frustrated or scared, they'll feel it. This is why your own regulation — which we've been practicing — is not optional. It's the foundation of everything else.

You: Let's practice. I'm going to give you three scenarios, and I want you to craft a supportive response for each. Remember: validate the feeling, express confidence. Not the thought — the feeling. Not reassurance — confidence. Scenario one: "I can't

go to the party. Everyone will notice how awkward I am." Scenario two: "What if I have a panic attack on the plane?" Scenario three: "I've been anxious all day and I don't even know why."

A Second Lens — Compassionate Inquiry:

"Here's the deeper question this week: When your loved one expresses anxiety, what does it trigger in you? Is it fear? Frustration? Helplessness? Grief? Most supporters have a primary emotional response to their loved one's anxiety that drives their behavior more than they realize."

> *CI Exercise: My Emotional Response*
>
> *When [loved one] expresses anxiety, my first internal response is _____. I learned to respond this way because _____. The response I wish I could have instead is _____.*

Nervous System Regulation Technique — Humming and Vocal Toning:

"This week's technique is one you can do anywhere, quietly, even in the middle of a difficult conversation. It's humming."

Hum a single note — any note — for as long as your exhale lasts. Feel the vibration in your chest and throat. Do it three times.

Humming activates the vagus nerve directly through vibration in the throat and chest. It's one of the fastest ways to shift from sympathetic activation to parasympathetic rest. The vagus nerve runs through the larynx — humming literally massages it.

You can do this in the car before a difficult conversation. You can do it in the bathroom after one. You can hum quietly while sitting next to someone who is anxious. It regulates you, and it may regulate them through co-regulation — without either of you having to say a word."

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

WEEK 7

Building a Fear Ladder

Learn about exposure therapy and how to support the creation of a fear ladder.

Session Objectives

- Understand the principle of exposure and response prevention (ERP).
- Learn the structure of a fear ladder (or exposure hierarchy).
- Practice helping your loved one brainstorm and rank feared situations.
- Clarify your role as a coach during exposure practice, not a co-avoider.

Supporter Checklist

[ ] Read the script explaining exposure therapy.
[ ] Complete Worksheet G to draft a sample fear ladder.
[ ] Talk to your loved one about the concept of facing fears gradually.
[ ] Identify what your role would be for one of the ladder steps.
[ ] Remind yourself that avoidance is the fuel for anxiety.

Session Script

You: We've spent the last six weeks laying the foundation. Now we get to the most powerful tool for overcoming anxiety: exposure. The clinical term is Exposure and Response Prevention (ERP). It means systematically facing feared situations (exposure) without doing the compulsive or avoidant behavior (response prevention). It works because of a principle called habituation — the nervous system learns, through repeated experience, that the feared situation is not actually dangerous. The anxiety goes up, stays up, and then comes down. Every time it comes down, the brain updates its threat assessment.

You: A fear ladder — also called an exposure hierarchy — is a ranked list of feared situations, from least scary to most scary. The person rates each situation on a scale of 0 to 10 for how much anxiety it would cause. We start at the bottom — the 2s and 3s — and work up. The goal is not to eliminate anxiety. The goal is to learn that anxiety is tolerable and that it passes. The person does the exposure. You are the coach, the witness, the cheerleader. You do not do the exposure for them.

You: Your role in building the fear ladder is to help your loved one identify the situations they've been avoiding. You've been watching this for weeks now. You know the patterns. But the ladder has to be their list, not yours. You can prompt: "What's something you've been avoiding that you used to do?" "What would you do if anxiety weren't in the way?" "What's the smallest version of that scary thing that you could imagine trying?" The ladder is a collaborative document. They own it. You support it.

You: Once the ladder is built, your job is to encourage them to attempt the lower rungs — and to not rescue them when they're in the middle of an exposure. If they're sitting with the anxiety, don't reassure them. Don't suggest they leave. Don't check in every

two minutes. Let the anxiety do its work. Let the habituation happen. Your presence is support enough. You don't have to fix it — you just have to stay.

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What would it mean for you if they got better? I know that sounds strange. But sometimes supporters have complicated feelings about recovery — fear of losing a role, uncertainty about who they are outside the caregiver identity, worry about what the relationship looks like when anxiety isn't the center of it. These feelings are normal. They deserve attention."

