The Supporter's Guide to Bipolar II 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 are here because you care for someone with Bipolar II Disorder, and you're looking for a better way to help. This manual is designed to give you the tools, knowledge, and strategies to do just that. Bipolar II is not a character flaw or a choice; it is a complex mood disorder characterized by cycles of hypomania and depression. As a supporter, you are in a unique position to positively influence your loved one's stability and well-being. This guide is grounded in Family-Focused Therapy (FFT), an evidence-based approach developed by Dr. David Miklowitz, which has been shown to significantly improve outcomes for individuals with bipolar disorder. Over the next 12 weeks, you will learn to navigate the challenges of this illness with skill and compassion, transforming your role from a passive bystander to an active, effective ally.

WEEK 1
Understanding Bipolar II

Laying the foundation for effective support by understanding the disorder.

Session Objectives

- Define Bipolar II Disorder, including its core symptoms of hypomania and depression.
- Differentiate between Bipolar I and Bipolar II.
- Understand the role of Family-Focused Therapy (FFT) as the guiding framework.
- Recognize the impact of the family environment on the course of the illness.

Supporter Checklist

[ ] Read the introduction to this manual.
[ ] Review the core concepts of Bipolar II Disorder.
[ ] Complete Worksheet A.
[ ] Reflect on your current understanding of your loved one's condition.
[ ] Set an intention for what you hope to gain from this program.

Session Script

You: Welcome to Week 1. Your journey begins with understanding. Bipolar II Disorder is a challenging condition, not just for the person diagnosed, but for those who love them. Think of it like learning to be a co-pilot for someone flying through unpredictable weather. You can't control the storms, but you can learn to read the instruments, communicate effectively with the pilot, and help navigate to calmer skies. This isn't about fixing them. It's about supporting them. Dr. Miklowitz's Family-Focused Therapy, which we'll be drawing from, emphasizes that a supportive, low-stress environment is a powerful buffer against the highs and lows of the illness. This week, we start with the facts: what Bipolar II is, and what it isn't. It's not just mood swings; it's a pattern of distinct episodes of elevated mood, or hypomania, and periods of significant depression. Your role is not to be a therapist. You are a supporter, a stable presence. Your work is to understand the landscape of this illness so you can offer informed, compassionate support. This is the first step toward becoming an effective ally.

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 Family's Role

Exploring how family dynamics can help or hinder recovery.

Session Objectives

- Identify common family responses to Bipolar II Disorder.
- Understand the concept of expressed emotion (EE) and its impact.
- Recognize patterns of criticism, hostility, and emotional overinvolvement.
- Learn the importance of creating a low-EE home environment.

Supporter Checklist

[ ] Review the concept of Expressed Emotion.
[ ] Complete Worksheet B.
[ ] Identify one pattern in your family's communication to work on.
[ ] Practice one new communication strategy.
[ ] Reflect on your role within the family system.

Session Script

"Last week we established a baseline — what you know, what you're assuming, and where you're starting from. This week, we turn the lens on the family. Not to assign blame, but to get honest about the climate you're all living in."

*"Research in Family-Focused Therapy is unambiguous on this: the emotional temperature of the home predicts relapse. Dr. David Miklowitz's work shows that high levels of what researchers call *Expressed Emotion* — criticism, hostility, and emotional overinvolvement — are among the strongest predictors of mood episodes in bipolar disorder. Not the only factor. But a significant one."*

"Expressed Emotion sounds clinical. Here's what it looks like in real life. Criticism sounds like: 'You're always doing this,' 'You never follow through,' 'I can't trust you.' Hostility is more intense — contempt, eye-rolling, dismissal. Emotional overinvolvement is the other end: hovering, doing everything for them, treating them as fragile, sacrificing your own life entirely for theirs. All three, despite coming from very different places, have the same effect: they raise the emotional temperature of the home, which raises the risk of an episode."

"Here's the hard part. Most of this comes from love. The criticism comes from frustration that is rooted in caring. The overinvolvement comes from fear. Nobody in this room is a villain. But good intentions don't neutralize the impact."

"So this week's work is awareness. Not change — not yet. Just honest observation. When you leave here, I want you to notice: What is the emotional temperature in your home on an average day? Where does it spike? What triggers it? And what is your contribution to that temperature?"

