The Supporter's Guide to Depression 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 for someone living with depression.

Who This Is For

- Family members supporting a loved one with Major Depressive Disorder
- Friends who want to provide structured, evidence-based support
- Spouses/Partners seeking practical tools beyond "just be there"

How It Works

This is a 12-week program designed to be done with your loved one. Each week introduces a new skill, grounded in Behavioral Activation and Cognitive Behavioral Therapy — the two most evidence-based approaches for depression. You will move from understanding the disorder, through building momentum with activity, to restructuring the thought patterns that keep depression locked in place.

What This Is NOT

This manual does not replace professional treatment. It supplements it. Think of yourself as the physical therapist who helps someone do their exercises between doctor visits. The doctor sets the plan; you help them follow through.

WEEK 1

Understanding Depression

Learn what depression actually is — and what it is not — so you can support with clarity instead of guesswork.

Session Objectives

- Understand depression as a medical condition, not a character flaw
- Learn the key symptoms of Major Depressive Disorder
- Recognize the difference between sadness and clinical depression
- Understand the role of neurotransmitters and the stress response

Supporter Checklist

[ ] Check-in: How are you both feeling about starting this?
[ ] Read through the psychoeducation material together
[ ] Discuss: What did you already know? What surprised you?
[ ] Complete Worksheet A: What I Know Now
[ ] Set the ground rules for your coaching relationship

Session Script

"Before we start learning skills, we need to understand what we're dealing with. Depression isn't laziness. It isn't weakness. It's a medical condition that changes how the brain processes reward, motivation, and energy."

"Here's the thing most people don't know: depression literally shrinks the part of the brain that handles motivation and pleasure. That's why telling someone to 'just get up and do something' is like telling someone with a broken leg to 'just walk it off.' The hardware is compromised."

"The good news? The brain is plastic. It can change. And the skills we're going to learn over the next 12 weeks are specifically designed to help rewire those circuits. But first, let's make sure we're on the same page about what depression actually looks like."

Key Points to Cover:

- Depression affects sleep, appetite, energy, concentration, and the ability to feel pleasure (anhedonia)
- It is not a choice, and it is not something you can "snap out of"
- The average depressive episode lasts 6-8 months without treatment, but treatment significantly shortens this
- Medication works on the chemistry; therapy and coaching work on the patterns. Both matter.
- Your role is not to fix them. Your role is to walk beside them while they rebuild.

"How does all of that land for you? Anything you want to push back on or ask about?"

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

Activity & Mood Monitoring

Establish a baseline by tracking daily activities and mood levels to find the connection between doing and feeling.

Session Objectives

- Understand the connection between activity and mood
- Establish a daily tracking habit
- Identify patterns in energy and mood levels
- Recognize the depression cycle: low mood --> less activity --> lower mood

Supporter Checklist

[ ] Check-in: How was the week? Any reactions to last week's discussion?
[ ] Introduce the concept: Activity affects mood (the depression cycle)
[ ] Introduce Worksheet B: The Activity & Mood Log
[ ] Walk through one example entry together
[ ] Set the goal: Fill it out daily for the next week

Session Script

"Last week we talked about what depression is. This week, we're going to start gathering data. No changes yet — just noticing."

"Depression creates a vicious cycle. You feel bad, so you do less. You do less, so you feel worse. You feel worse, so you do even less. And on it goes. The first step to breaking that cycle is seeing it clearly."

"This is an Activity & Mood Log. At the end of each day — or a few times a day if you can — just jot down what you did and rate your mood from 0 to 10. Zero is the lowest you've ever felt. Ten is the best."

"There's no right or wrong answer. We're just gathering data. Think of it like a scientist collecting observations before running an experiment. How does that sound?"

Important: If your loved one says "I didn't do anything," that IS data. Write it down. "Stayed in bed, mood: 2." That's valuable information, not a failure.

