The Supporter's Guide to PTSD & Trauma 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 is different from the others in this series. Trauma doesn't follow a predictable cycle the way mood episodes or compulsions do. It lives in the body. It rewires the nervous system. And it makes the people you love act in ways that can feel confusing, frustrating, or frightening — not because they're choosing to, but because their survival brain is running the show.

Who This Is For

• Family members supporting a loved one with PTSD or complex trauma
• Partners navigating the relational impact of trauma
• Friends who want to help but don't know what to do when someone dissociates, freezes, or rages

What Makes This Manual Different

This program is polyvagal-informed. That means we don't just teach you what to do — we teach you why the nervous system does what it does, so your responses come from understanding rather than panic. You'll learn to co-regulate, which is the single most powerful thing a supporter can offer.

A Critical Distinction

You are not your loved one's therapist. You are their anchor. This manual teaches you to hold steady ground while they do the hard work of healing — in partnership with a qualified trauma professional.

WEEK 1
Understanding Trauma & PTSD

Learn what trauma actually does to the brain and body — and why your loved one's reactions make neurobiological sense.

Session Objectives

- Distinguish between trauma (the event) and PTSD (the nervous system's response)
- Understand the four PTSD symptom clusters: intrusions, avoidance, negative cognitions, and hyperarousal
- Recognize that trauma responses are survival adaptations, not character flaws
- Begin tracking your loved one's symptom patterns

Supporter Checklist

[ ] Check-in: Ask how they've been feeling this week (open-ended, no agenda)
[ ] Psychoeducation: Explain the four symptom clusters using plain language
[ ] Normalize: Emphasize that their brain is doing exactly what it was designed to do under threat
[ ] Introduce Worksheet A: The PTSD Symptom Tracker
[ ] Set the frame: This is a 12-week partnership, not a fix

Session Script

> *"I want to start by saying something important: nothing about what you're experiencing is broken. Your brain went through something overwhelming, and it adapted to survive. That's what PTSD is — your survival system got stuck in 'on' mode."*

> *"There are four main ways PTSD shows up. First, *intrusions* — that's flashbacks, nightmares, things that pull you back into the trauma without warning. Second, *avoidance* — steering clear of anything that reminds you of what happened. Third, *negative thoughts and mood* — feeling numb, disconnected, like the world isn't safe. And fourth, *hyperarousal* — being on edge, startling easily, trouble sleeping."*

> *"This week, I'd like us to just notice which of these show up for you. Not to fix anything — just to map the territory. I have a simple tracker we can use together. Would you be willing to try it?"*

If they hesitate: "That's completely fine. We can start smaller. Even just noticing one thing this week is enough. There's no timeline here."

> *"One more thing — I'm not your therapist. I'm your person. My job is to be steady while you figure this out, and to learn alongside you. Deal?"*

A Second Lens — Gabor Maté and Compassionate Inquiry:

*"Before we close, I want to introduce one more way of thinking about what we're dealing with. Gabor Maté — a physician and author of *The Myth of Normal* — argues that many of the behaviors we see in mental health conditions are not just symptoms. They are *adaptations*. The person learned to cope with something difficult early in life, and those coping strategies are still running, even though the original threat is long gone."*

"Maté is not saying the condition isn't real or biological. He's saying biology is shaped by experience, especially in the first years of life. And that matters for us as supporters, because it means we're not dealing with a broken person. We're dealing with a person whose brain adapted to something difficult."

"This brings us to our first Compassionate Inquiry exercise. It's simple. Before our next session, I want each of us to sit with this question for five minutes — just notice what comes up, no need to solve anything:"

> *CI Exercise: The Story I Carry*
>
> *When I see [specific behavior that frustrates me], the story I tell myself is _____. I first learned this story when _____.*

"Write it down. We'll come back to it. The goal isn't to fix the story — it's to see it. Once you see it, it has less power over you."