"This is not comfortable work. But it is the work that changes outcomes."

Nervous System Regulation Exercise: 4-7-8 Breathing

"Before we go into the worksheet, let's do something to bring your nervous system down a notch. This is called 4-7-8 breathing. It's a structured breath pattern that activates your parasympathetic nervous system — the 'rest and digest' side."

"Here's how it works: Inhale through your nose for 4 counts. Hold for 7 counts. Exhale through your mouth — completely, make a sound if you want — for 8 counts. The long exhale is what does the work."

"Let's do three cycles together. In for 4... hold for 7... out for 8. Good."

> *Why this works: The extended exhale activates the vagus nerve, which signals the heart to slow down. Dr. Andrew Weil, who popularized this technique, describes it as a natural tranquilizer for the nervous system. The 4-7-8 ratio specifically maximizes the parasympathetic response.*

"Use this before a difficult conversation. Use it when you feel your temperature rising. It takes less than 90 seconds and it works."

Compassionate Inquiry: The Emotional Temperature Check

*"One more thing before we close. Gabor Maté talks about the difference between *reacting* and *responding*. A reaction is automatic — it's the old nervous system doing what it learned to do. A response is chosen. The gap between stimulus and response is where your freedom lives."*

> *CI Exercise: The Temperature Check*
>
> *Think about the last time the emotional temperature in your home spiked.*
>
> *1. What happened? (Just the facts — what was said or done?)*
>
> *2. What did you feel? (Name the emotion precisely — not just "upset," but what underneath that?)*
>
> *3. What did you do? (Your reaction — not what you wish you'd done)*
>
> *4. What story was running? (What did you tell yourself about what it meant?)*
>
> *5. What would a response have looked like instead?*

"Write it down. The goal isn't to judge the reaction — it's to see the pattern. You can't change what you can't see."

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

WEEK 3

Recognizing and Tracking Moods

Learning to identify early warning signs of mood episodes.

Session Objectives

- Identify the subtle signs of emerging hypomania.
- Recognize the early warnings of a depressive episode.
- Learn how to use a mood chart effectively.
- Develop a shared language for discussing mood states.

Supporter Checklist

[ ] Review the symptoms of hypomania and depression.
[ ] Complete Worksheet C.
[ ] Start a mood chart with your loved one (if they are willing).
[ ] Discuss the concept of a 'relapse signature' with your loved one.
[ ] Practice using non-judgmental language to talk about mood.

Session Script

You: This week is about becoming a skilled observer. Bipolar mood episodes don't appear out of nowhere. They have a 'relapse signature'—a unique pattern of early warning signs. Think of yourself as a weather forecaster learning to spot the signs of an approaching hurricane. For hypomania, it might not be a sudden burst of energy, but a subtle decrease in sleep, more rapid speech, or taking on too many projects. For depression, it might start with social withdrawal or increased fatigue. Your job is to learn your loved one's specific signature. A mood chart is your primary tool here. It's not about surveillance; it's about collaboration. By tracking sleep, energy, and mood, you create a shared dataset that can help you both see patterns and intervene early. Your role is not to diagnose or label. It is to be a collaborative tracker, helping to gather the information that can empower your loved one and their treatment team to act proactively, not reactively.

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?"

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 4

Communication Skills

Building a foundation of clear, calm, and effective communication.

Session Objectives

- Learn active listening techniques.
- Practice using 'I' statements to express feelings and needs.
- Understand how to validate your loved one's experience without necessarily agreeing.
- Develop strategies for de-escalating tense conversations.

Supporter Checklist

[ ] Review the principles of active listening.
[ ] Complete Worksheet D.
[ ] Practice using 'I' statements in a low-stakes conversation.
[ ] Try to validate your loved one's feelings in a conversation.
[ ] Identify a trigger for tense conversations and plan how to handle it.

Session Script

"Communication is the bedrock of everything we're building. And when Bipolar II is in the room, conversations can become minefields fast. This week, we focus on three specific skills that will change the texture of your interactions: active listening, 'I' statements, and validation. These aren't soft skills. They're clinical tools with decades of research behind them."

