The Supporter's Guide to OCD Coaching

A 12-Week Program for Family & Friends

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

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

Introduction

Welcome. You're here because you care about someone with Obsessive-Compulsive Disorder (OCD), and you're looking for ways to help. This guide is designed to equip you with the knowledge, skills, and strategies to become an effective supporter. Over the next 12 weeks, we will delve into the mechanics of OCD, explore the powerful techniques of Exposure and Response Prevention (ERP), and learn how to reduce family accommodation—the ways we inadvertently strengthen OCD's grip.

Your role is not to be a therapist, but a coach. Think of it like this: the person with OCD is the athlete, and you are the coach on the sidelines, providing encouragement, strategy, and support. You can't run the race for them, but you can help them train, stay focused, and celebrate their victories. This program is based on clinically validated frameworks, primarily ERP and Family Accommodation Reduction, which research shows are highly effective in treating OCD [1, 2]. Our goal is to empower you to support your loved one's journey toward recovery, while also taking care of your own well-being.

References

[1] Thompson-Hollands, J., et al. (2014). Family accommodation of obsessional-compulsive symptoms: A critical review. Journal of Behavior Therapy and Experimental Psychiatry.

[2] Lebowitz, E. R., et al. (2012). Parent-based treatment as an adjunct to cognitive-behavioral therapy for obsessive-compulsive disorder in adolescents. Journal of the American Academy of Child & Adolescent Psychiatry.

WEEK 1
Week 1: Understanding OCD

Gain a foundational understanding of what OCD is, how it manifests, and the cycle that keeps it going.

Session Objectives

- Define OCD and its core components.
- Identify the cycle of obsessions, anxiety, compulsions, and relief.
- Differentiate between OCD and everyday worries.
- Understand the impact of OCD on the individual and family.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet A.
[ ] Watch one recommended video on OCD.
[ ] Reflect on your current understanding of your loved one's OCD.
[ ] Schedule time to talk with your loved one about what you've learned.

Session Script

You: Let's start at the beginning. What is OCD? It's not just about being neat or liking things a certain way. It’s a neurobiological disorder that creates a cycle of intense anxiety and repetitive behaviors. Think of it as a car alarm that’s wired incorrectly. A gentle breeze (an intrusive thought) sets off a blaring siren (intense anxiety), and the only way to turn it off is to perform a specific, often illogical, action (a compulsion). That action brings temporary relief, but it also tells the brain, 'See? That worked. Next time the alarm goes off, do it again.' This reinforces the cycle, making it stronger over time. Your loved one is stuck in this loop, and it's exhausting. Our first job is to understand this cycle, not to judge it. We need to see the person, not just the disorder. Your role is not to fix them, but to understand the machine they are fighting against so you can help them dismantle it, piece by piece.

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
Week 2: The Supporter's Role

Define your role as a supporter and identify common pitfalls like accommodation.

Session Objectives

- Clarify the role of a supporter versus a therapist.
- Define 'family accommodation' and identify your own accommodating behaviors.
- Understand how accommodation strengthens OCD.
- Set initial boundaries for your supportive role.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet B.
[ ] Identify three ways you currently accommodate the OCD.
[ ] Practice one non-accommodating response.
[ ] Discuss your role with your loved one.

Session Script

You: Before we get into the content, let's check in. How was your week? Did anything come up after our last session — any observations about the OCD cycle, any moments where you caught yourself reacting differently? Take a minute. There's no wrong answer here.

[Pause and listen. Reflect back what you hear without problem-solving.]

You: Good. Now let's talk about something that is going to be uncomfortable to hear, because it runs counter to every instinct you have as someone who loves this person.

You: What you've been doing to help — the reassurance, the checking, the helping them avoid situations that trigger the OCD — has a name. It's called family accommodation. And it is one of the primary reasons OCD stays so strong.

You: Here's the mechanism. OCD works through a cycle: intrusive thought --> spike of anxiety --> compulsion --> temporary relief. The relief is the trap. It teaches the brain that the compulsion worked — that the threat was real and the ritual saved them. Every time you provide reassurance, check the stove for them, or help them avoid a trigger, you become part of that cycle. You are, without meaning to, co-signing the OCD's logic.

You: Research by Eli Lebowitz at Yale shows that family accommodation is present in over 95% of OCD families and is one of the strongest predictors of poor treatment outcomes. This is not about blame. You were doing what any loving person would do. But now that you know, we can do something different.

You: Think of it this way: OCD is a bully. Every time you give the bully what it wants — reassurance, avoidance, ritual participation — it gets bolder. The bully learns that if it

makes enough noise, you'll comply. Stopping accommodation is how you take away the bully's power. It will escalate at first. That is expected. It's called an extinction burst — the behavior gets worse before it gets better because the bully is used to getting what it wants. Your job is to hold the line.