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 3

Building a Positive Activities List

Analyze the Activity & Mood Log to identify what helps — even a little — and build a menu of positive activities.

Session Objectives

- Review the Activity & Mood Log for patterns
- Identify activities linked to higher mood ratings
- Distinguish between Pleasure activities and Mastery activities
- Create a personalized 'Positive Activities Menu'

Supporter Checklist

[ ] Check-in: How did the tracking go?
[ ] Review the log together: Look for connections between activities and mood
[ ] Introduce the concepts of Pleasure and Mastery
[ ] Complete Worksheet C: Positive Activities Menu
[ ] Brainstorm activities together — include very small ones

Session Script

"Welcome back. How did the tracking go? Let's look at what you found."

"We're looking for patterns. I see here on Wednesday when you walked to the mailbox, your mood was a 4. That's higher than most days. What was that like?"

"There are two kinds of positive activities. Pleasure activities are things that feel good — watching a favorite show, petting the dog, eating something you enjoy. Mastery activities are things that give you a sense of accomplishment — doing the dishes, answering one email, taking a shower."

"When you're depressed, Mastery activities are often more powerful than Pleasure activities, because they fight the 'I'm useless' narrative. But both matter."

"Let's make a menu. We're not committing to doing any of these yet. We're just brainstorming options. And I want to include really small things — like 'open the blinds' or 'brush my teeth.' Those count."

Compassionate Inquiry: The Compassionate Pause

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

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

CI Exercise: The Compassionate Pause

1. Pause. Put your hand on your chest. Feel your heartbeat.

2. Name it. 'Right now I am feeling _____.'

3. Locate it. 'I feel it in my _____ (chest, throat, stomach, jaw).'

4. Ask. 'What story is this feeling connected to? Is this about right now, or is this old?'

5. Choose. 'What do I actually want to happen next?'

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

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

WEEK 4

Activity Scheduling & Overcoming Inertia

Move from planning to doing by scheduling specific activities and learning to act before motivation arrives.

Session Objectives

- Schedule 1-2 activities from the Positive Activities Menu
- Learn the principle: Action comes before motivation
- Identify and plan for obstacles
- Practice the 5-Minute Rule

Supporter Checklist

[ ] Check-in: How was the week?
[ ] Review the Positive Activities Menu
[ ] Choose 1-2 of the easiest activities
[ ] Schedule them on Worksheet D with specific day/time
[ ] Introduce the 5-Minute Rule and obstacle planning

Session Script

"Last week we built a menu of activities — things that used to bring pleasure or a sense of accomplishment. This week, we're going to take one small item off that menu and actually schedule it. Not try it. Schedule it. There's a difference."

"Here's the most important thing I can tell you about depression and motivation: the sequence is backwards from what most people expect. We take action. Depression flips that. The actual sequence is something!' motivation follows. Action comes first. Always

"This is not a character failing. It's neuroscience. Depression suppresses dopamine signaling in the reward circuitry — specifically the nucleus accumbens and the prefrontal cortex. The brain stops predicting that effort will lead to reward. So it stops initiating effort. The 5-Minute Rule is a workaround for that suppression: commit to just 5 minutes. The bar is so low the brain can't argue with it. And once you're in motion, the dopamine system often kicks in — not because you felt like it, but because you started."

"Let's pick the single easiest item from last week's list. Not the most meaningful. The easiest. We're building a track record of completion, not a monument to ambition. What's the one thing that feels like the least resistance?"

"Good. Now let's schedule it. Not 'sometime this week' — a specific day, a specific time, a specific duration. Write it down. Research on implementation intentions — the 'when, where, how' of a plan — shows that specificity dramatically increases follow-through, especially in low-motivation states."

"Now let's anticipate the obstacle. What will depression tell you when that time comes? 'I'm too tired.' 'It won't help anyway.' 'I'll do it tomorrow.' Those are not facts. They're symptoms. What's your plan when you hear that voice?"

