The Supporter's Guide to Bipolar 1 Coaching

A 12-Week Program for Family & Friends

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

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

Introduction

This manual bridges the gap between professional mental healthcare appointments and daily life management. It empowers caring supporters to become effective coaches who provide consistent, structured, skills-based support.

Who This Is For

- Family members supporting a loved one with Bipolar 1
- Friends who want to provide structured support
- Spouses/Partners seeking practical tools

How It Works

This is a 12-week program designed to be done with your loved one. Each week introduces a new skill, from tracking moods to identifying early warning signs.

WEEK 1
Activity & Mood Log

Establish the baseline by tracking daily activities and mood levels.

Session Objectives

- Understand the connection between activity and mood
- Establish a daily tracking habit
- Identify patterns in energy levels

Supporter Checklist

[ ] Check-in: Ask how their week was
[ ] Introduce the Concept: Explain that activity affects mood
[ ] Introduce Worksheet A: The Activity & Mood Log
[ ] Set the Goal: Fill it out daily for the next week

Session Script

"We're going to start with something simple but powerful. It's called an Activity & Mood Log. The idea isn't to change anything yet, just to notice what's happening."

"For the next week, at the end of each day, just jot down what you did and rate your mood from 0 to 10. 0 is the lowest you've ever felt, 10 is the best."

"There's no right or wrong answer. We're just gathering data to see what patterns show up. How does that sound?"

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."

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 2
Building Momentum

Analyze the Activity & Mood Log to identify positive activities.

Session Objectives

- Review the Activity & Mood Log for patterns
- Identify activities that improve mood
- Create a 'Positive Activities List'

Supporter Checklist

[ ] Check-in: Ask how the week was
[ ] Review the Log: Look for connections between activities and mood
[ ] Introduce Worksheet B: Positive Activities List
[ ] Brainstorm activities together based on the log

Session Script

"Welcome back! How was your week? How did it go with filling out the log?"

"Let's be detectives. We're looking for patterns — not judging, just noticing. I see here on Monday when your friend called, your mood was a 5. What was that like? And then Tuesday, when you stayed home all day, it dropped to a 2. Do you see the connection?"

"In bipolar, the relationship between activity and mood is especially powerful. During depressive episodes, the brain says 'don't bother.' During hypomanic or manic episodes, it says 'do everything.' Neither is accurate. The data from your log tells us what actually helps — not what your mood tells you in the moment."

"Let's use this data to make a 'Positive Activities List.' We'll list things that seem to help your mood, even a tiny bit. We don't have to do them yet — just list them. Think of it as building a menu of options for when things get hard."

"One more thing: notice if there are activities that helped during a low mood AND didn't trigger escalation. Those are your gold-standard activities. Walking the dog might be a 'safe' mood-lifter. Staying up late to reorganize the garage might not be."

Important for the Supporter: Bipolar mood patterns are different from depression. A sudden spike in mood or energy isn't necessarily good — it could be the beginning of a hypomanic episode. Help them distinguish between genuine mood improvement and early warning signs of mania.

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WEEK 3

Scheduling Activities

Use behavioral activation to schedule positive activities.

Session Objectives

- Learn to schedule activities proactively
- Overcome inertia with small steps
- Commit to specific times

Supporter Checklist

[ ] Review last week's Positive Activities List
[ ] Choose 1-2 easiest activities
[ ] Schedule them on Worksheet C
[ ] Commit to doing them regardless of motivation

Session Script

"Last week we made a great list of positive activities. This week, we're going to try a little experiment."

*"We're going to pick just one or two of the *easiest* things from your list and actually schedule them. The trick is to do them even if you don't feel like it at the moment. This is called Behavioral Activation, and it's one of the most evidence-based tools we have for depression. The idea is that action comes before motivation, not after it. We wait to feel like doing something, and the depression wins. We do the thing anyway, and the mood often follows."*

"Here's the science behind it. Depression is partly maintained by withdrawal and inactivity. When we stop doing things, we stop getting the rewards those things provide — connection, accomplishment, pleasure, meaning. The brain's reward system gets quieter and quieter. Behavioral activation interrupts this cycle by deliberately reintroducing rewarding activities, even in small doses, even when the motivation isn't there."