You: What does non-accommodation look like in practice? It sounds like:

- 'I know you're feeling anxious right now. I'm not going to answer that question, because answering it is something the OCD wants, not something you need.'
- 'That sounds like an OCD thought. I'm not going to get into a discussion with it.'
- 'I love you too much to help the OCD stay strong.'

You: Notice what these scripts have in common. They validate the emotion — the anxiety is real — without validating the content of the obsession. You are not saying 'there's nothing to worry about.' You're saying 'I see you're scared, and I'm not going to feed the thing that's scaring you.'

Compassionate Inquiry: The Cost of Accommodation

"Before we close, I want to sit with something for a moment. Accommodation doesn't just cost your loved one — it costs you. Every time you provide reassurance you don't believe, every time you participate in a ritual that makes no sense to you, every time you contort your life around the OCD's demands, something in you shrinks a little."

"Gabor Maté talks about how caregivers often lose themselves in the process of caring. They stop asking what they need. They stop noticing what they feel. They just keep adapting. This week, I want you to notice — not judge, just notice — what accommodation costs you."

> *CI Exercise: The Hidden Cost*
>
> *Think of the accommodation you do most often. Sit with it and answer:*
>
> *1. What does it cost me? (time, energy, self-respect, sleep, my own peace of mind)*
>
> *2. What do I tell myself to justify it? (e.g., 'It's easier,' 'I can't stand to see them suffer')*
>
> *3. What would I do differently if I truly believed that stopping was an act of love?*

"Write it down. We'll use it next week when we start building your accommodation reduction plan."

Nervous System Regulation Exercise: 4-7-8 Breathing

"Before we close, let's do a quick regulation exercise. This one is for you — for the moments when you've just held the line on accommodation and your nervous system is screaming at you."

"Inhale through your nose for 4 counts. Hold for 7. Exhale slowly through your mouth for 8 counts. Let's do three rounds together."

> *Why this works: The extended exhale activates the parasympathetic nervous system — the 'rest and digest' branch. The 7-count hold builds CO2 tolerance, which reduces the physiological urgency of anxiety. This is one of the fastest evidence-based tools for down-regulating the sympathetic response.*

"Use this the moment after you decline to accommodate. Your body will want to fix the discomfort. This gives it something to do instead."

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

WEEK 3

Week 3: Mapping the OCD

Work with your loved one to create a detailed map of their OCD symptoms.

Session Objectives

- Learn how to collaboratively map OCD symptoms.
- Create a hierarchy of feared situations.
- Identify triggers, obsessions, and compulsions.
- Understand the concept of Subjective Units of Distress (SUDS).

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet C with your loved one.
[ ] Create a preliminary fear hierarchy.
[ ] Practice using the SUDS scale.
[ ] Acknowledge the courage it takes for your loved one to do this.

Session Script

You: This week, we become cartographers. We're going to map the terrain of the OCD. This isn't about confrontation; it's about information gathering. Together with your loved one, you will identify the specific triggers, the intrusive thoughts they cause, and the rituals they perform to get relief.

You: The map has three components. First, the triggers — the situations, objects, thoughts, or sensations that set off the OCD cycle. These can be external (touching a doorknob, seeing a news story, driving past a school) or internal (a random thought, a physical sensation, a memory). Triggers are not the problem — they are the entry point to the problem. Knowing them is power.

You: Second, the obsessions — the intrusive thoughts, images, urges, or doubts that the trigger produces. These are ego-dystonic, meaning they feel foreign to the person's values and identity. The person with harm OCD who has intrusive thoughts about hurting someone does not want to hurt anyone — the thought is precisely horrifying because it contradicts who they are. This distinction matters enormously for how you respond. The thought is not the person.

You: Third, the compulsions — the behaviors or mental acts performed to reduce the anxiety generated by the obsession. Checking, washing, counting, repeating, seeking reassurance, mental reviewing, avoiding. Compulsions work in the short term — they reduce anxiety temporarily. They fail in the long term — they strengthen the OCD cycle by teaching the brain that the obsession is a real threat that requires a response.

You: Your role in mapping is to be curious, not alarmed. Many people with OCD have never told anyone the full content of their obsessions because they're ashamed or afraid of being judged. Creating a safe space for disclosure — without reassurance,

without horror, without minimizing — is itself a therapeutic act.

You: This week, complete the OCD map worksheet together. Be patient. The map may be incomplete at first. That's fine. You're building trust as much as you're building information.

A Second Lens — Compassionate Inquiry:

You: "Here's the question for this week: What comes up in you when you hear the content of the obsessions? Shock? Confusion? Grief? Relief that there's a name for it? Your reaction matters — not because it's wrong, but because it shapes the safety of the disclosure space."

> *CI Exercise: Hearing the OCD*
>
> *When I heard the content of the obsessions, I felt _____. The story I told myself about what it means is _____. What I want [loved one] to know about how I see them — separate from the OCD — is _____.*

Nervous System Regulation Technique — Physiological Sigh:

You: "This week's technique is the physiological sigh — a double inhale through the nose followed by a long exhale through the mouth.