"Let's start with active listening. Most of us think we're listening when we're actually just waiting for our turn to talk, or mentally composing our rebuttal. Active listening means your only job in this moment is to understand what the other person is experiencing. Not to fix it. Not to correct it. Just to understand it well enough that you could describe it back to them accurately."

"Here's a concrete practice: After they finish speaking, before you say anything, reflect back what you heard. 'What I'm hearing is that you felt dismissed when I said that. Is that right?' You're not agreeing. You're not conceding. You're just confirming you understood. That alone — just being accurately heard — is profoundly calming to a dysregulated nervous system."

"Second skill: 'I' statements. The formula is simple: 'I feel [emotion] when [specific behavior] because [impact on me].' Not 'You're being manic again.' That's a diagnosis and an accusation in four words. Instead: 'I feel scared when I see you staying up all night because I know what usually comes next.' Same information. Completely different emotional impact."

"Third: validation. This is the one that trips people up the most. Validation does not mean agreement. It means acknowledging that their experience makes sense from where they're standing. 'It sounds like you're feeling incredibly frustrated right now' is not the same as 'You're right to be furious at me.' You're just naming what you see. That distinction — between acknowledging and agreeing — is everything."

"Your role this week is not to be a debate partner or a fixer. It is to practice these three skills in low-stakes conversations first. Build the muscle before you need it in a crisis."

Nervous System Regulation Exercise: Orienting

"Let's do a quick regulation practice before we close. This one is called Orienting. It comes from Somatic Experiencing — Peter Levine's work with the nervous system."

"Here's how it works: Slowly turn your head from side to side, like you're scanning the room. Let your eyes move naturally — don't force them. Notice what you see. Notice the edges of the room, the light, any movement. Let your gaze land on something that feels neutral or pleasant. Stay there for a moment."

> *Why this works: Orienting is what mammals do after a threat passes — they look around to confirm safety. This movement signals to the brainstem that the threat is over. It activates the social engagement system and begins to downregulate the stress response.*

"You can do this anywhere — at the dinner table, in a waiting room, before a hard conversation. It looks like you're just looking around. Nobody knows it's a nervous system reset."

Compassionate Inquiry: The Conversation I Keep Avoiding

"One more reflection before we close. Most of us have a conversation we've been putting off — something we need to say but haven't. Maté's work suggests that what we don't say doesn't disappear. It goes underground, and it comes out sideways — as resentment, as sarcasm, as distance."

> *CI Exercise: The Unsaid Thing*
> *1. The conversation I keep avoiding is about:*
> *2. What I'm afraid will happen if I say it:*
> *3. What it's costing me to keep not saying it:*
> *4. The 'I' statement version of what I actually need to say:*

"You don't have to have this conversation this week. But I want you to write it down. Getting it out of your head and onto paper is the first step toward being able to say it out loud."

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

WEEK 5

Problem-Solving and Crisis Management

Developing a structured approach to solving problems and managing crises.

Session Objectives

- Learn a collaborative problem-solving model.
- Differentiate between a problem to be solved and a crisis to be managed.
- Create a crisis response plan.
- Identify key contacts and resources for emergencies.

Supporter Checklist

[ ] Review the steps of collaborative problem-solving.
[ ] Complete Worksheet E.
[ ] Draft a crisis response plan.
[ ] Compile a list of emergency contacts.
[ ] Discuss the crisis plan with your loved one during a calm moment.

Session Script

You: Life is full of problems, and Bipolar II can amplify them. This week, we build a toolkit for tackling challenges systematically. It's about moving from reactive panic to structured problem-solving. Imagine you're a team of engineers building a bridge. You wouldn't just start throwing materials together; you'd have a blueprint. The problem-solving model we'll use is that blueprint: define the problem, brainstorm solutions, evaluate them, choose one, and make a plan. It's a collaborative process, not a dictatorship. But some situations aren't problems to be solved; they are crises to be managed—like a fire that needs to be put out before you can rebuild. This is where a crisis plan is essential. Who do you call? What are the steps? Having this plan in place beforehand reduces fear and chaos in the moment. Your role is not to solve every problem for them. It is to be a structured thinking partner and a calm co-manager during a crisis. This builds their confidence and your peace of mind.

Nervous System Regulation Exercise: Physiological Sigh

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

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

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

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

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

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

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

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

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

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

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

WEEK 6

Reducing Accommodation

Learning to be supportive without enabling problematic behaviors.