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

WEEK 2

The Nervous System — Polyvagal Basics

Learn the three states of the autonomic nervous system and why your loved one shifts between them.

Session Objectives

- Understand the polyvagal ladder: ventral vagal (safe), sympathetic (fight/flight), dorsal vagal (shutdown)
- Recognize what each state looks and feels like in your loved one
- Learn the concept of neuroception — the body's unconscious threat detector
- Begin identifying which state your loved one is in at any given moment

Supporter Checklist

[ ] Review last week's symptom tracker together
[ ] Teach the polyvagal ladder using everyday language
[ ] Practice identifying nervous system states using real examples
[ ] Introduce Worksheet B: The Nervous System State Log
[ ] Emphasize: states are not choices — they're automatic

Session Script

"This week we're going to learn the single most useful thing I can teach you about trauma. It's about your nervous system — the part of your body that decides, before your thinking brain even gets involved, whether you're safe or in danger."

"Think of it like a ladder with three rungs. The top rung is the social engagement system — the ventral vagal state. This is where we are when we feel safe: we can connect, think clearly, be curious, be playful. Our voice has prosody, our face is expressive, we can hear the human frequencies in speech. This is the state we're trying to help your loved one access more often."

"The middle rung is the sympathetic activation state — fight or flight. The body mobilizes for action. Heart rate increases, breathing quickens, muscles tense, digestion shuts down. This is appropriate when there's a real threat. In PTSD, this state gets triggered by things that merely resemble the original threat — a tone of voice, a smell, a time of year."

"The bottom rung is the dorsal vagal state — shutdown, freeze, collapse. When the threat is overwhelming and escape is impossible, the nervous system goes into conservation mode. Dissociation, numbness, disconnection, the 'thousand-yard stare.' This is not weakness — it's an ancient survival response. But it can look like depression, indifference, or 'not caring,' which is deeply confusing for supporters."

"Your loved one's nervous system is not broken. It is doing exactly what it was designed to do — it's just doing it in response to cues that are no longer dangerous. The goal of trauma recovery is not to eliminate these responses, but to expand the window of tolerance so that more of life can be experienced from the top rung."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: When your loved one drops into fight/flight or shutdown, what happens in your nervous system? Do you escalate with them? Shut down yourself? Frantically try to fix it? Your nervous system's response to their dysregulation is important data."

> *CI Exercise: My Nervous System's Response*
>
> *When [loved one] goes into [fight/flight or shutdown], my nervous system responds by _____. I learned this response because _____. The response I want to practice instead is _____.*

Nervous System Regulation Technique — Ventral Vagal Activation Through Humming:

"This week's technique is humming — specifically, sustained humming on a single note for the length of your exhale."

The mechanism: the vagus nerve runs through the larynx. Humming creates vibration that directly stimulates the vagal fibers, activating the ventral vagal state — the social engagement system, the top rung of the ladder. It's one of the most direct physiological pathways to felt safety.

Hum a note — any note — for as long as your exhale lasts. Feel the vibration in your chest and throat. Do it five times. Notice if your shoulders drop, if your jaw softens, if your breathing deepens.

You can do this in the car before coming home. You can do it in the bathroom after a difficult interaction. It takes thirty seconds and it works."

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

WEEK 3

The Window of Tolerance

Learn to recognize when your loved one is inside, above, or below their window — and what to do in each zone.

Session Objectives

- Understand the window of tolerance as the zone where a person can think, feel, and function
- Recognize hyperarousal (above the window) and hypoarousal (below the window)
- Learn that trauma narrows the window — and that it can be widened over time
- Begin mapping your loved one's personal window indicators

Supporter Checklist

[ ] Review the nervous system state log from last week
[ ] Introduce the window of tolerance concept with a visual diagram
[ ] Help them identify their personal signs of being above, inside, and below the window
[ ] Introduce Worksheet C: My Window of Tolerance Map
[ ] Practice: 'Where are you right now on the window?'