"The key is to start absurdly small. Not 'go to the gym' — 'put on gym shoes.' Not 'call a friend' — 'send a text.' Not 'clean the house' — 'wash one dish.' The goal is not the activity itself. The goal is breaking the inertia. Once the body is in motion, it's easier to stay in motion. Newton's first law applies to mood too."

"Your role this week is to be a gentle accountability partner, not a drill sergeant. If they do the activity, celebrate it. If they don't, don't shame them — get curious. What got in the way? Was the activity too big? Was the timing wrong? What would make it easier next time? Every attempt is data, not a grade."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: When they don't follow through on something, what happens in you? Frustration? Hopelessness? The urge to push harder? These reactions are understandable — and they're worth examining, because they shape the environment your loved one is trying to recover in."

> *CI Exercise: My Response to Their Inaction*
>
> *When [loved one] doesn't follow through, I feel _____. The story I tell myself is _____. What they probably need from me in that moment is _____.*

Nervous System Regulation Technique — Movement Break:

"This week's technique is the simplest one we'll cover: a two-minute movement break."

Stand up. Shake out your hands. Roll your shoulders. Walk around the room. Do five jumping jacks if you're willing. Anything that moves your body for two minutes.

The mechanism: physical movement increases blood flow to the prefrontal cortex, releases BDNF (brain-derived neurotrophic factor, sometimes called 'Miracle-Gro for the brain'), and shifts the nervous system out of freeze states. Two minutes is enough to measurably change your neurochemistry.

Do this when you're stuck. Do this when you're overwhelmed. Do this when you've been sitting with a difficult conversation and you need to reset. Move first, think second."

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

WEEK 4

Overcoming Obstacles

Identify barriers to scheduled activities and plan solutions.

Session Objectives

- Review the Weekly Activity Schedule
- Identify what got in the way
- Create specific plans for obstacles

Supporter Checklist

[ ] Check-in: Did you do the scheduled activity?
[ ] If yes: Celebrate! If no: Validate and get curious.
[ ] Introduce Worksheet D: Obstacle & Solution Planning
[ ] Brainstorm solutions for next week

Session Script

"How did it go with the scheduled activity? Did you manage to do it?"

"If not, that is completely okay. In fact, it's helpful. It tells us there was an obstacle. Was it low energy? Anxiety? Forgetting? Or was it the opposite — did you feel so good you didn't think you needed it?"

"In bipolar, obstacles come from both directions. During depressive episodes, the obstacles are 'too tired,' 'what's the point,' 'I can't.' During hypomanic episodes, the obstacles are 'I don't need this,' 'I have better things to do,' 'I feel great already.' Both are the illness talking."

"Let's use this worksheet to plan for obstacles from both poles. If the obstacle is 'too tired,' maybe the solution is 'make the activity smaller' or 'do it earlier in the day.' If the obstacle is 'I feel too good to bother,' the solution might be 'do it anyway — this is how I stay stable.'"

"Here's the key insight: the activities that keep you stable are the same ones your brain will tell you to skip. That's not a coincidence. That's the illness protecting itself."

Important for the Supporter: If they didn't do the activity, resist the urge to express disappointment. Obstacles are data, not failures. Help them problem-solve without judgment. If they're in a hypomanic phase and resisting structure, gently remind them that the plan was made during a stable period for a reason.

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WEEK 5

7-Column Thought Record

Introduction to Cognitive Behavioral Therapy (CBT) tools.

Session Objectives

- Catch automatic negative thoughts
- Identify the situation and feeling
- Begin to question the thought

Supporter Checklist

[ ] Explain the CBT model (Situation -> Thought -> Feeling)
[ ] Introduce the Thought Record
[ ] Walk through the first 3 columns only
[ ] Practice with one example

Session Script

"We've been working on behaviors — what you do. Now we're going to look at what you think. Because in bipolar, the brain generates a constant stream of commentary, and most of it goes unnoticed. During depression, it's relentlessly negative. During mania, it's grandiose and overconfident. Both are distortions."

"Here's how it works. Something happens — that's the Situation. Your brain instantly generates a Thought about it. And that thought creates a Feeling. The thought happens so fast you usually only notice the feeling."