Important for the Supporter: If they didn't complete the activity from last week, do NOT express disappointment. Say: "That's useful information. It tells us the obstacle was stronger than we expected. Let's adjust the activity or the plan — not the person."

Nervous System Regulation Exercise: Cold Water on the Face

"Let's do a quick regulation practice. This one is fast and surprisingly effective. If you have access to cold water, splash some on your face — or hold your wrists under cold running water for 30 seconds. If not, just imagine the sensation."

> *Why this works: Cold water on the face triggers the mammalian dive reflex — a hardwired physiological response that immediately slows the heart rate and activates the parasympathetic nervous system. The trigeminal nerve, which covers the face, has a direct line to the vagus nerve. This is the same mechanism used in DBT's TIPP skill for emotional regulation.*

"This is especially useful when the activation of starting something feels overwhelming. A quick cold-water reset can lower the threshold enough to begin."

Compassionate Inquiry: The Story About Trying

"One more reflection. Most people with depression have a story about what it means when they try something and it doesn't work. That story is often more disabling than the depression itself."

> *CI Exercise: The Trying Story*
>
> *1. When I try something and it doesn't work, the story I tell myself is:*
>
> *2. I first learned that story when:*
>
> *3. What that story costs me:*
>
> *4. What I would tell a friend who said that story to themselves:*
>
> *5. What I want to believe instead — even if I don't feel it yet:*

"The goal isn't to force positive thinking. It's to notice the story, see where it came from, and decide whether it's still serving you."

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

WEEK 5

Values-Based Activation

Connect daily activities to personal values so that motivation has a deeper anchor than just 'feeling better.'

Session Objectives

- Identify core personal values
- Connect scheduled activities to those values
- Understand why values matter more than mood
- Create a Values-Activity Map

Supporter Checklist

[ ] Check-in: How did the scheduled activities go?
[ ] Celebrate any activity completed — even partial ones
[ ] Introduce the concept of values vs. goals
[ ] Complete Worksheet E: Values-Activity Map
[ ] Revise the activity schedule to align with values

Session Script

"We've been scheduling activities based on what might feel good or give a sense of accomplishment. That's the right starting point. But today I want to go deeper, because there's a level of motivation that outlasts mood — and that's values."

"Values are different from goals, and the distinction matters enormously when you're depressed. A goal is something you achieve and check off. 'Run a 5K.' Done. A value is a direction you move toward — it's never finished. 'Be present for the people I love.' 'Take care of my body.' 'Create things.' 'Be honest.' Values don't get completed. They get lived."

*"Here's why this matters for depression: Depression tells you 'nothing matters.' That's the illness talking — it's not a fact. But when you're in it, it feels like a fact. Values are your counter-argument. Not because they feel good — they might not, right now — but because they're *yours*. They're what you've decided matters, independent of how you feel on any given Tuesday."*

"Steven Hayes, who developed Acceptance and Commitment Therapy, makes this distinction precisely: you don't have to feel motivated to act in accordance with your values. You just have to choose to. The feeling may or may not follow. The action is what you control."

"So let's do this carefully. I'm going to ask you about what matters to you — not what you think should matter, not what sounds good, but what actually does. When you imagine looking back on your life at 80, what do you want to have been true about how you lived? What kind of person do you want to have been?"

"Now let's connect that to this week's activity. Walking the dog isn't just exercise — it might serve your value of 'being a responsible caretaker' or 'staying connected to living things.' Calling your sister isn't just a task — it might serve your value of 'being present for family.' That connection — between the small action and the larger meaning — is what gives the activity traction when motivation is low."

"We're not manufacturing meaning. We're excavating it. It was already there."

Nervous System Regulation Exercise: Slow Exhale with Sound

"Let's do a regulation practice that also works with the voice. Take a normal breath in, and on the exhale, make a slow, extended 'shhh' sound — like you're hushing a baby. Let the exhale be long and complete. Do three of those."