Inhale fully through the nose. At the top of the inhale, take a second short sniff to fully inflate the lungs. Then exhale slowly and completely through the mouth.

The mechanism: the double inhale re-inflates collapsed alveoli in the lungs, maximizing the surface area for gas exchange. The long exhale activates the parasympathetic nervous system through vagal stimulation. Stanford research shows this is the fastest way to reduce physiological stress — faster than any other breathing technique. One breath. That's all it takes to shift your state."

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

WEEK 4
Week 4: Introduction to ERP

Learn the principles of Exposure and Response Prevention (ERP), the gold-standard treatment for OCD.

Session Objectives

- Define Exposure and Response Prevention (ERP).
- Understand the principle of habituation.
- Learn the role of the supporter in ERP.
- Prepare for the first ERP exercise.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet D.
[ ] Explain ERP to a friend or family member.
[ ] Watch a video of an ERP session.
[ ] Discuss readiness for ERP with your loved one.

Session Script

You: Now we get to the heart of the matter: Exposure and Response Prevention, or ERP. This is the clinical engine that drives recovery. It sounds intimidating, but the concept is simple. 'Exposure' means facing the thoughts, images, and situations that trigger the OCD. 'Response Prevention' means choosing not to do the compulsion. It's like learning to swim. You can't do it by staying on the shore. You have to get in the water. At first, the anxiety will spike. This is expected. But by staying in the situation without performing the ritual, the brain learns a new lesson: the alarm is false. The danger is not real. The anxiety will eventually decrease on its own. This is called habituation. Your role is not to be a drill sergeant, but a co-pilot, helping your loved one navigate the turbulence of anxiety until they land safely on the other side.

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 5

Week 5: Reducing Accommodation

Develop and implement a systematic plan to reduce and eliminate accommodating behaviors.

Session Objectives

- Create a hierarchy of your accommodating behaviors.
- Develop scripts for non-accommodating responses.
- Implement the accommodation reduction plan.
- Manage the potential for increased tension or conflict.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet E.
[ ] Successfully refuse to accommodate on three separate occasions.
[ ] Practice your non-accommodating scripts.
[ ] Debrief with your loved one after a change in accommodation.

Session Script

You: Let's check in first. How did the mapping exercise go last week? Were there any surprises — things you hadn't named before, or patterns that became clearer once you wrote them down? Take a moment.

[Listen without interrupting. Reflect back what you hear.]

You: Good. This week we move from mapping to action. And the action starts with you, not your loved one.

You: We've established that accommodation — reassurance-giving, ritual participation, avoidance-enabling — is feeding the OCD. Now we build the plan to stop. Not all at once. Not cold turkey. Systematically, starting with the accommodations that are easiest to change and working toward the ones that feel impossible.

You: Here's why the order matters. If you try to eliminate your most entrenched accommodation first, you'll fail, feel guilty, and conclude that change isn't possible. Instead, we build momentum. Each small success rewires your own nervous system — it teaches you that you can tolerate your loved one's distress without fixing it. That tolerance is a skill, and like any skill, it develops with practice.

You: Let's build your accommodation hierarchy. Think of it like a ladder. The bottom rungs are the easy ones — the reassurance questions you answer almost automatically, the small rituals you participate in without thinking. The top rungs are the ones that feel non-negotiable, the ones where you think 'I could never stop doing that.' We start at the bottom.

You: For each accommodation you want to reduce, you need a script. Not a lecture.

Not an explanation. A short, calm, consistent phrase that you will say every time. Consistency is everything. If you respond differently on different days — sometimes accommodating, sometimes not — you create what behaviorists call a variable reinforcement schedule. That is the most powerful reinforcement pattern there is. It's why slot machines are so addictive. Inconsistency makes the OCD try harder.

You: Here are some tested scripts you can adapt:

- 'I hear that you're anxious. I'm not going to answer that question — not because I don't care, but because answering it is what the OCD wants.'
- 'I know this is hard. I'm going to let you sit with this feeling, because I know you can handle it.'
- 'I'm not going to check that for you. But I'll sit with you while you feel the anxiety.'

You: Notice the last one. You are not abandoning them. You are refusing to accommodate while remaining present. That distinction matters enormously. The goal is not to be cold — it's to be a steady, warm presence that refuses to participate in the OCD's demands.

You: Expect pushback. Expect escalation. When you first stop accommodating, the OCD will get louder. Your loved one may get angry, tearful, or accusatory. This is the extinction burst — the behavior intensifying before it extinguishes. It is a sign that the plan is working, not that it's failing. Hold the line.

Compassionate Inquiry: What Stops You

"I want to ask you something directly. When you imagine stopping an accommodation — really stopping, not just intending to — what happens in your body? What's the feeling that makes you give in?"

"For most supporters, it's one of three things: guilt ('I'm causing them pain'), fear ('what if something bad happens'), or helplessness ('I can't stand to see them suffer'). Each of these has a story underneath it. And that story is worth examining."