Session Script

*"Last week we talked about the polyvagal ladder. This week we're adding another lens — the *window of tolerance*. Think of it as a zone. When you're inside the window, you can handle things. You can think, talk, make decisions. You might not feel great, but you're functional."*

*"When something pushes you *above* the window, you're in hyperarousal — anxiety, panic, rage, flashbacks. When something drops you *below* the window, you're in hypoarousal — numb, frozen, disconnected, can't move or speak."*

"Here's the thing about trauma: it shrinks the window. Things that wouldn't bother most people can push you out of yours. That's not weakness — that's neurobiology. And the good news is, the window can be widened. That's what therapy does. That's what we're doing here, too, in our own way."

"I want us to map your personal window. What does it look like when you're inside it? What are the early signs you're heading above or below? If we can catch those early signs, we can intervene before you're fully out of the window."

"And here's my role: when you're outside your window, my job isn't to talk you back in with logic. It's to be calm, present, and predictable. Your nervous system borrows from mine. That's called co-regulation, and it's the most powerful thing I can offer you."

Compassionate Inquiry: The Compassionate Pause

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

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

> *CI Exercise: The Compassionate Pause*
>
> *1. Pause. Put your hand on your chest. Feel your heartbeat.*
>
> *2. Name it. 'Right now I am feeling _____.'*
>
> *3. Locate it. 'I feel it in my _____ (chest, throat, stomach, jaw).'*
>
> *4. Ask. 'What story is this feeling connected to? Is this about right now, or is this old?'*
>
> *5. Choose. 'What do I actually want to happen next?'*

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

Nervous System Regulation Exercise: 4-7-8 Breathing

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

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

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

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

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

Nervous System Regulation Exercise: Humming / Vocal Toning

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

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

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

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

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

WEEK 4

Co-Regulation — Being the Calm

Learn the neuroscience of co-regulation and practice being a steady nervous system for your loved one.

Session Objectives

- Understand that co-regulation is biological, not just emotional
- Learn the five channels of co-regulation: voice, face, proximity, rhythm, and touch
- Practice regulating your own nervous system first (you can't co-regulate from chaos)
- Build a personalized co-regulation toolkit

Supporter Checklist

[ ] Review the window of tolerance map from last week
[ ] Teach the five channels of co-regulation
[ ] Practice self-regulation: box breathing, grounding, orienting
[ ] Introduce Worksheet D: Co-Regulation Toolkit
[ ] Role-play: What does co-regulation look like in a real moment?

Session Script

"This week is the most important skill in this entire manual. It's called co-regulation, and it's the reason you — as a supporter — matter more than any technique or worksheet."

"Here's the science: our nervous systems are not independent. They talk to each other constantly, below the level of awareness. When you're calm, your loved one's nervous system picks up on that and starts to settle. When you're panicked, theirs escalates. This isn't metaphor — it's neurobiology."

"There are five channels your nervous system uses to signal safety to another person:"

*"One — *voice*. Slow, low, warm. Not a whisper, not a command. Think of the voice you'd use with a scared animal. Two — *face*. Soft eyes, relaxed jaw, gentle expression. Your face is the first thing their neuroception reads. Three — *proximity*. Close enough to be present, not so close it feels intrusive. Four — *rhythm*. Slow, predictable movements. Rocking, breathing together, walking side by side. Five — *touch* — only if they've consented. A hand on the shoulder, holding hands, a weighted blanket."*

"But here's the catch: you cannot co-regulate from a dysregulated state. If you're panicking, your nervous system broadcasts danger. So the first skill is regulating yourself. Let's practice box breathing: breathe in for 4, hold for 4, out for 4, hold for 4. Do that three times before you approach someone in distress."

"This week, I want you to build a toolkit — your personal list of what works for each channel. And I want you to practice regulating yourself at least once a day, even when nothing is wrong. Build the muscle before you need it."

Nervous System Regulation Exercise: 4-7-8 Breathing

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> *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 5

Flashback Response Scripts

Learn step-by-step protocols for responding to flashbacks, dissociation, and nightmares.