> *Why this works: The extended, voiced exhale activates the vagus nerve through two pathways simultaneously: the length of the exhale triggers the baroreceptors in the lungs, and the vibration of the vocal cords directly stimulates the vagal branches in the throat. This is a particularly effective technique for the kind of flat, low-energy dysregulation that characterizes depression — it's activating without being stimulating.*

"Notice how even one or two of those changes the quality of your breath. That's your nervous system responding."

Compassionate Inquiry: The 'Why Bother' Voice

"One more reflection. The 'nothing matters' voice in depression is not neutral. It has a history. Maté's work consistently shows that the belief that one's needs and desires don't matter — that effort is futile — is almost always learned. It was the conclusion a child drew from a specific set of experiences."

> *CI Exercise: Where Did 'Nothing Matters' Come From?*
>
> *1. The first time I remember feeling like my efforts didn't matter:*
>
> *2. What I concluded about myself from that experience:*
>
> *3. Whose voice does the 'why bother' sound like?*
>
> *4. What that person couldn't see about me:*
>
> *5. One thing that actually matters to me, even right now:*

"That last question is the one to sit with. Even one thing. That's enough to start."

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

WEEK 6

Catching Negative Thoughts

Introduction to Cognitive Behavioral Therapy: learn to notice the automatic thoughts that fuel depression.

Session Objectives

- Understand the CBT model: Situation --> Thought --> Feeling
- Learn to catch automatic negative thoughts
- Begin using the Thought Record (Columns 1-3)
- Recognize that thoughts are not facts

Supporter Checklist

[ ] Check-in: How are the scheduled activities going?
[ ] Introduce the CBT triangle: Situation, Thought, Feeling
[ ] Explain automatic thoughts — the 'running commentary'
[ ] Walk through one example using the Thought Record
[ ] Goal: Catch 2-3 automatic thoughts this week

Session Script

*"We've been working on what you *do.* Now we're going to look at what you *think.* Because in depression, the brain generates a constant stream of negative commentary — and most of it goes unnoticed."*

"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 friend doesn't text back. That's the situation. Your brain says, 'She doesn't care about me.' That's the thought. And then you feel sad and lonely. But here's the thing — the thought might not be true. She might be busy, or her phone died."

"This week, we're just going to practice catching those thoughts. When you notice your mood drop, 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 later.

Nervous System Regulation Exercise: 4-7-8 Breathing

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

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

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

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

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

Nervous System Regulation Exercise: Humming / Vocal Toning

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

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

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

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

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

WEEK 7

Thinking Traps & Cognitive Distortions

Identify the common thinking patterns that keep depression locked in place.

Session Objectives

- Learn the most common cognitive distortions in depression
- Label thoughts from the Thought Record with distortion names
- Understand that naming the trap weakens its power
- Practice catching distortions in real time

Supporter Checklist

[ ] Review last week's Thought Records
[ ] Introduce the 'Top 5' cognitive distortions in depression
[ ] Look at past thoughts and label them with distortion names
[ ] Complete Worksheet G: Distortion Detective
[ ] Goal: Catch and label 3 distortions this week

Session Script

"Last week you caught some automatic thoughts. Great work. Now I want to show you something that will change how you see those thoughts."

"Therapists have identified common 'thinking traps' — patterns that our brains fall into, especially during depression. Once you can name the trap, it loses some of its power."

The Top 5 Thinking Traps in Depression:

1. All-or-Nothing Thinking: "If it's not perfect, it's a total failure."
2. Mental Filter: Focusing only on the negative and ignoring the positive.
3. Mind Reading: "They think I'm pathetic" — assuming you know what others think.
4. Fortune Telling: "This will never get better" — predicting the worst.
5. Labeling: "I'm a loser" — turning a behavior into an identity.

"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 Fortune Telling.' Just naming it creates a tiny bit of distance between you and the thought."

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."