> *CI Exercise: The Story Behind the Accommodation*
>
> *Choose one accommodation you've been unable to stop. Sit with it and ask:*
>
> *1. When I imagine not doing this, I feel: _____*
>
> *2. The story I tell myself is: _____*
>
> *3. If I trace this feeling back, it reminds me of: _____*
>
> *4. The part of me that keeps accommodating is trying to protect: _____*

"This isn't about blame. It's about understanding the emotional logic that keeps the accommodation in place. Once you see it, you have a choice."

Nervous System Regulation Exercise: Physiological Sigh

"Here's a tool for the moment right after you hold the line — when the anxiety in the room is high and your body wants to fix it."

"Take a double inhale through your nose — a full breath, then a short sniff on top to fully inflate the lungs. Then a long, slow exhale through the mouth. That's one cycle. Do two or three."

> *Why this works: The physiological sigh is the fastest known way to reduce physiological arousal. The double inhale re-inflates collapsed alveoli in the lungs, and the long exhale activates the vagal brake. Stanford neuroscientist Andrew Huberman has documented this as the most efficient single breath for stress reduction.*

"Teach this to your loved one too. You can do it together after a difficult moment. It signals to both nervous systems that the threat has passed."

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

WEEK 6

Week 6: Supportive Communication

Learn communication strategies that validate feelings without validating obsessions.

Session Objectives

- Differentiate between validating feelings and validating obsessions.
- Learn active listening skills.
- Practice using 'I' statements.
- Develop a collaborative problem-solving approach.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet F.
[ ] Practice validating feelings with your loved one.
[ ] Use an 'I' statement during a difficult conversation.
[ ] Identify one problem to solve collaboratively.

Session Script

You: Before we start — how did the accommodation reduction go this week? What did you try? What worked? What felt impossible? I want to hear all of it, including the hard parts.

[Listen fully. Validate the difficulty before moving to content.]

You: Good. What you're describing is exactly what this work looks like. It's not clean. It's not linear. You're doing it right.

You: This week we're focusing on something that sounds simple but is genuinely one of the hardest skills in this program: communication. Specifically, how to talk to someone with OCD in a way that doesn't accidentally make things worse.

You: Here's the central problem. When your loved one is in the grip of an obsession, they are not in a rational conversation. The OCD is running the show. And the OCD has one goal: get reassurance, get relief, get the compulsion done. If you engage with the content of the obsession — if you try to logic them out of it, reassure them, or argue with the fear — you are playing the game on OCD's terms. You will lose every time, because OCD doesn't follow the rules of rational debate.

You: The alternative is to validate the emotion without validating the obsession. This is a precise distinction, and it takes practice.

You: Validating the obsession sounds like: 'You're right, the stove could be on. Let me check.' Or: 'I understand why you're worried — it does seem risky.' These statements agree with the OCD's premise. They feed it.

You: Validating the emotion sounds like: 'I can see how scared you are right now. That anxiety feels very real.' Or: 'It makes sense that your brain is sending you these

signals. That's what OCD does.' These statements acknowledge the suffering without co-signing the content.

You: The second category is harder, because it requires you to stay present with someone's distress without trying to fix it. That is a high-level skill. Most of us were never taught to do this. We were taught that if someone is upset, we should make them feel better. But in OCD, making them feel better in the short term makes things worse in the long term.

You: Let's talk about 'I' statements. When OCD is creating chaos in a household, conversations tend to become accusatory — 'You always do this,' 'You're ruining everything,' 'Why can't you just stop?' These statements are understandable, but they escalate. They put the person with OCD on the defensive, which increases anxiety, which strengthens the OCD.

You: 'I' statements shift the frame. Instead of 'You're making me late again,' try: 'I feel frustrated when our schedule gets disrupted, and I want to find a way to handle this together.' Same information. Completely different impact.

You: One more tool: the collaborative problem-solving approach. Instead of telling your loved one what to do, you ask. 'What do you think would help right now?' 'What's one small thing we could try?' This keeps them in the driver's seat of their own recovery, which is exactly where they need to be.

Compassionate Inquiry: The Conversation You're Avoiding

"I want to ask about the conversations you're not having. In most OCD households, there are things that don't get said — not because they're unspeakable, but because the timing never feels right, or the fear of escalation is too high."

"Maté argues that the things we don't say often do more damage than the things we do. They accumulate. They come out sideways — as resentment, as withdrawal, as the slow erosion of intimacy."

> *CI Exercise: The Unsaid*
>
> *Think of one thing you haven't said to your loved one about this situation. Then ask:*
>
> *1. What am I afraid would happen if I said it?*
>
> *2. What is the cost of not saying it?*
>
> *3. Is there a version of this that could be said with care?*

"You don't have to say it today. But knowing what you're holding — and why — is the first step toward choosing whether to hold it or set it down."

Nervous System Regulation Exercise: Humming

"Here's a regulation tool that works particularly well before a difficult conversation — it primes the vagus nerve for social engagement."