"For example: Your boss gives you feedback. That's the situation. During a depressive episode, your brain says, 'I'm going to get fired. I'm worthless.' During a hypomanic episode, your brain says, 'They don't know what they're talking about. I'm smarter than them.' Same situation — completely different thoughts — driven by mood state."

"This is a Thought Record. It looks like a lot, but we're just going to focus on the first part this week: catching the thought. When you notice your mood shift — in either direction — ask yourself: 'What just went through my mind?' Write it down. That's it."

Important for the Supporter: Do NOT try to argue with the thoughts or tell them they're wrong. Just help them notice the thoughts. The challenging comes in later weeks. Also, watch for grandiose thoughts during elevated mood — those need to be caught too, not just the depressive ones.

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WEEK 6

Challenging Thoughts

Learn to examine the evidence for and against automatic thoughts.

Session Objectives

- Practice catching 'hot thoughts'
- Act as a detective (Prosecutor vs. Defense Attorney)
- Fill out columns 4 & 5 of the Thought Record

Supporter Checklist

[ ] Review last week's Thought Record (columns 1-3)
[ ] Introduce Columns 4 & 5: Evidence For and Against
[ ] Guide them through the evidence gathering process
[ ] Goal: Complete columns 1-5 for one situation

Session Script

"You did great identifying the thought. Now we're going to be detectives. Let's look at this 'hot thought' that's bothering you."

"First, let's be the prosecutor. What evidence is there that this thought is 100% true? Not feelings — just facts. 'I feel like a failure' is a feeling. 'I missed the deadline' is a fact."

"Now, let's be the defense attorney. Is there any evidence that this thought might NOT be true? Is there another explanation? Have you ever handled a similar situation differently?"

"Here's what makes this tricky with bipolar: during depression, your brain is a very convincing prosecutor. It will present 'evidence' that feels airtight. During mania, your brain is an overconfident defense attorney — dismissing every concern. Neither is giving you the full picture."

"That's why we write it down. On paper, the evidence is just evidence. It doesn't have the emotional charge your brain gives it. You can see both sides more clearly."

Important for the Supporter: This is one of the hardest skills to teach. Resist the urge to provide the counter-evidence yourself. Ask questions that help them find it: 'Has there ever been a time when this wasn't true?' 'What would you say to a friend who had this thought?' The goal is for THEM to discover the alternative, not for you to argue them out of it.

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WEEK 7

Cognitive Distortions

Identify common thinking traps that fuel negative moods.

Session Objectives

- Learn common cognitive distortions (All-or-Nothing, Catastrophizing, etc.)
- Identify which ones you use most often
- Label thoughts with these distortion names

Supporter Checklist

[ ] Review the list of Cognitive Distortions
[ ] Look at past Thought Records to find examples
[ ] Complete Worksheet G: Identifying Distortions
[ ] Goal: Label distortions in your thoughts this week

Session Script

"We've been looking at evidence. Now I want to show you something that will change how you see those thoughts. Therapists have identified common 'thinking traps' — patterns our brains fall into, especially during mood episodes. Once you can name the trap, it loses some of its power."

The Key Thinking Traps in Bipolar:

1. All-or-Nothing Thinking: "If it's not perfect, it's a total failure" — common in depression.
2. Catastrophizing: "This will never get better" — predicting the worst during low episodes.
3. Mind Reading: "They think I'm crazy" — assuming you know what others think.
4. Minimizing: "I don't need help, I'm fine" — common during mania, dismissing real concerns.
5. Emotional Reasoning: "I feel amazing, so everything IS amazing" — the hallmark of hypomania.

"Notice how some of these traps are specific to depression and others show up during elevated mood. All-or-Nothing Thinking and Catastrophizing are depression's favorites. Minimizing and Emotional Reasoning are mania's."

"Let's look at your thoughts from last week. Can you spot any of these traps? Don't worry about fixing them yet. Just label them. When you catch yourself thinking 'Nothing ever works out,' you can say, 'Ah, that's Catastrophizing.' Just naming it creates a tiny bit of distance between you and the thought."

Important for the Supporter: Help them see that cognitive distortions operate in BOTH mood states. During mania, the distortions feel positive ('I can do anything!'), which makes them harder to catch. Gently point out that 'I don't need sleep' is just as much a

distortion as 'I can't do anything.'