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

WEEK 8

Breaking the Rumination Cycle

Learn to recognize and interrupt rumination — the repetitive, circular thinking that is depression's favorite fuel.

Session Objectives

- Understand what rumination is and why it's different from problem-solving
- Learn the difference between productive and unproductive worry
- Practice three rumination-interruption techniques
- Create a personal 'Rumination First Aid Kit'

Supporter Checklist

[ ] Check-in: How did the distortion labeling go?
[ ] Introduce rumination: the 'broken record' of depression
[ ] Teach the Rumination Test: 'Am I solving or spinning?'
[ ] Practice three interruption techniques
[ ] Complete Worksheet H: Rumination First Aid Kit

Session Script

"There's a specific kind of thinking that depression loves. It's called rumination. It's when you go over the same thoughts again and again — 'Why did I say that? What's wrong with me? Why can't I just be normal?' — without ever reaching a conclusion."

"Rumination feels like problem-solving, but it's not. Problem-solving moves forward. Rumination goes in circles. Here's a quick test: Ask yourself, 'Am I closer to a solution than I was 10 minutes ago?' If the answer is no, you're ruminating."

"The research is clear: rumination is one of the strongest predictors of depression lasting longer and coming back. So learning to interrupt it is one of the most powerful things you can do."

Three Interruption Techniques:

1. The 5-Senses Grounding: Name 5 things you see, 4 you hear, 3 you touch, 2 you smell, 1 you taste. This yanks your brain out of the loop and into the present.

2. The Worry Appointment: Tell yourself, "I'll think about this at 4 PM for 15 minutes." Write it down and move on. When 4 PM comes, most of the urgency has faded.

3. The Activity Switch: Physically change what you're doing. Stand up, walk to another room, do a chore. Rumination needs stillness and passivity to thrive.

"Which of these do you think would work best for you? Let's build your personal Rumination First Aid Kit."

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

Social Reconnection

Address the social withdrawal that depression causes by rebuilding connections one small step at a time.

Session Objectives

- Understand why depression causes social withdrawal
- Identify the 'social avoidance cycle'
- Create a graded plan for social re-engagement
- Practice a 'social micro-dose' this week

Supporter Checklist

[ ] Check-in: How is the rumination work going?
[ ] Discuss social withdrawal: Why depression makes you isolate
[ ] Map current social connections (who's still in the picture?)
[ ] Complete Worksheet I: Social Reconnection Ladder
[ ] Choose one 'micro-dose' social activity for this week

Session Script

"Depression is one of the most effective isolation machines ever designed. It tells you that nobody wants to hear from you. That you're a burden. That people have moved on. That it's easier to just stay home. And the more you listen to those messages, the more isolated you become. And isolation makes depression worse. This is not a metaphor — it's a documented neurobiological feedback loop."

"Social connection directly affects the same neurochemical systems that depression disrupts. Face-to-face contact — and even voice contact — activates the social engagement system, releases oxytocin, and downregulates the threat response. Loneliness, by contrast, activates the same neural pathways as physical pain. The brain treats social exclusion as a survival threat. So isolation isn't just emotionally painful. It's physiologically dysregulating."

"This is the social avoidance cycle: You feel bad → you can about canceling → you feel worse → you avoid more → the rel isolation deepens. By the time most people come in for help, they've been in this cycle for months. Sometimes years."

"We're not going to try to reverse this overnight. We're going to use the same graduated approach we used with behavioral activation: start so small that the brain can't argue with it. A 'social micro-dose' might be texting one person a single sentence. Sitting on the porch while a neighbor walks by. Saying something to the barista beyond your order. These are not trivial. They are the first interruptions in the

avoidance cycle."

"Let's map your social world right now — not as it was, but as it is. Who are the people still in your orbit? Who feels safe — meaning low-stakes, low-judgment? Who would be the easiest first contact? We're not looking for your closest relationship. We're looking for the lowest bar."