> *CI Exercise: My Investment in the Status Quo*
>
> *If [loved one] fully recovered from anxiety, I imagine I would feel _____. The part of me that might resist that change is _____. What I'm most looking forward to if they recover is _____.*

Nervous System Regulation Technique — Bilateral Movement:

"This week's technique is bilateral movement — specifically, cross-lateral walking. This is walking where opposite arm and leg move together: right arm swings forward as left leg steps forward, and vice versa. It sounds like normal walking, because it is. But most anxious people — and most anxious supporters — lose this cross-lateral pattern when stressed. They walk stiffly, arms held close, movement restricted."

Take a five-minute walk before your next difficult conversation or exposure support session. Walk with intention — let your arms swing, let the cross-lateral pattern be deliberate. This activates both hemispheres of the brain simultaneously, integrates the prefrontal cortex with the limbic system, and literally helps you think more clearly and feel more regulated.

It's not a metaphor. It's neuroscience. Walk it out."

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

WEEK 8
Navigating Setbacks

Understand that recovery is not linear and learn how to manage setbacks and relapses effectively.

Session Objectives

- Normalize setbacks as a natural part of the recovery process.
- Differentiate between a lapse (a slip) and a relapse (a full return to old patterns).
- Develop a plan for what to do when a setback occurs.
- Practice self-compassion and avoid blame or frustration.

Supporter Checklist

[ ] Read the script on managing setbacks.
[ ] Complete Worksheet H to create a setback response plan.
[ ] Reflect on a past setback and how you could have handled it differently.
[ ] Practice a statement of self-compassion for yourself as a supporter.
[ ] Discuss the idea of setbacks with your loved one, normalizing it in advance.

Session Script

You: We need to talk about something that is a guaranteed part of this process: setbacks. There will be days when your loved one avoids a situation they had previously conquered. There will be times when you fall back into an old accommodating behavior. This is not a sign of failure. It is a sign that you are engaged in a difficult learning process. Recovery from anxiety is not a straight line up; it's more like a stock market chart, with lots of ups and downs but a general upward trend over time.

Think of it like learning to ride a bike. You will fall. It's part of it. The goal is not to never fall, but to get back on the bike. We need to distinguish between a 'lapse' and a 'relapse.' A lapse is a single slip-up, a momentary return to an old habit. A relapse is a full-blown return to the old patterns of avoidance and accommodation. Our goal is to treat lapses as learning opportunities so they don't turn into relapses. When a lapse happens, the most important thing is to get curious, not furious. What was the trigger? Was the person tired, stressed, or hungry? Was the exposure step too big? What can we learn from this?

Your response to a setback is critical. If you respond with frustration, disappointment, or blame, you are adding a layer of shame that will make it harder for them to get back on track. If you say, "See? I knew you couldn't do it," you are confirming the anxiety's worst fears. Instead, this is a time for maximum support. Validate the feeling: "I know this feels discouraging. It's okay." Express confidence: "We knew this would happen, and it doesn't change anything. We'll just get back to the plan tomorrow." You are the coach whose star player just missed a shot. You don't bench them; you pat them on

the back and say, "You'll get the next one."

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."

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 9

Fostering Independence

Focus on transferring agency back to your loved one and encouraging self-efficacy.

Session Objectives

- Understand the concept of self-efficacy in anxiety recovery.
- Identify ways you may be unintentionally undermining their independence.
- Practice stepping back and allowing them to solve their own problems.
- Celebrate their independent successes, no matter how small.

Supporter Checklist

[ ] Read the script on fostering independence.
[ ] Complete Worksheet I to identify areas for promoting self-efficacy.
[ ] Find one opportunity this week to step back and let them handle something.
[ ] Offer praise that focuses on their effort, not just the outcome.
[ ] Notice your own anxiety about letting them struggle or fail.

Session Script

You: As we progress, our focus shifts from you actively managing your responses to you creating space for their independence. The ultimate goal of this entire process is to make your role as an anxiety manager obsolete. You are working yourself out of a job. The key concept here is 'self-efficacy' — the belief that one can handle challenges effectively. Every time your loved one faces a feared situation and survives it, their self-efficacy grows. Every time you rescue them from it, it shrinks.