"Sit comfortably. Take a breath in. As you exhale, hum — any note, any pitch. Feel the vibration in your chest and throat. Do five to eight slow, humming exhales."

> *Why this works: Humming stimulates the vagus nerve through vibration of the vocal cords and pharynx. The vagus nerve is the primary pathway of the parasympathetic nervous system. Activating it before a stressful interaction shifts your nervous system toward the 'social engagement' state — the state in which you can actually hear what someone is saying and respond rather than react.*

"Do this in the car before you walk in the door. Do it in the bathroom before a hard conversation. It takes 60 seconds and it changes the quality of what follows."

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

WEEK 7

Week 7: Becoming an ERP Coach

Learn the practical skills of coaching your loved one through ERP exercises.

Session Objectives

- Understand the structure of an ERP coaching session.
- Learn how to motivate and encourage during exposures.
- Practice troubleshooting common ERP problems.
- Know when to push and when to pause.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet G.
[ ] Role-play an ERP coaching session.
[ ] Coach your loved one through one planned ERP exercise.
[ ] Celebrate the successful completion of the exercise.

Session Script

You: Check-in first. How did the communication work go? Did you try any of the validation scripts? What happened? I want to hear specifically about a moment where you tried something different — even if it didn't go perfectly.

[Listen. Acknowledge the effort before the outcome.]

You: Good. Imperfect attempts are still attempts. That's how this works.

You: This week, you become the ERP coach. Not a therapist. Not a supervisor. A coach. And coaching is a specific skill set that is different from both supporting and managing.

You: Let's walk through what an ERP coaching session actually looks like, start to finish.

You: Before the exposure. Your job is to help your loved one commit to the plan — the specific exposure task and the specific response prevention rule. Not vaguely. Specifically. 'Today we're going to touch the doorknob and not wash for 30 minutes.' Write it down. Both of you sign off on it. This is not a therapy session; it's a training session. Athletes know what they're training before they start.

You: During the exposure. This is where most supporters make mistakes. The instinct is to reassure — 'You're doing great, it's almost over, nothing bad is going to happen.' But reassurance is accommodation. Even during an ERP exercise. What you say instead is:

- 'Your SUDS is at a 7. That's high. Stay with it. The anxiety will peak and come down.'
- 'You're doing exactly what you're supposed to be doing. This is the work.'

- 'I know this is hard. You don't have to feel okay. You just have to stay.'

You: Notice what you are not saying: 'It'll be fine.' 'Nothing bad will happen.' 'I promise you're safe.' These are reassurances. They feel kind, but they undercut the exposure by providing the relief the OCD is seeking.

You: Tracking SUDS. Ask for a SUDS rating every few minutes. Write it down. This serves two purposes: it gives your loved one a concrete task (observing and reporting their own anxiety), which activates the prefrontal cortex and reduces the pure reactivity of the amygdala. And it creates data — a visible record that the anxiety peaked and came down. That record is powerful. It is evidence, in their own handwriting, that the anxiety is not permanent.

You: When they want to quit. They will want to quit. Have a plan. The phrase is: 'Let's try for one more minute. Just one minute. Then we'll reassess.' One minute is almost always achievable. And one minute often becomes five. You are not forcing them — you are helping them find the edge of what they can tolerate and nudging it slightly.

You: After the exposure. Celebrate. Not with excessive praise — that can feel patronizing — but with genuine acknowledgment. 'That was hard. You stayed with it. That matters.' Then do something ordinary together. Watch something. Make food. Take a walk. The transition back to normal life is part of the exercise.

You: When to pause. There are times to stop an exposure: if your loved one is dissociating (glazed, unresponsive, disconnected), if they are in genuine physical distress, or if they explicitly invoke a pre-agreed safe word. Anxiety is not a reason to stop. Dissociation is.

Compassionate Inquiry: The Coach's Inner Life

"I want to check in on something that doesn't get talked about enough. What is it like for you to watch your loved one suffer during an exposure? What happens in your body when their SUDS is at an 8 and they're in distress and you're holding the line?"

"For most supporters, it's excruciating. And the temptation to end it — to just give the reassurance, to just let them do the ritual — is enormous. That temptation is not weakness. It's love. But it's love that hasn't yet learned to tolerate someone else's discomfort without fixing it."

CI Exercise: Tolerating Their Distress

Think of the last time you watched your loved one suffer and didn't intervene. Or imagine doing so. Ask:

1. What I feel in my body when I watch them struggle: _____

2. The story I tell myself about what it means if I don't help: _____

3. What I know to be true about why holding the line matters: _____

4. The phrase I can say to myself in that moment: _____

"That last one is important. You need a phrase for yourself — not for them. Something that reminds you why you're doing this. Write it down and put it somewhere you'll see it."

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

"This one is for you to use during an exposure when your own anxiety is spiking. It keeps you present and regulated so you can stay in the coach role."

"Without moving from where you are, name: 5 things you can see. 4 things you can physically feel right now. 3 things you can hear. 2 things you can smell. 1 thing you can taste."