"Now let's make a specific plan. One person. One form of contact. One time this week. Write it down."

Important for the Supporter: Do NOT push them into social situations they're not ready for. The goal is to reduce avoidance, not to overwhelm. One text message is a genuine clinical victory. Celebrate it as such.

Nervous System Regulation Exercise: Safe Place Visualization

"Let's do a brief visualization. This one is adapted from EMDR preparation work — it's called the Safe Place exercise."

"Close your eyes if that's comfortable. Bring to mind a place — real or imagined — where you feel completely safe and calm. It could be a room, a spot in nature, a place from childhood. Let the image develop. Notice what you see, what you hear, what the temperature feels like. Let yourself be there for a moment."

"Now notice what you feel in your body when you're in that place. Where is the calm? What does it feel like? Give it a word or a color if that helps. Take a breath and let it settle."

> *Why this works: Positive visualization activates the same neural pathways as the actual experience. The prefrontal cortex cannot fully distinguish between a vividly imagined safe experience and a real one. This creates a neurological anchor — a resource state you can return to when the social world feels threatening.*

"You can use this before any social contact that feels scary. Even 60 seconds of this before sending a text can lower the activation enough to make it possible."

Compassionate Inquiry: The Burden Story

"One more reflection. The 'I'm a burden' story is one of the most common and most damaging beliefs in depression. And like all the stories we've been examining, it has a history."

> *CI Exercise: The Burden Story*
>
> *1. The first time I remember feeling like I was too much for someone:*
>
> *2. What I concluded about myself from that:*

3. How that conclusion shows up now — in what I don't ask for, don't say, don't reach out about:

4. Evidence that contradicts the burden story:

5. One person who would genuinely want to hear from me:

"That last one is the one to act on. This week. One message. That's the assignment."

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

WEEK 10
Sleep, Routine & Self-Care

Build the daily structure that depression destroys — starting with sleep hygiene, consistent routines, and basic self-care.

Session Objectives

- Understand the bidirectional relationship between sleep and depression
- Learn sleep hygiene basics
- Create a consistent daily routine
- Identify the 'non-negotiable' self-care items

Supporter Checklist

[ ] Check-in: How did the social micro-dose go?
[ ] Discuss sleep: Too much? Too little? Disrupted?
[ ] Introduce sleep hygiene principles
[ ] Complete Worksheet J: Daily Routine & Self-Care Plan
[ ] Commit to one sleep hygiene change this week

Session Script

"This week we're talking about sleep and routine — two things that sound mundane and are actually among the most powerful clinical levers we have for depression. I want to explain why before we get to the practical stuff, because understanding the mechanism makes it easier to actually do."

"Depression disrupts sleep in both directions. Insomnia — lying awake, racing thoughts, early morning waking — is the most common presentation. But hypersomnia — sleeping 12, 14, 16 hours and still feeling exhausted — is equally disabling and less often addressed. Both are symptoms of the same underlying dysregulation of the circadian system and the HPA axis. And both make depression worse. Disrupted sleep increases inflammatory markers, reduces prefrontal cortex function, and amplifies amygdala reactivity. You are, in a very literal sense, more depressed after a bad night's sleep."

"The most evidence-based intervention for sleep in depression is not medication — it's Cognitive Behavioral Therapy for Insomnia, CBT-I. And the single most powerful component of CBT-I is sleep restriction combined with a consistent wake time. Not bedtime — wake time. You anchor the morning, and the rest of the sleep architecture organizes around it. Same time every day, including weekends. This is the one non-negotiable."

"The other essentials: No screens for 30 minutes before bed — the blue light suppresses melatonin production. Bed is for sleep only — not scrolling, not worrying, not watching TV. If you're not asleep within 20 minutes, get up and do something

boring in dim light until you're drowsy, then return. Limit caffeine after noon — caffeine has a half-life of 5 to 6 hours. Morning light exposure — even 10 minutes outside — sets the circadian clock and has measurable antidepressant effects."