Session Objectives

- Define accommodation and how it can be counterproductive.
- Identify ways you may be accommodating your loved one's symptoms.
- Develop a plan to gradually reduce accommodation.
- Learn to set boundaries in a supportive way.

Supporter Checklist

[ ] Define what accommodation means in your specific situation.
[ ] Complete Worksheet F.
[ ] Identify one accommodating behavior to change.
[ ] Practice a boundary-setting statement.
[ ] Reflect on the difference between support and enabling.

Session Script

"We've spent five weeks building skills. This week, we talk about one of the most common — and most well-intentioned — ways those skills can backfire. It's called accommodation. And it's worth understanding carefully, because it looks exactly like love."

"Accommodation means changing your behavior to reduce your loved one's distress in the short term, in ways that prevent them from developing their own coping capacity over the long term. Here's what it looks like in practice: You call in sick for them when they can't get out of bed. You cover for them at family events — 'She's not feeling well.' You pay off a debt from a hypomanic spending spree without discussing it. You tiptoe through the house to avoid any friction that might trigger an episode. You stop making plans with friends because it's easier than managing the fallout."

"Every one of those things comes from love. Every one of them also communicates — below the level of words — that you don't believe they can handle their own life. And over time, that message lands."

"Research in the OCD and anxiety literature — and increasingly in bipolar research — shows that family accommodation is one of the strongest predictors of symptom maintenance. Not because families are doing something wrong. But because the short-term relief it provides prevents the person from learning that they can tolerate discomfort and survive it."

"The goal here is not to become cold or withholding. It is to shift from being a buffer between them and their experience to being a support alongside them as they face it. That's a fundamentally different posture. A buffer absorbs the impact. A support says: 'I'm here. You can do this. I'll walk with you.'"

"This week, we're going to identify one specific accommodation you're currently providing and make a plan to gradually — not abruptly — reduce it. Gradual is the key word. Abrupt withdrawal is not the goal. Thoughtful, collaborative stepping back is."

Nervous System Regulation Exercise: Progressive Muscle Relaxation (Abbreviated)

"Before we close, let's do a quick body-based regulation exercise. This is an abbreviated version of Progressive Muscle Relaxation — a technique with over 80 years of clinical evidence behind it."

"We're going to tense and release three muscle groups. Start with your hands: make tight fists, hold for 5 seconds, then release completely. Notice the difference between tension and release. Now your shoulders: shrug them up toward your ears, hold for 5 seconds, release. Finally, your face: scrunch everything — eyes, forehead, jaw — hold for 5 seconds, release."

> *Why this works: The deliberate tension-release cycle teaches your nervous system to recognize and release chronic muscular holding. Edmund Jacobson, who developed this technique in the 1920s, showed that muscular relaxation and anxiety cannot coexist — when the body releases, the mind follows.*

"Caregivers carry a lot of tension in their bodies — often without knowing it. This is a way to check in and let go."

Compassionate Inquiry: The Cost of Accommodation

"One more reflection. Accommodation has a cost for you, not just for them. Maté talks about the way we lose ourselves in caregiving — how we gradually stop having needs, preferences, limits. The accommodation becomes so automatic we forget it's a choice."

> *CI Exercise: What I've Given Up*
>
> *1. One thing I've stopped doing because of this relationship:*
>
> *2. One thing I say yes to that I want to say no to:*
>
> *3. What I tell myself to justify it:*
>
> *4. What it would mean about me if I stopped accommodating this:*
>
> *5. What I actually need right now that I'm not asking for:*

"These are not comfortable questions. But they're honest ones. And honesty is where change begins."

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

WEEK 7
Treatment Options

Understanding the range of available treatments for Bipolar II Disorder.

Session Objectives

- Learn about the primary medication classes used for Bipolar II.
- Understand the role of psychotherapy (like FFT, CBT, and IPSRT).
- Recognize the importance of a collaborative treatment team.
- Explore complementary strategies like lifestyle and wellness.

Supporter Checklist

[ ] Review the common medications and therapies for Bipolar II.
[ ] Complete Worksheet G.
[ ] Help your loved one prepare for their next doctor or therapy appointment.
[ ] Research one complementary wellness strategy (e.g., sleep hygiene).
[ ] Reflect on how you can best support the treatment plan.