> *Why this works: Sensory grounding interrupts the threat-detection loop of the amygdala by flooding the sensory cortex with present-moment input. It is particularly effective for anxiety that is future-oriented — 'what if something goes wrong' — because it anchors attention to what is actually happening right now.*

"You can do this silently while your loved one is in the middle of an exposure. No one needs to know. It keeps you regulated enough to keep them regulated."

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

WEEK 8
Week 8: Managing Setbacks

Understand that setbacks are a normal part of recovery and learn how to manage them effectively.

Session Objectives

- Normalize setbacks and distinguish them from relapse.
- Identify common triggers for setbacks.
- Develop a plan for getting back on track after a setback.
- Practice self-compassion and resilience.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet H.
[ ] Identify one potential high-risk situation for a setback.
[ ] Create a 'fire drill' plan for that situation.
[ ] Discuss the idea of setbacks with your loved one.

Session Script

You: Recovery from OCD is not a straight line. It's more like a winding path up a mountain. There will be times when you slip, or even slide back a few feet. This is a setback, not a failure. A setback is a temporary return to old behaviors. A relapse is a complete return to the old way of life. The difference matters — because how you respond to a setback determines whether it becomes a relapse.

You: The most dangerous moment in OCD recovery is not the setback itself — it's the shame spiral that follows. "I've ruined everything." "We're back to square one." "I'll never get better." These thoughts are the OCD talking. They are catastrophic, all-or-nothing, and factually wrong. You haven't lost the skills you've built. You haven't erased the progress you've made. You've had a hard week. That's different.

You: Your role in a setback is to be the voice of proportion. Not minimizing — the setback is real and it's disappointing. But proportionate. "This is hard. We've been here before and we got through it. We know what to do." That's the message. Short, factual, forward-looking.

You: There are also early warning signs that a setback is coming — increased anxiety, increased avoidance, increased reassurance-seeking, sleep disruption, life stressors. Learning to recognize these signs early means you can intervene early, before the OCD has regained significant ground. This week, we're going to build a setback early warning system together.

You: The other piece of setback management is reviewing what worked. When things were going well, what were you doing? What ERP exercises were happening? What was the communication like? What was the stress level? Setbacks often happen in the

context of increased life stress — illness, work pressure, relationship strain. The OCD is opportunistic. It takes advantage of depleted resources. Knowing this helps you protect the recovery during high-stress periods.

A Second Lens — Compassionate Inquiry:

You: "Here's the question for this week: When a setback happens, what story do you tell yourself about what it means about you as a supporter? 'I failed.' 'I'm not doing enough.' 'I should have caught this earlier.' These stories are worth examining — because they drive your response, and your response shapes the recovery."

> *CI Exercise: My Setback Story*
>
> *When a setback happens, the story I tell myself is _____. This story makes me want to _____. A more accurate story would be _____.*

Nervous System Regulation Technique — Grounding Through Five Senses:

You: "This week's technique is five-senses grounding — systematically noticing one thing for each sense.

Five things you can see. Four things you can touch. Three things you can hear. Two things you can smell. One thing you can taste.

The mechanism: deliberately engaging multiple sensory channels simultaneously activates the sensory cortex and competes with the rumination and anxiety networks for neural resources. You are pulling the brain into the present moment through the body's sensory channels.

This is particularly useful after a setback, when the mind wants to replay what went wrong. Five. Four. Three. Two. One. Present."

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

WEEK 9
Week 9: OCD Subtypes

Explore common OCD subtypes and how ERP principles apply to each.

Session Objectives

- Identify at least three common OCD subtypes (e.g., Contamination, Harm, Scrupulosity).
- Understand how core fears differ across subtypes.
- Learn how to adapt ERP for different presentations of OCD.
- Address the challenges of purely obsessional OCD (Pure O).

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet I.
[ ] Research the specific subtype affecting your loved one.
[ ] Brainstorm one ERP exercise for a mental compulsion.
[ ] Validate the specific challenges of your loved one's subtype.

Session Script

You: Check-in. How did the ERP coaching go this week? What was it like to be in that role — tracking SUDS, holding the line, staying present? What surprised you?

[Listen. Acknowledge what was hard and what worked.]

You: Good. This week we go deeper into the terrain of OCD itself — because not all OCD looks the same, and if you don't understand the specific subtype you're dealing with, you can end up designing exposures that miss the target entirely.

You: OCD has a consistent engine: obsession --> anxiety --> compulsion --> relief --> reinforcement. But the content of the obsessions varies enormously. And the content matters, because it shapes what the exposures need to look like.

You: Let's walk through the major subtypes.

You: Contamination OCD. The most recognizable. Fears of germs, illness, dirt, or spreading harm to others. Compulsions include hand-washing, cleaning, avoiding public spaces, or insisting others follow decontamination rituals. Exposures involve touching feared objects and resisting washing. The response prevention is literal: don't wash.