Session Objectives

- Distinguish between flashbacks (reliving) and dissociation (disconnecting)
- Learn the 5-4-3-2-1 grounding technique and when to use it
- Practice the flashback response script until it's automatic
- Create a personalized grounding kit

Supporter Checklist

[ ] Review the co-regulation toolkit from last week
[ ] Teach the difference between flashbacks and dissociation
[ ] Walk through the flashback response script step by step
[ ] Practice 5-4-3-2-1 grounding together
[ ] Introduce Worksheet E: Flashback Response Card
[ ] Build a physical grounding kit (ice, essential oil, textured object, etc.)

Session Script

"This week we're getting practical. We're going to learn exactly what to do when a flashback or dissociative episode happens. These are the moments that feel scariest for supporters, and having a script makes all the difference."

*"First, let's distinguish two things. A *flashback* is a re-experiencing of the traumatic event — intrusive images, sounds, smells, body sensations, or emotions from the past that feel present. The person is partially or fully in the past. A *dissociative episode* is a disconnection from the present — they may seem spacey, unresponsive, 'checked out,' or like they're not there. Both are nervous system responses to perceived threat. Both require the same basic approach."*

*"The flashback response script has four steps. Step one: *ground yourself first*. Take a breath. Slow down. Lower your voice. Your nervous system is contagious — if you escalate, they escalate. Step two: *use their name and speak slowly*. 'Sarah. I'm here. You're safe. It's [year], and you're in [location].' Short sentences. Calm voice. Don't touch without asking. Step three: *offer a sensory anchor*. 'Can you feel your feet on the floor? Can you hear my voice? Look at my face.' Sensory input pulls the nervous system back to the present. Step four: *wait*. Don't fill the silence. Don't ask what happened. Don't debrief. Just be present until they return."*

"What not to do: don't say 'calm down' — it doesn't work and it's invalidating. Don't ask 'what are you thinking about?' — they may not know, and the question can pull them deeper into the memory. Don't touch without permission — touch can be a

trigger. Don't leave unless they ask you to — abandonment in a moment of vulnerability is its own trauma."

"After the episode passes, let them rest. The debrief — if they want one — happens later, when the adrenaline has cleared. Your job in the moment is presence, not processing."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: When they have a flashback or dissociative episode, what happens in you? Fear? Helplessness? Frustration? Grief? All of those are valid. And they're worth examining, because your emotional state in those moments shapes your response — and your response shapes their experience of safety."

> *CI Exercise: My Response to Their Crisis*
>
> *When [loved one] has a flashback or dissociates, I feel _____ in my body. My automatic response is to _____. What I wish I could do instead is _____.*

Nervous System Regulation Technique — Grounding Through Cold:

"This week's technique is for you to use during a flashback or dissociative episode — when you need to stay regulated while they're dysregulated."

Hold something cold — a glass of ice water, a cold pack, even just running cold water over your wrists. Focus entirely on the sensation. Cold. Temperature. The physical reality of this moment.

The mechanism: intense sensory input — especially cold — activates the sensory cortex and competes with the threat-processing amygdala for neural resources. It pulls you into the present moment, which is exactly where you need to be when your loved one is in the past.

Keep a glass of cold water nearby during difficult evenings. Use it. It works."

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

WEEK 6

Communication During Activation

Learn what to say — and what never to say — when your loved one's nervous system is activated.

Session Objectives

- Understand why logic doesn't work when someone is dysregulated
- Learn the 'validate first, problem-solve later' framework
- Practice specific phrases for each nervous system state
- Identify your own communication patterns that may inadvertently escalate

Supporter Checklist

[ ] Review flashback response practice from last week
[ ] Teach why the thinking brain goes offline during activation
[ ] Present the communication do's and don'ts
[ ] Practice validation statements
[ ] Introduce Worksheet F: Communication Scripts
[ ] Self-reflection: What are your default responses under stress?