You: Fostering independence means doing less, not more. It means resisting the urge to check in constantly about how they're feeling. It means not asking "Are you anxious about this?" before every potentially challenging situation — because that question plants the seed of anxiety where there might not have been one. It means letting them make their own decisions about when to attempt an exposure, when to rest, when to push. You are moving from manager to consultant. They call you in when they need you. You don't hover.

You: The hardest part of this shift is tolerating your own uncertainty. When you were accommodating, you always knew what was happening — because you were in the middle of it. When you step back, you lose that control. You don't know if they're anxious. You don't know if they're managing. You have to trust the process, trust the work you've done together, and trust them. That trust is not naive — it's earned through twelve weeks of consistent, supportive behavior. You've shown them what support looks like. Now you let them internalize it.

You: Independence doesn't mean abandonment. You're still available. You're still warm. You still check in — but on a schedule, not reactively. "How are things going this week?" once a week is very different from "Are you okay?" every hour. The former

builds autonomy. The latter maintains vigilance. The goal is a relationship where anxiety is not the organizing principle — where you can talk about other things, where you can make plans without contingency planning for every possible anxious response.

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: Who are you in this relationship when anxiety isn't the center of it? What do you talk about? What do you do together? If you're not sure, that's important information. It means some of your own identity has gotten organized around their anxiety — and that's worth looking at."

> *CI Exercise: The Relationship Beyond Anxiety*
>
> *When anxiety isn't the main topic between us, we _____. Something I've been wanting to share with [loved one] that has nothing to do with anxiety is _____. The version of our relationship I'm working toward looks like _____.*

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

*"This week's technique is the classic 5-4-3-2-1 grounding exercise — and I want to explain *why* it works, not just give you the steps."*

When we're anxious, we're in the future — the 'what ifs.' Grounding works by pulling attention into the present moment, specifically through the senses, which are always and only in the present.

Name 5 things you can see right now. 4 things you can physically feel — the chair under you, the temperature of the air, your feet on the floor. 3 things you can hear. 2 things you can smell. 1 thing you can taste.

The mechanism: sensory input activates the sensory cortex, which competes with the threat-processing amygdala for neural resources. You literally cannot be fully in threat-mode and fully in sensory-mode simultaneously. Grounding doesn't eliminate anxiety — it interrupts the escalation and gives the prefrontal cortex time to come back online.

Teach this to your loved one. Use it yourself. It's one of the most portable tools in the kit."

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

WEEK 10

Creating a Wellness Plan

Work collaboratively to build a long-term wellness and relapse prevention plan.

Session Objectives

- Understand the importance of general wellness in managing anxiety.
- Identify key components of a wellness plan (sleep, nutrition, exercise, social connection).
- Help your loved one create a written relapse prevention plan.
- Discuss how to handle future triggers and high-risk situations.

Supporter Checklist

[ ] Read the script on wellness and relapse prevention.
[ ] Complete Worksheet J to outline a wellness plan.
[ ] Have a collaborative conversation about the plan with your loved one.
[ ] Identify one wellness goal you can work on together.
[ ] Schedule a future 'check-in' meeting to review the plan.

Session Script

You: We are now moving into the maintenance phase. The hard work of changing core patterns is well underway. Now, we need to build a structure to support these changes long-term. Anxiety thrives when a person is run down. Poor sleep, bad nutrition, lack of exercise, and social isolation are like fertilizer for anxiety. A proactive wellness plan is a non-negotiable part of long-term recovery.

This is a collaborative process. Sit down with your loved one and talk about what a healthy lifestyle looks like for them. This isn't about creating a rigid, military-style regimen. It's about identifying small, consistent habits that support mental health. Maybe it's a commitment to a regular sleep schedule, a daily walk, or reducing caffeine. The goal is to build a foundation of well-being that makes them less vulnerable to anxiety's attacks.