Session Script

"This week, we demystify treatment. Because one of the most common sources of conflict in families dealing with Bipolar II is disagreement — or confusion — about what treatment is supposed to do, how long it takes, and what role everyone plays in it."

"A good treatment plan for Bipolar II has multiple components, and they work best together. Think of it like a three-legged stool: medication, psychotherapy, and lifestyle. Remove any one leg and the whole thing becomes unstable."

"Medication is often the first leg, and for many people it's essential. The most commonly used medications for Bipolar II include mood stabilizers like lithium and lamotrigine, and atypical antipsychotics like quetiapine. These are not 'happy pills' — they're neurochemical stabilizers that reduce the amplitude of mood cycles. They don't eliminate all symptoms. They create a floor. And they take time — weeks to months — to reach therapeutic effect. Your role here is not to manage the medication. It's to notice and report: 'I've noticed you seem more tired since the dose change' is useful clinical information."

"The second leg is psychotherapy. Three approaches have the strongest evidence base for Bipolar II: Family-Focused Therapy — which is what we're doing here — teaches communication and relapse prevention skills to the whole support system. Cognitive Behavioral Therapy targets the thought patterns that amplify mood episodes. And Interpersonal and Social Rhythm Therapy, developed by Ellen Frank at the University of Pittsburgh, focuses specifically on stabilizing daily routines — sleep, meals, activity — because rhythm disruption is a known trigger for mood

episodes."

"The third leg is lifestyle. This is not a soft add-on. Sleep is the single most powerful lifestyle lever for bipolar stability — one disrupted night can trigger a hypomanic episode in someone who is otherwise well-managed. Regular exercise has mood-stabilizing effects comparable to some medications. Alcohol and cannabis, even in moderate amounts, destabilize mood cycles. These are not moral judgments. They're pharmacology."

"Your role as a treatment ally is specific: encourage consistency, help track patterns, reduce barriers, and stay curious rather than controlling. 'How are you feeling about the medication?' is a better question than 'Did you take your pill?' One invites conversation. The other invites defensiveness."

Nervous System Regulation Exercise: Humming / Vocal Toning

"Let's do something a little different for our regulation practice this week. This one uses your voice."

"Simply hum. Any pitch, any tone. Close your mouth and hum continuously for about 30 seconds. Feel the vibration in your chest, your throat, your face. If you want, try a low 'mmm' sound or a sustained 'vvv' — both work well."

> *Why this works: Humming stimulates the vagus nerve directly through the vibration of the vocal cords. The vagus nerve is the primary pathway of the parasympathetic nervous system. Stephen Porges' Polyvagal Theory identifies vocal toning as one of the most direct ways to activate the social engagement system and shift out of defensive states.*

"This is also something you can teach your loved one. Humming together — even briefly — is a co-regulation practice. It's not weird. It's neuroscience."

Compassionate Inquiry: The Treatment Story

"One more reflection. Most families have a story about treatment — about what it means that their person needs medication, or what it says about the family that things got bad enough to require hospitalization. Maté's work is clear: the stories we carry about illness shape how we respond to it."

> *CI Exercise: My Treatment Story*
> *1. My honest feeling about my loved one's medication is:*
> *2. The story I carry about what needing treatment means:*
> *3. Where I learned that story:*
> *4. How that story affects how I talk about treatment with them:*
> *5. What I'd want to believe instead:*

"These stories are worth examining. They shape every conversation you have about treatment — often without either of you knowing it."

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

WEEK 8
Medication Adherence

Navigating the challenges and importance of sticking with medication.

Session Objectives

- Understand the common reasons for medication non-adherence.
- Learn collaborative strategies to support adherence.
- Develop a plan for managing side effects.
- Know how to respond when your loved one wants to stop their medication.

Supporter Checklist

[ ] Review the common barriers to medication adherence.
[ ] Complete Worksheet H.
[ ] Have a calm conversation about medication with your loved one.
[ ] Help create a system for remembering medication (e.g., pillbox, alarms).
[ ] Role-play how you would respond if they want to stop their meds.