Session Script

"This week is about words — specifically, the words that help and the words that hurt when someone's nervous system is activated."

"Here's the neuroscience: when your loved one is above or below their window of tolerance, their prefrontal cortex — the thinking, reasoning part of the brain — is significantly offline. They cannot process complex information, follow logical arguments, or respond to reassurance in the way you intend it. The words that work in a regulated state often don't work in a dysregulated state. And the words that feel natural to say — 'calm down,' 'you're overreacting,' 'it's not a big deal' — are reliably counterproductive."

"What works when someone is activated: short sentences, slow speech, low volume, concrete language. 'I'm here.' 'You're safe.' 'I'm not going anywhere.' 'Take your time.' These sentences work because they address the nervous system's actual question: 'Am I safe? Am I alone? Is this going to end?' They don't require the prefrontal cortex to be online."

"What doesn't work: long explanations, logical arguments, historical references ('you always do this'), comparisons ('other people have been through worse'), minimizing ('it wasn't that bad'), or rushing ('just get over it'). These require cognitive processing that isn't available when the nervous system is activated. They also communicate — unintentionally — that the person's experience is wrong, which is the opposite of what you want."

*"There's also the question of *after* — what to say when they've returned to their window of tolerance. This is when the connection happens. 'That looked really hard. I'm glad you're back. Do you want to talk about it, or would you rather just be here?' Offering choice restores agency. Agency is the antidote to helplessness, which is at the core of trauma."*

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: Is there something you've been saying that you suspect isn't working — but you keep saying it anyway? What is it? Why do you keep saying it? What are you hoping it will do? Understanding the function of your own unhelpful communication is the first step to changing it."

> *CI Exercise: The Words I Keep Using*
>
> *Something I keep saying that doesn't seem to help is _____. I keep saying it because _____. What I'm actually trying to communicate is _____. A different way to say that might be _____.*

Nervous System Regulation Technique — Bilateral Tapping:

"This week's technique is bilateral tapping — alternately tapping your knees or thighs with your hands, left-right-left-right, at a slow, steady rhythm."

The mechanism: bilateral stimulation activates both hemispheres of the brain alternately, which is associated with reduced emotional intensity and improved integration of difficult experiences. It's the same principle used in EMDR therapy. You're not doing therapy — you're using a physiological tool that happens to share a mechanism with a clinical intervention.

Do this for two minutes when you're activated. Slow, steady, alternating. Left. Right. Left. Right. Notice the shift.

You can also do this subtly — tapping your feet alternately under a table during a difficult conversation. No one will know."

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

WEEK 7

Trigger Mapping & Environmental Safety

Systematically identify triggers and create a safer environment without enabling avoidance.

Session Objectives

- Map sensory, situational, relational, and calendar triggers
- Distinguish between safety (reducing genuine threat) and avoidance (shrinking life)
- Make practical environmental modifications
- Create a trigger response plan for predictable situations

Supporter Checklist

[ ] Review communication practice from last week
[ ] Introduce the four trigger categories
[ ] Complete the trigger map together
[ ] Discuss the safety vs. avoidance distinction
[ ] Introduce Worksheet G: Trigger Map & Response Plan
[ ] Plan environmental modifications for the coming week

Session Script

"This week we're going to map the landscape. Triggers are the things that push your loved one out of their window of tolerance. Some are obvious — a loud noise, a certain smell. Others are subtle — a tone of voice, a time of year, a body position."

*"There are four categories. *Sensory triggers*: sounds, smells, textures, visual cues. *Situational triggers*: places, activities, crowds, confined spaces. *Relational triggers*: conflict, raised voices, feeling controlled, being touched unexpectedly. *Calendar triggers*: anniversaries, holidays, seasons associated with the trauma."*

"Now, here's where it gets nuanced. There's a difference between making the environment safer and enabling avoidance. Safety means reducing genuine threat cues — like not sneaking up behind someone or keeping the house well-lit. Avoidance means shrinking life to avoid all discomfort — never leaving the house, never watching the news, never talking about anything difficult."