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WEEK 8

Balanced Thoughts

Create new, more realistic thoughts to replace negative ones.

Session Objectives

- Review the evidence from Week 6
- Create a balanced thought (Column 6)
- Re-rate feelings (Column 7)

Supporter Checklist

[ ] Review the Thought Record (Columns 1-5)
[ ] Introduce Column 6: Alternative/Balanced Thought
[ ] Draft a thought that includes both sides of the evidence
[ ] Re-rate the intensity of the original feelings

Session Script

"We have the evidence for and against. Now, let's write a new thought that is more balanced. It doesn't have to be super positive, just accurate."

"Instead of 'She hates me,' maybe the balanced thought is 'She didn't say hi, but she might have been busy. I don't know for sure.' Instead of 'I always ruin everything,' maybe it's 'I made a mistake this time. I've also done things well. This doesn't define me.' The balanced thought acknowledges the difficult reality without catastrophizing it."

"This is the core of cognitive restructuring — not positive thinking, but accurate thinking. Depression and bipolar disorder distort cognition in predictable ways: all-or-nothing thinking, catastrophizing, mind-reading, personalization, emotional reasoning. The goal is not to replace these distortions with forced optimism. The goal is to replace them with thoughts that are actually true."

"Here's what makes this hard: the distorted thought feels true. It feels more true than the balanced thought. That's the nature of cognitive distortion — it's compelling. The feeling of truth is not the same as actual truth. This is worth saying out loud, more than once."

"Your role as a supporter in this process is not to argue with the distorted thought. Arguing rarely works — it usually entrenches the belief. Instead, get curious. 'What's the evidence for that? What's the evidence against it? Is there another way to look at this?' You're not trying to convince them of anything. You're helping them think more carefully about what they actually believe."

"This week, practice the full three-column technique together: the automatic thought, the evidence for and against, and the balanced thought. Don't rush it. The process is as valuable as the product."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What are your own cognitive distortions in this situation? When things are hard with your loved one, what automatic thoughts do you have? 'This will never get better.' 'I'm failing them.' 'I can't do this anymore.' These deserve the same examination you're applying to their thoughts."

> *CI Exercise: My Own Distortions*
>
> *An automatic thought I have when things are hard is _____. The evidence against this thought is _____. A more balanced thought would be _____.*

Nervous System Regulation Technique — Cognitive Defusion:

"This week's technique comes from Acceptance and Commitment Therapy. It's called cognitive defusion — creating distance between yourself and your thoughts."

When a difficult thought arises, instead of engaging with it, say: 'I notice I'm having the thought that _____.' Or: 'My mind is telling me that _____.'

The mechanism: adding this prefix shifts the thought from something you are to something you're observing. It activates the observing self — the part of you that can watch your thoughts without being controlled by them. This is the same neural shift that happens in mindfulness practice.

'I'm a failure' is experienced as identity. 'I notice I'm having the thought that I'm a failure' is experienced as a mental event. Same words. Completely different relationship to them."

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

WEEK 9
Relapse Prevention

Create a daily plan to maintain wellness and prevent relapse.

Session Objectives

- Identify daily wellness essentials
- Create a 'Daily Wellness Plan'
- Commit to routine maintenance

Supporter Checklist

[ ] Discuss what keeps you stable (sleep, meds, routine)
[ ] Introduce Worksheet I: Daily Wellness Plan
[ ] Fill out the 'Non-Negotiables' section
[ ] Plan for high-stress days

Session Script

"We've learned a lot of skills over these weeks. Now we want to build a wall of protection to keep you well. We call this a Daily Wellness Plan — and in bipolar, it's not optional. It's the difference between stability and crisis."

"What are the things you absolutely MUST do every day to stay stable? Let's start with the big ones: Sleep — same bedtime, same wake time, every single day. Medication — taken at the same time, no skipping. These are your Non-Negotiables."

"Now let's add the next tier: one physical activity, one social connection, one meal at a regular time. These aren't luxuries — they're stabilizers. When any of these slip, it's often the first domino."

"Here's the hard truth about bipolar: the illness will tell you to abandon the plan. During depression, it says 'what's the point.' During mania, it says 'I don't need a plan — I feel great.' The plan exists precisely for those moments. You made it when you were thinking clearly."