You: Harm OCD. One of the most distressing subtypes, and one of the most misunderstood. The person fears they might harm someone they love — with a knife, a car, a violent thought. They are not dangerous. The fear of harming is the opposite of the desire to harm. Compulsions include hiding sharp objects, avoiding being alone with loved ones, or mentally reviewing past actions to confirm they didn't do anything wrong. Exposures might involve holding a knife while cooking, or writing a story about

a feared scenario. The response prevention is not neutralizing the thought with a 'good' thought.

You: Scrupulosity OCD. Religious or moral obsessions. Fear of sinning, blaspheming, being a bad person. Compulsions include excessive prayer, confession, seeking reassurance from religious figures, or avoiding anything that might be 'impure.' This subtype requires particular sensitivity — the exposures must be designed collaboratively with the person, respecting their genuine faith while targeting the OCD's hijacking of it.

You: Pure O (Purely Obsessional OCD). A misnomer — there are always compulsions, but they are mental rather than behavioral. Mental reviewing, mental neutralizing, mental checking. The person replays a memory, analyzes a feeling, or mentally argues with an intrusive thought. The response prevention is internal: learning to let the thought be there without engaging with it. This is harder to coach because the compulsion is invisible.

You: Relationship OCD (ROCD). Obsessions about the relationship itself — 'Do I really love them?' 'Are they the right person?' 'What if I'm with the wrong partner?' Compulsions include seeking reassurance from the partner, mentally reviewing the relationship, comparing the partner to others. This subtype can be particularly destabilizing for supporters, because the obsessions are about them.

You: Symmetry and Order OCD. Obsessions about things being 'just right.' Not contamination, not harm — just an intense feeling of wrongness when things are asymmetrical or out of order. Compulsions involve arranging, counting, repeating actions until they feel right. Exposures involve deliberately leaving things asymmetrical and tolerating the discomfort.

You: The common thread across all subtypes: the compulsion provides temporary relief, and that relief is the trap. The exposure targets the compulsion. The response prevention is whatever prevents the relief.

Compassionate Inquiry: The Subtype You're Living With

"I want to sit with something for a moment. Some subtypes are harder to support than others. Harm OCD, for example, can be terrifying to witness — even when you know intellectually that your loved one is not dangerous. ROCD can feel like a personal rejection. Scrupulosity can feel alien if you don't share the same faith."

"What is it like to live with this specific subtype? What does it ask of you that you didn't expect?"

> *CI Exercise: The Specific Cost*
>
> *Sit with the subtype your loved one has. Ask:*
>
> *1. What is the hardest part of this specific subtype for me to witness?*
>
> *2. What do I tell myself about what it means?*
>
> *3. What do I wish I could say to my loved one about it — but haven't?*

> *4. What would it mean to truly accept that this is the OCD, not the person?*

"That last question is the deepest one. The subtype content — the contamination fears, the harm thoughts, the religious doubts — is not who your loved one is. It's what the OCD has latched onto. The more you can separate the person from the content, the more effective you'll be as a coach."

Nervous System Regulation Exercise: Orienting

"Here's a regulation practice that's particularly useful when you've just been exposed to disturbing OCD content — harm thoughts, contamination fears, or anything that activated your own threat response."

"Sit or stand comfortably. Slowly turn your head from side to side, as if scanning the room. Let your eyes move naturally — don't force them. Take your time. Notice what's actually in the environment. Let your gaze settle on something neutral."

> *Why this works: Orienting is a hardwired mammalian safety response. When the nervous system detects a threat, it orients — scans the environment for the source. Deliberately completing the orienting response (scanning and finding safety) signals to the brainstem that the threat has passed. It is one of the fastest ways to discharge a sympathetic activation.*

"Do this after any session where the OCD content was disturbing. It takes 60 seconds. It tells your body: I looked, I checked, I'm safe."

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

WEEK 10
Week 10: Relapse Prevention

Create a long-term plan to maintain gains and prevent a full relapse.

Session Objectives

- Identify the warning signs of a potential relapse.
- Create a 'maintenance' ERP schedule.
- Develop a plan for managing future life stressors.
- Solidify the roles of supporter and person with OCD for the long term.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet J.
[ ] Create a written relapse prevention plan.
[ ] Schedule 'booster' ERP sessions for the future.
[ ] Discuss how to handle future stressors together.

Session Script

You: You've made incredible progress. The OCD monster that was once roaring is now more of a whisper. The goal now is to keep it that way. This is relapse prevention. It's not about being constantly vigilant, but about being prepared. It involves creating a maintenance plan. Just like someone with diabetes needs to manage their insulin, a person with OCD needs to manage their symptoms. This might mean doing a planned ERP exercise once a week, even when they feel good. It also means having a plan for when major life stressors happen—a new job, a move, a loss. These are the times when OCD will try to sneak back in. Think of it as having a fire escape plan for your building. You hope you never have to use it, but you know exactly where it is and what to do if the alarm sounds. Your role is not to be the fire chief, but the person who helps practice the fire drill, ensuring everyone knows the way to safety.