"Our goal is to create enough safety that your loved one can gradually expand their world — not to build a smaller and smaller cage. Their therapist will work on the exposure piece. Your job is to make the base camp safe enough that they can venture out."

"Let's map the triggers together. For each one, we'll note what happens, how intense it is, and what response helps."

Nervous System Regulation Exercise: Physiological Sigh

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

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

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

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

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

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

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

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

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

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

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

WEEK 8

Supporting Treatment Engagement

Learn how to support your loved one's therapy without becoming their therapist.

Session Objectives

- Understand the supporter's role in relation to professional treatment
- Learn how to encourage treatment without pressuring
- Know what to expect from evidence-based PTSD treatments (CPT, PE, EMDR)
- Navigate the post-session window when your loved one may be more vulnerable

Supporter Checklist

[ ] Review trigger map from last week
[ ] Discuss the boundary between supporter and therapist
[ ] Provide overview of evidence-based PTSD treatments
[ ] Introduce Worksheet H: Treatment Support Checklist
[ ] Plan for post-session support

Session Script

"This week is about something subtle but critical: how to support professional treatment without accidentally undermining it — or replacing it."

*"There are three evidence-based treatments for PTSD that have the strongest research behind them. *Cognitive Processing Therapy (CPT)* helps people examine and change the thoughts that keep them stuck. *Prolonged Exposure (PE)* involves gradually approaching trauma memories and avoided situations. *EMDR* uses bilateral stimulation to help the brain reprocess traumatic memories. All three work. They're all hard. And they all benefit from a stable home base."*

"Your role is to be that base. That means: encouraging attendance without nagging. Asking 'How can I support you after sessions?' instead of 'What did you talk about?' Respecting that therapy content is private unless they choose to share."

"Here's something important: after a therapy session — especially PE or EMDR — your loved one may be more activated than usual. They might be irritable, tearful, exhausted, or spacey. This is normal. It means the therapy is working. Your job in that window is to be present, keep the environment calm, and not take their mood personally."

"If they want to quit therapy — and many people do, because trauma work is genuinely painful — don't panic. Don't lecture. Say: 'I hear you. It sounds really hard. Can we talk about what's making you want to stop?' Validate first. Always."

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

Managing Avoidance Without Enabling

Navigate the fine line between respecting boundaries and gently expanding your loved one's world.

Session Objectives

- Understand avoidance as a survival strategy, not laziness
- Distinguish between therapeutic pacing and accommodation that reinforces avoidance
- Learn the 'gentle invitation' approach to expanding comfort zones
- Recognize when avoidance is protective vs. when it's shrinking their life

Supporter Checklist

[ ] Review treatment support from last week
[ ] Discuss avoidance as a PTSD symptom, not a character flaw
[ ] Teach the accommodation spectrum (from enabling to pushing too hard)
[ ] Practice gentle invitation language
[ ] Introduce Worksheet I: Avoidance vs. Safety Assessment

Session Script

"Avoidance is the most misunderstood symptom of PTSD. From the outside, it looks like laziness, stubbornness, or not trying. From the inside, it's the nervous system's way of saying: 'That direction leads to pain. Don't go there.'"

"The problem is that avoidance works — in the short term. Avoiding the grocery store means no panic attack today. But over time, the world gets smaller. The list of safe places shrinks. And the message the brain receives is: 'You were right to avoid. It IS dangerous out there.'"

"As a supporter, you're walking a tightrope. On one side is accommodation — rearranging your entire life around their avoidance, doing their errands, never mentioning difficult topics. On the other side is pushing — forcing them into situations they're not ready for, which retraumatizes rather than heals."