"Let's also plan for high-stress days. What's your minimum viable day? If everything falls apart, what are the three things you absolutely will not skip? That's your emergency baseline."

Important for the Supporter: The Daily Wellness Plan is the single most important tool in this program. Help them post it somewhere visible. Review it together weekly. When they resist the plan during a mood episode, gently remind them: 'We made this together when you were stable. Let's trust that version of you.'

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 10
Early Warning Signs

Identify the subtle signs that precede a mood episode.

Session Objectives

- Identify personal 'Signature Signs' of mania and depression
- Create an action plan for when these signs appear
- Share the plan with the support team

Supporter Checklist

[ ] Review the concept of 'Signature Signs'
[ ] Introduce Worksheet J: Early Warning Signs & Action Plan
[ ] Brainstorm signs for Mania (e.g., less sleep, talking fast)
[ ] Brainstorm signs for Depression (e.g., isolating, fatigue)
[ ] Create an action step for each sign

Session Script

"Relapse doesn't usually happen overnight. There are almost always warning signs first. We call these your 'Signature Signs' — and in bipolar, you need to know them for BOTH poles."

"Let's start with mania. Think back to the last time you got manic. What was the very first thing that changed? Was it your sleep? Your spending? Your talking speed? Did you start big projects at 2 AM? Did you feel like you didn't need your medication?"

Common Mania Warning Signs:

- Sleeping less than 5 hours and feeling 'fine'
- Talking faster, interrupting more
- Starting multiple projects simultaneously
- Increased spending or impulsive decisions
- Feeling invincible, irritable, or 'wired'
- Questioning whether you need medication

"Now let's look at the other side. What are your depression warning signs? Withdrawing from people? Sleeping more? Losing interest in things you usually enjoy?"

Common Depression Warning Signs:

- Canceling plans or avoiding people
- Sleeping significantly more or less
- Neglecting hygiene or daily routines
- Increased negative self-talk

- Loss of appetite or overeating
- Difficulty concentrating or making decisions

"Now, let's decide what we do when we see each sign. If you sleep less than 4 hours two nights in a row, what's the rule? Call the doctor? No caffeine after noon? If you cancel plans three days in a row, what's the action? These are your 'If-Then' rules."

Important for the Supporter: You may notice warning signs before they do — especially mania signs, which often feel good to the person experiencing them. Have a pre-agreed signal or conversation starter: 'I'm noticing [specific behavior]. Can we check the warning signs list together?' Frame it as partnership, not surveillance.

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: 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 11
Proactive Planning

Plan ahead for known triggers and stressful events.

Session Objectives

- Identify upcoming stressful events (holidays, deadlines)
- Create a 'Proactive Coping Plan'
- Practice problem-solving skills

Supporter Checklist

[ ] Look at the calendar for the next 3 months
[ ] Identify potential triggers (holidays, travel, work stress)
[ ] Introduce Worksheet K: Proactive Event Plan
[ ] Create a detailed plan for one upcoming event

Session Script

"We know that stress can trigger episodes. So let's look ahead. Is there anything coming up in the next few months that might be stressful? A wedding? A deadline? The holidays?"

*"Let's make a plan for that specific event *now*, while you're feeling well. How will you protect your sleep? Who can you call if you get overwhelmed?"*

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: 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."

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WEEK 12
Graduation & Maintenance

Review progress and solidify the long-term wellness plan.

Session Objectives

- Review all skills learned over the 12 weeks
- Celebrate progress and successes
- Finalize the 'Master Wellness Plan'

Supporter Checklist

[ ] Review the entire journey (Weeks 1-11)

[ ] Celebrate wins, big and small

[ ] Compile the Master Wellness Plan (combining Daily Plan, Warning Signs, and Crisis Plan)

[ ] Discuss long-term maintenance

Session Script

"Congratulations! We made it to Week 12. Think back to where we started. You've tracked moods, scheduled activities, challenged thoughts, and built a safety net."

"This isn't the end; it's just the beginning of using these tools independently. Let's put everything together into one Master Wellness Plan that you can keep on your fridge or phone."

"I'm really proud of the work you've 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."

Nervous System Regulation Exercise: Hand on Heart

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"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."

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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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