"Beyond sleep, depression erodes routine. When every day is structureless, the brain loses its temporal anchors. Interpersonal and Social Rhythm Therapy — IPSRT, which has strong evidence for both depression and bipolar disorder — is built on this insight: stable daily rhythms stabilize mood. Not because routine is inherently therapeutic, but because the brain uses social and environmental cues to regulate its own biological rhythms. When those cues disappear, the system drifts."

"We're not building a military schedule. We're building three to five anchors: a consistent wake time, one regular meal, one scheduled activity, and a wind-down practice before bed. That's it. The brain can organize around that."

"Let's build yours right now. What time will you wake up — every day? What's the one meal you can make consistent? What's the activity? What's the wind-down?"

Nervous System Regulation Exercise: Body Scan for Sleep

"Let's do a brief body scan — this one is specifically designed to prepare the nervous system for sleep, but it's also useful for any moment when you need to downshift."

"Close your eyes. Start at the top of your head and slowly move your attention downward — scalp, forehead, eyes, jaw. Notice any tension and let it soften. Continue down: throat, shoulders, chest. Take a slow breath and let your chest expand and release. Continue: belly, lower back, hips. Let the weight of your body settle into the surface beneath you. Legs, knees, calves, feet. Let go."

> *Why this works: The body scan activates interoceptive awareness — attention to internal body sensations — which is processed in the insula and anterior cingulate cortex. This shifts attention away from ruminative thought loops (which are prefrontal) and into present-moment body experience. It also activates the parasympathetic nervous system through the progressive release of muscular tension.*

"This takes about 3 minutes. Done nightly, it becomes a reliable signal to the nervous system that sleep is coming."

Compassionate Inquiry: The Exhaustion Beneath the Exhaustion

"One more reflection. Depression fatigue is real — it's physiological, not laziness. But Maté's work points to something underneath the physical exhaustion: the exhaustion of self-suppression. The energy it takes to manage emotions that aren't allowed to be felt. To maintain a face. To keep going when

every instinct says stop."

> *CI Exercise: What I'm Tired Of*
>
> *1. Beyond the physical tiredness, I'm exhausted by:*
>
> *2. Something I've been carrying that I haven't said out loud:*
>
> *3. Something I've been doing for others that I haven't been doing for myself:*
>
> *4. One thing I could let go of — just for this week:*
>
> *5. What rest would actually look like for me — not sleep, but genuine rest:*

"That last question is worth sitting with. Rest and sleep are not the same thing. And sometimes what the body needs most is permission — not a better sleep schedule."

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

WEEK 11

Relapse Prevention & Early Warning Signs

Identify your personal early warning signs of depression returning and create an action plan for each one.

Session Objectives

- Identify personal 'Signature Signs' that depression is returning
- Distinguish between a bad day and a relapse
- Create a graded response plan (Yellow --> Orange --> Red)
- Share the plan with the support team

Supporter Checklist

[ ] Check-in: How is the daily routine going?
[ ] Discuss: What were the first signs last time depression came on?
[ ] Introduce the concept of 'Signature Signs'
[ ] Complete Worksheet K: Early Warning Signs & Action Plan
[ ] Share the plan with at least one other person

Session Script

"Depression often comes back. That's not a failure — it's the nature of the condition. But here's the good news: the earlier you catch it, the faster you can respond, and the less severe it tends to be."

"Think back to the last time depression crept in. What was the very first thing that changed? Was it your sleep? Your appetite? Did you start canceling plans? Did you stop showering?"

"These are your 'Signature Signs.' They're unique to you. And once we know them, we can create a plan so that when you — or I — notice them, we know exactly what to do."

"We're going to use a traffic light system:"

- Yellow (Early Signs): Subtle changes. Action: Increase self-care, re-engage with activities, tell your supporter.
- Orange (Escalating): Multiple signs present for more than a few days. Action: Contact your therapist or doctor, activate the full Daily Routine plan.
- Red (Crisis): Suicidal thoughts, inability to function, complete withdrawal. Action: Call the crisis line, go to the ER, activate the Safety Plan.