*"The sweet spot is what I call the *gentle invitation*. It sounds like: 'I'm going to the farmer's market Saturday morning. Would you like to come? We can leave anytime.' Not: 'You need to get out of the house.' Not: 'Fine, I'll go alone again.'"*

"The key elements: offer choice, provide an exit strategy, don't take refusal personally, celebrate any movement toward engagement. If they come for 10 minutes and then need to leave, that's a win. Say so."

"This week, let's assess which avoidance patterns are protective right now and which ones are shrinking their life. For the life-shrinking ones, we'll plan gentle invitations."

Nervous System Regulation Exercise: Hand on Heart

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

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

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

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

Nervous System Regulation Exercise: Butterfly Hug

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

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

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

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

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

WEEK 10

Secondary Traumatic Stress — Caring for Yourself

Recognize and address the toll that supporting a traumatized person takes on your own nervous system.

Session Objectives

- Understand secondary traumatic stress (STS) and compassion fatigue
- Recognize the signs in yourself: hypervigilance, emotional numbing, sleep disruption, irritability
- Distinguish between healthy empathy and over-identification
- Build a non-negotiable self-care practice

Supporter Checklist

[ ] Review avoidance assessment from last week
[ ] Introduce secondary traumatic stress with honesty and no guilt
[ ] Complete the STS self-assessment together
[ ] Introduce Worksheet J: Secondary Trauma Self-Assessment
[ ] Build a concrete self-care plan (not just bubble baths)

Session Script

"We need to talk about you now. Not as a sidebar — as a central part of this program. Because here's the truth that nobody tells supporters: living with someone who has PTSD changes your nervous system too."

*"It's called *secondary traumatic stress*. You don't have to experience the original trauma to develop trauma symptoms. Repeated exposure to someone else's trauma — their flashbacks, their nightmares, their hypervigilance, their emotional dysregulation — can dysregulate your own nervous system over time. You may find yourself hypervigilant, scanning for signs of distress. You may have intrusive thoughts about their trauma. You may feel emotionally numb, exhausted, or disconnected from your own life. These are not signs of weakness. They are signs of a nervous system that has been under chronic stress."*

"The research on secondary traumatic stress in caregivers and supporters is clear: it is common, it is real, and it is treatable. But it requires acknowledgment first. Many supporters dismiss their own symptoms because 'I didn't go through what they went through.' But your nervous system doesn't know that. Your nervous system responds to what it's been exposed to, not to what you think you deserve to feel."

"Secondary traumatic stress has three components that mirror PTSD: intrusion (unwanted thoughts or images related to their trauma), avoidance (avoiding reminders of their trauma, including them), and hyperarousal (being on edge,

startling easily, having trouble sleeping). If you recognize yourself in these descriptions, please take them seriously. You deserve support — not just as a supporter, but as a person."

"This week, I want you to do a genuine self-assessment. Not a quick 'I'm fine.' A real one. Are you sleeping? Are you eating? Are you maintaining relationships outside this one? Are you doing anything that brings you genuine pleasure? If the answer to most of those is no, that's information. And it's information that matters — because you cannot sustain this support from a depleted system."

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What have you been telling yourself about your own needs in this situation? 'My needs don't matter right now.' 'I can handle it.' 'It would be selfish to focus on myself.' Where did you learn that your needs were less important than someone else's? That belief is worth examining."

> *CI Exercise: My Own Needs*
>
> *Something I've been telling myself about my own needs is _____. I learned to deprioritize my needs when _____. One thing I genuinely need right now that I haven't been giving myself is _____.*

Nervous System Regulation Technique — Restorative Yoga Pose (Legs Up the Wall):

"This week's technique is a restorative yoga pose that requires no yoga experience: legs up the wall."

Lie on your back near a wall. Swing your legs up so they rest against the wall, forming an L shape with your body. Stay here for five to ten minutes. Close your eyes. Breathe normally.

The mechanism: this position reverses the blood flow from the legs back toward the heart and activates the parasympathetic nervous system through gentle inversion. It reduces cortisol, lowers heart rate, and creates a profound sense of rest. It's used in trauma-sensitive yoga specifically because it's passive — you don't have to do anything. You just let gravity do the work.