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
Week 11: Supporter Self-Care

Focus on your own well-being and develop strategies for managing the stress of being a supporter.

Session Objectives

- Recognize the signs of caregiver burnout.
- Identify your own self-care needs.
- Develop a sustainable self-care plan.
- Connect with other supporters for peer support.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet K.
[ ] Schedule one non-negotiable self-care activity for this week.
[ ] Identify one person you can talk to for your own support.
[ ] Take at least 30 minutes for yourself with no distractions.

Session Script

You: Throughout this process, we've been intensely focused on your loved one. This week, we focus entirely on you. Being a supporter for someone with OCD is a marathon, not a sprint. If you don't take care of yourself, you will burn out. It's the classic airplane oxygen mask analogy: you have to put on your own mask before you can help someone else. What fills your tank? What brings you joy, separate from this caregiving role? It's not selfish to prioritize your own well-being; it's essential. A drained battery can't charge anything. Your self-care is not a luxury; it's a non-negotiable part of the treatment plan. Your role is not to be a martyr, but a healthy, resilient supporter who can go the distance.

Compassionate Inquiry: The Six Questions for Supporters

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

CI Exercise: The Six Questions (Adapted for Supporters)

1. What am I not saying? What truth about this relationship am I afraid to speak?
2. What am I not feeling? What emotion have I been pushing away?
3. What am I not doing? What action am I avoiding because it feels selfish?
4. What am I pretending? What role am I playing that doesn't feel authentic?

5. What am I holding? What am I carrying that isn't mine to carry?

6. What am I not seeing? What pattern am I refusing to acknowledge?

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

Nervous System Regulation Exercise: Hand on Heart

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

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

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

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

Nervous System Regulation Exercise: Butterfly Hug

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

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

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

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

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

WEEK 12
Week 12: Looking to the Future

Review progress, celebrate successes, and look ahead to a life less defined by OCD.

Session Objectives

- Review the progress made over the past 12 weeks.
- Celebrate the achievements of both the supporter and the individual with OCD.
- Acknowledge the new, healthier family dynamic.
- Solidify a shared vision for the future.

Supporter Checklist

[ ] Read the session script.
[ ] Complete Worksheet L.
[ ] Create a 'progress timeline' highlighting key successes.
[ ] Plan a celebration for completing the program.
[ ] Write a letter to your future self about this journey.

Session Script

You: We've reached the end of this 12-week journey, but it's also a beginning. Take a moment to look back at where you both started. Remember the confusion, the frustration, the feeling of being trapped? Now look at where you are. You have knowledge. You have skills. You have a plan. The OCD is like a bully that has been running the show — and you've learned how to stop giving it what it wants.

You: The most important thing to carry forward is this: OCD is a chronic condition that is highly treatable. "Highly treatable" means that with the right approach — primarily ERP, with medication for many people — the vast majority of people with OCD achieve significant symptom reduction and live full, meaningful lives. It does not mean cured. It means managed. The goal is not the absence of obsessions. The goal is a life that is not organized around avoiding them.

You: Your role going forward is to be a consistent, informed, non-accommodating supporter. Not rigid — responsive. When the OCD is quiet, you live your life. When it flares, you have the tools. You know the difference between support and accommodation. You know how to respond to a flashback of the old patterns without panic. You know that setbacks are part of recovery, not evidence of failure.

You: There are three things I want you to commit to going forward. First, continue the ERP — not as a crisis intervention, but as a maintenance practice. Second, maintain your own support — therapy, support groups, self-care. You cannot sustain this support from a depleted system. Third, celebrate the wins. Not just the big ones. The small ones. The moment they chose not to seek reassurance. The moment they sat with the anxiety and it passed. These moments are the recovery. Notice them.

You: This is hard work. You have done hard work. That matters.

A Second Lens — Compassionate Inquiry:

You: "Here's the question for this week: What has this journey changed in you? Not just in your understanding of OCD — in you. What have you learned about yourself as a supporter, as a person? What are you taking forward?"

> *CI Exercise: What I'm Taking Forward*
>
> *Something this journey has changed in me is _____. A quality I've discovered in myself through this process is _____. What I want to remember when things get hard again is _____.*

Nervous System Regulation Technique — Loving-Kindness (Brief Version):

You: "This week's technique is a brief loving-kindness practice — directing warmth toward yourself and toward your loved one.

Place your hand on your heart. Take a breath. Silently say: 'May I be well. May I be at peace. May I be free from suffering.' Feel the warmth of your own hand.

Now bring your loved one to mind. Silently say: 'May you be well. May you be at peace. May you be free from suffering.'

The mechanism: loving-kindness practice activates the caregiving system in the brain — the same neural circuits involved in parental love and compassion. It reduces self-criticism, increases positive affect, and builds resilience. It takes sixty seconds.

You have been carrying a lot. You deserve to end this program with some warmth directed toward yourself."

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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