Session Script

You: Medication can be a lifeline, but it can also be a battle. This week, we address one of the most common and critical challenges: adherence. It's not as simple as just taking a pill. People stop for many reasons: they feel better and think they don't need it anymore, they miss the 'highs' of hypomania, or the side effects are debilitating. This isn't a matter of willpower. Think of it like managing any chronic illness, like diabetes. You need the insulin every day, not just when you feel sick. Your role is not to be the medication police. Nagging and threats will backfire. Your role is to be a collaborative partner. This means listening to their concerns about side effects, helping them problem-solve ways to remember their doses, and gently reminding them of the stability the medication provides. If they want to stop, the goal isn't to force them, but to insist on a conversation with their doctor first. You are the advocate for a safe and planned approach, not a forced 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."

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

WEEK 9

Boundaries and Self-Care

Protecting your own well-being to remain an effective supporter.

Session Objectives

- Understand the link between supporter burnout and poor outcomes.
- Identify your own personal boundaries.
- Develop a self-care plan.
- Learn to say 'no' without guilt.

Supporter Checklist

[ ] Assess your own current stress and burnout levels.
[ ] Complete Worksheet I.
[ ] Schedule one non-negotiable self-care activity for this week.
[ ] Practice saying 'no' to a small request.
[ ] Identify one person you can turn to for your own support.

Session Script

You: We've spent eight weeks focused on your loved one. This week is about you. You cannot pour from an empty cup. Being a supporter for someone with Bipolar II is a marathon, not a sprint, and if you don't refuel, you will burn out. Burnout isn't just bad for you; it's bad for them. It leads to resentment, criticism, and a return of that high 'Expressed Emotion' we talked about in Week 2. Self-care isn't selfish; it's a strategic necessity. It's the oxygen mask on the airplane—you have to put yours on first before you can help anyone else. This means setting boundaries. It means recognizing that you are not responsible for their happiness 24/7. It means having a life, hobbies, and friends that are separate from your role as a supporter. Your role is not to be a martyr. It is to be a healthy, resilient individual who can offer support from a place of fullness, not depletion. This is non-negotiable for long-term success.

Nervous System Regulation Exercise: Hand on Heart

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

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

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

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

Nervous System Regulation Exercise: Butterfly Hug

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

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

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

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

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

WEEK 10
Relapse Prevention Plan

Formalizing a plan to maintain stability and manage future episodes.

Session Objectives

- Integrate all the skills learned so far into a single document.
- Formalize the relapse signature and early intervention steps.
- Clarify roles and responsibilities for both supporter and loved one.
- Create a written plan to be shared with the treatment team.

Supporter Checklist

[ ] Review the concepts of relapse signature and early intervention.
[ ] Complete Worksheet J with your loved one.
[ ] Write out a formal relapse prevention plan.
[ ] Schedule a time to review the plan with the treatment team.
[ ] Celebrate the creation of this collaborative tool.

Session Script

You: This week, we bring everything together. All the skills you've learned—mood tracking, communication, problem-solving—culminate in a single, powerful document: the relapse prevention plan. This is your shared roadmap to stability. It's not just a crisis plan; it's a wellness plan. It formalizes the relapse signature we identified in Week 3. It outlines specific, agreed-upon actions to take when those early warning signs appear. For example: 'If I am sleeping less than 5 hours for two consecutive nights, I will call my doctor, and my supporter will help me reduce my schedule.' This plan replaces guesswork with strategy. It clarifies everyone's role, reducing conflict and anxiety when symptoms emerge. Your role is not to create this plan in isolation. It is to be a co-author with your loved one, and a presenter of this plan to the entire treatment team. This document transforms you from a reactive family member into a proactive, integral part of the wellness team.

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 11
Fostering Independence

Supporting autonomy and helping your loved one build a life beyond their diagnosis.

Session Objectives

- Understand the importance of fostering independence and self-efficacy.
- Identify areas where your loved one can take more ownership.
- Support their pursuit of personal goals (work, school, relationships).
- Navigate the balance between support and autonomy.

Supporter Checklist

[ ] Reflect on the balance of support and independence in your relationship.
[ ] Complete Worksheet K.
[ ] Have a conversation about your loved one's personal goals.
[ ] Identify one area where you can step back and they can step up.
[ ] Celebrate a step they take toward greater independence.