Do this before bed. Do it after a difficult day. Do it when you're too exhausted to do anything else. It is doing something. It's one of the most restorative things you can do for a depleted nervous system."

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

WEEK 11
Building a Support Network

Expand beyond the two of you — because no one person can be someone's entire support system.

Session Objectives

- Map the current support network (or lack thereof)
- Identify gaps and potential resources
- Learn how to ask for help without feeling like you're betraying your loved one
- Know your limits and when to escalate to professional help

Supporter Checklist

[ ] Review self-care plan from last week — is it happening?
[ ] Complete the support network map
[ ] Discuss the 'sole supporter' trap
[ ] Identify one new support resource to activate this week
[ ] Introduce Worksheet K: Support Network Map

Session Script

"Here's something I see constantly: one person trying to be everything for someone with PTSD. The therapist, the crisis responder, the mood monitor, the cheerleader, the punching bag, and the partner — all at once. It doesn't work. It can't work. No single human being has that capacity."

"This week, we're mapping your support network — both yours and your loved one's. And we're going to be honest about the gaps."

"A healthy support network has layers. The inner circle is you and maybe one or two other close people. The middle circle is friends, extended family, faith community, support groups. The outer circle is professionals — therapist, psychiatrist, crisis line, primary care doctor."

"If most of those circles are empty, that's information, not failure. It means we need to build. And building doesn't mean dumping your loved one's trauma story on everyone. It means identifying specific people for specific roles: someone who can sit with them while you take a break, someone you can call when you're overwhelmed, a support group where you can talk freely."

"I also want to talk about knowing your limits. There are situations where you should not be the primary responder: active suicidal ideation, psychotic symptoms, substance-fueled crises. Those require professional intervention. Knowing when to call 988 or go to the ER isn't giving up — it's being responsible."

Compassionate Inquiry: The Six Questions for Supporters

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

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

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

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

WEEK 12

Long-Term Recovery & Relapse Prevention

Plan for the long haul — because trauma recovery is not linear, and setbacks are not failures.

Session Objectives

- Understand that recovery is non-linear (the spiral, not the line)
- Identify early warning signs of regression
- Create a relapse prevention plan
- Celebrate progress and set intentions for the next chapter

Supporter Checklist

[ ] Review the full 12-week journey together
[ ] Discuss the non-linear nature of recovery
[ ] Identify early warning signs and planned responses
[ ] Complete the Recovery Milestone Tracker
[ ] Introduce Worksheet L: Recovery Milestone Tracker & Relapse Prevention Plan
[ ] Celebrate: Name three things that have changed since Week 1

Session Script

"We've been at this for 12 weeks. Before we talk about what comes next, I want to pause and acknowledge what you've done. You showed up. Week after week. Even when it was hard. Even when progress felt invisible. That matters."

"Now, here's the most important thing I can tell you about trauma recovery: it is not a straight line. It's a spiral. You will have periods of real progress — better sleep, fewer flashbacks, more engagement with life. And then something will happen — an anniversary, a stressor, a random trigger — and it will feel like you're back at square one."

"You're not. You're never back at square one. You're at the same point on the spiral, but one level up. You have tools now that you didn't have before. You have language for what's happening. You have a co-regulation toolkit, a flashback response script, a trigger map, a support network. None of that disappears during a setback."

"This week, we're building a relapse prevention plan. We're going to identify the early warning signs that things are sliding — for both of you — and write down exactly what to do when those signs appear. Not 'figure it out later.' Now, while we're thinking clearly."

"And I want us to celebrate. Not in a forced, Hallmark way. In a real way. Name three things that are different now compared to Week 1. They can be small. Small is fine. Small is how healing actually works."

"This isn't the end. It's a checkpoint. You have this manual. You have your worksheets. You have each other. And you know how to ask for help. That's everything."

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."

> *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

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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