Part of this plan is a specific relapse prevention strategy. This should be written down. It should include three things. First, a list of early warning signs that anxiety is creeping back in (e.g., starting to ask for reassurance again, avoiding social calls). Second, a list of high-risk situations that might be triggering (e.g., holidays, work deadlines). Third, a clear action plan for what to do when those warning signs or high-risk situations appear. This plan should include a list of their top coping skills, who they can reach out to for support (including you), and a reminder of how far they've come. This isn't a sign of weakness; it's a sign of professionalism. Pilots have checklists for a reason. This is their checklist for navigating the turbulence of life.

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."

WEEK 11
Supporter Well-being

Focus on your own self-care and emotional health to prevent burnout and maintain resilience.

Session Objectives

- Recognize the signs of supporter burnout.
- Identify your own personal needs for self-care.
- Develop a personal self-care plan.
- Practice setting boundaries to protect your own emotional energy.

Supporter Checklist

[ ] Read the script on supporter self-care.
[ ] Complete Worksheet K to create your own wellness plan.
[ ] Schedule one non-negotiable self-care activity for yourself this week.
[ ] Share your need for self-care with your loved one.
[ ] Practice saying 'no' to a request that would drain your energy.

Session Script

You: For the past ten weeks, the focus has been on your loved one and your role in their recovery. This week, the focus is entirely on you. You cannot pour from an empty cup. Being a supporter for someone with significant anxiety can be exhausting, frustrating, and emotionally draining. If you burn out, you are no good to anyone, least of all yourself. Your well-being is not a luxury; it is a prerequisite for being an effective supporter.

Think of the safety demonstration on an airplane. They always tell you to put on your own oxygen mask before helping others. This is not selfish; it is logical. You need to identify what fills your cup. What gives you energy, joy, and a sense of peace? Is it exercise? Time with friends? Reading a book? Solitude? Whatever it is, you need to schedule it into your life with the same seriousness you would a doctor’s appointment. It is not optional.

Part of this is setting boundaries. You have a right to your own life, your own feelings, and your own space. It is okay to say, "I can’t talk about anxiety right now. I need a break." It is okay to take time for yourself, even if your loved one is distressed. In fact, it’s healthy. It models for them that everyone is responsible for their own emotional well-being. You are not their emotional support animal, available 24/7. You are a person with your own needs. By taking care of yourself, you are not only preventing burnout, you are also modeling the very skills of self-care and boundary-setting that your loved one needs to learn.

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: 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?"

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."

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

WEEK 12
Looking to the Future

Consolidate learning, celebrate progress, and define the new, healthier relationship dynamic.

Session Objectives

- Review the key skills and concepts from the past 11 weeks.
- Acknowledge and celebrate the progress made by both you and your loved one.
- Define what the new, supportive relationship looks like going forward.
- Solidify the plan for ongoing maintenance and future growth.

Supporter Checklist

[ ] Read the final session script.
[ ] Complete Worksheet L to reflect on the journey.
[ ] Have a special conversation or meal to mark the end of this 12-week program.
[ ] Write down a list of the key changes in your relationship.
[ ] Congratulate yourself for completing this challenging and rewarding work.

Session Script

You: We've reached the end of our 12 weeks together. But this isn't an end; it's a commencement. It's the beginning of a new chapter in your relationship with your loved one and their relationship with anxiety. Take a moment to look back at where you were when you started. Think about the old patterns of accommodation, the constant reassurance, the walking on eggshells. Now look at where you are today. You have a new set of skills, a new language, and a new understanding of your role.

You have learned to be a lighthouse, not a lifeboat. You have learned to validate feelings without validating fears. You have learned to step back and allow the person you care about to build their own strength and confidence. This is a monumental achievement. The goal was never to cure the anxiety. The goal was to change the dance. The anxiety may still show up from time to time, but it no longer gets to lead. You and your loved one have learned a new way of moving together, one that is based on support, not fear.

Your role going forward is to be a consistent, loving presence who continues to hold the line against accommodation and champion their independence. Continue to use the wellness plan. Revisit the setback plan when needed. And most importantly, continue to take care of yourself. You have done the hard work of transforming your role from a rescuer to a coach, from an enabler to an empowerer. This is the greatest gift you can give to someone struggling with anxiety. You have given them the space and the support to find their own courage. Well done.

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."

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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