Session Script

"We're in the final stretch. This week is about something that sounds simple but is actually one of the hardest shifts in this whole program: stepping back."

"The ultimate goal of support is to become less necessary. Not irrelevant — not absent — but less necessary. Because the measure of good support is not how much you do for someone. It's how much capacity they develop to do for themselves."

"Recovery from Bipolar II is not just the absence of episodes. It's the presence of a meaningful life — work, relationships, purpose, identity that isn't organized entirely around the illness. And that life cannot be built for them. It has to be built by them. Your job, at this stage, is to create the conditions in which that building can happen."

"What does that look like practically? It means letting them manage their own medication and appointments, even if they sometimes miss one. It means not calling the doctor on their behalf unless there's a genuine safety concern. It means asking 'What do you want to do about this?' before offering a solution. It means tolerating the discomfort of watching them struggle with something you could easily fix — because the struggle is where the capacity develops."

"This is a continuation of the work we did in Week 6 on accommodation. But there's a different emphasis here. Week 6 was about stopping behaviors that were preventing growth. This week is about actively creating space for growth to happen. It's not just removing the crutch — it's encouraging them to walk."

*"Here's the reframe that helps most supporters: You are not stepping back because you don't care. You are stepping back *because* you care — because you believe they are capable of more than the illness has allowed them to show, and you're willing to act on that belief even when it's uncomfortable."*

Nervous System Regulation Exercise: Bilateral Movement

"Let's do a regulation practice that's also a metaphor for what we're talking about. This one is called Bilateral Movement — alternating activation of the left and right sides of the body."

"Stand up if you can. March in place, lifting your knees and swinging your arms in opposition — right knee up, left arm forward, then switch. Do this for about 30 seconds. Or, if you're seated, tap your knees alternately — right, left, right, left — while moving your arms in opposition."

> *Why this works: Alternating bilateral movement integrates the left and right hemispheres of the brain. This is the same principle underlying EMDR and Bilateral Stimulation in trauma therapy. It helps process stuck emotional states and promotes a sense of forward movement — literally and neurologically.*

"Notice how it feels to move forward, even in place. That's the nervous system's experience of momentum. You can bring that into your week."

Compassionate Inquiry: What I'm Holding That Isn't Mine

"One more reflection — and this one is important as we approach the end of the program. Maté talks about the way caregivers absorb the emotional weight of the people they love. We carry their anxiety, their shame, their fear. And over time, we lose track of what's ours and what's theirs."

> *CI Exercise: What I'm Carrying*
>
> *1. An emotion I've been feeling that might actually belong to my loved one:*
>
> *2. A responsibility I've taken on that is actually theirs:*
>
> *3. A fear I have about what happens if I let go of it:*
>
> *4. What I would feel if I set it down:*
>
> *5. One thing I can do this week to give something back — gently, without abandonment:*

"Stepping back is not the same as walking away. It's the most loving thing you can do at this stage. And it starts with getting clear about what's yours to carry and what isn't."

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."

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

WEEK 12
Looking to the Future

Consolidating progress and planning for long-term wellness.

Session Objectives

- Review the progress made over the past 12 weeks.
- Acknowledge the challenges and successes.
- Create a plan for continuing to use the skills learned.
- Identify sources of ongoing support for both of you.

Supporter Checklist

[ ] Review your worksheets and notes from the past 12 weeks.
[ ] Complete Worksheet L.
[ ] Have a final review conversation with your loved one about the program.
[ ] Make a plan for how you will continue to support each other.
[ ] Acknowledge your hard work and dedication.

Session Script

You: We have reached the end of our 12 weeks, but this is not the end of the journey. It is the beginning of a new way of navigating it. Look back at where you were in Week 1. You have built a foundation of knowledge, a toolkit of skills, and a new, more effective way of relating to your loved one. You have moved from a position of helplessness to one of skilled support. The path forward will still have its ups and downs—that is the nature of Bipolar II. But you now have a map and a compass. You have the relapse prevention plan, the communication skills, and the self-care practices to manage the journey. Your role was never to cure the illness. It was to become an effective, informed, and compassionate ally. You have done the work to become just that. Now, the task is to continue practicing these skills, to keep the lines of communication open, and to continue to support yourself as you support them. You are ready.

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

"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."

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"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

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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