"Let's fill this out together. And then I want you to share it with me and at least one other person you trust."

Compassionate Inquiry: The Six Questions for Supporters

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

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

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

Nervous System Regulation Exercise: Bilateral Movement

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

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

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

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

Nervous System Regulation Exercise: Feet on Floor

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

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

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

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

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

WEEK 12

Graduation & Maintenance Plan

Review the entire journey, celebrate progress, and build a comprehensive maintenance plan for the road ahead.

Session Objectives

- Review all skills learned over the 12 weeks
- Celebrate progress — including the small wins
- Compile the Master Maintenance Plan
- Discuss long-term support and when to seek additional help

Supporter Checklist

[ ] Review the entire journey (Weeks 1-11)
[ ] Celebrate wins — big and small
[ ] Compile the Master Maintenance Plan (combining all worksheets)
[ ] Discuss: What happens after Week 12?
[ ] Complete Worksheet L: Master Maintenance Plan

Session Script

"We made it to Week 12. Take a moment to think about where you were when we started. You've tracked moods, scheduled activities, connected them to your values, caught and challenged negative thoughts, interrupted rumination, reconnected socially, built a daily routine, and created a relapse prevention plan."

"That's not nothing. That's a lot of hard work, done during a time when your brain was telling you it wasn't worth trying."

"This isn't the end. It's the beginning of using these tools on your own. Some weeks you'll use them all. Some weeks you'll forget. That's normal. The point is that you have them, and you know where to find them."

"Let's put everything together into one Master Maintenance Plan. Think of it as your personal depression-fighting manual — the highlights reel of everything that works for you."

For the Supporter:

- Continue checking in regularly, even after the program ends
- Watch for the early warning signs you identified in Week 11
- Remember: your role is to support, not to fix
- Take care of yourself — you've done hard work too
- If depression returns, that's not a failure. It's a signal to re-engage the tools.

"I'm genuinely proud of the work you've done. And I'm here for the long haul."

Compassionate Inquiry: A Final Reflection

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

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

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

Nervous System Regulation Exercise: Bilateral Movement

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

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

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

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

Appendix: Regulation Toolkit

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

Calming Sympathetic Arousal

For fight/flight, activated, anxious states

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

Activating from Shutdown

For numb, dissociated, foggy, dorsal vagal states

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

Grounding Practices

For both activation and shutdown

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

Self-Soothing / Co-Regulation

Activate the social engagement system

- **Self-Havening** (2–5 min)

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

- **Butterfly Hug** (30 sec–2 min)

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

Emergency / Crisis Tools

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

Match State to Practice

Panic / Acute Anxiety

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

General Anxiety

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

Dissociation / Numb

Try: Cold water, Orienting, Shaking, Strong smell

Shutdown / Collapsed

Try: Shaking, Bilateral Movement, Cold water

Hypervigilance

Try: Orienting, Humming, Left Nostril Breathing

Flashback

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

Anger / Discharge

Try: Shaking, Stamp feet, Bilateral Movement

Sleep Difficulty

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

Self-Compassion

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

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

Appendix: Your Digital Toolkit

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

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

Access all tools at curranscoachingmanuals.manus.space

Appendix: Guided Imagery Scripts

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

The Container (Appendix 4)

Containment Imagery -- ~12 minutes

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

Comfortable Place (Appendix 5)

Safe/Neutral Place Imagery -- ~15 minutes

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

Repairenting (Appendix 6)

Imagery for Disrupted Attachment -- ~18 minutes

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

CLINICIAN-GUIDED: Requires safety consent before recording.

Care and Nurture (Appendix 7)

Imagery for Care and Nurture -- ~10 minutes

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

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

Important Disclaimer

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

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

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

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