The Supporter's Guide to ASD Coaching

A 12-Week Program for Family & Friends

Linda Curran, BCPC, LPC, CAADC, CCDPD

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

Table of Contents

Introduction 3
Week 1: Week 1: Understanding ASD 4
Week 2: Week 2: Strengths and Pitfalls 6
Week 3: Week 3: Communication That Connects 8
Week 4: Week 4: Structure and Predictability 10
Week 5: Week 5: The ABC Model 12
Week 6: Week 6: Sensory Worlds 14
Week 7: Week 7: Scaffolding Life Skills 16
Week 8: Week 8: Emotional Co-Regulation 18
Week 9: Week 9: Navigating Social Situations 21
Week 10: Week 10: Advocacy and Resources 23
Week 11: Week 11: Sustainable Support 25
Week 12: Week 12: Integration and Future Planning 28
Appendix: Regulation Toolkit 30
Appendix: Your Digital Toolkit 32
Appendix: Guided Imagery Scripts 33
Disclaimer 34

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. This guide is designed for you, the supporter. You are the constant in the life of someone with Autism Spectrum Disorder (ASD)—the family member, the partner, the trusted friend. Your role is not to be a therapist, but to be a scaffold. Think of it like building an archway; you are the wooden frame that supports the stones until the keystone is in place and the structure can stand on its own. Your support, your understanding, and your consistent presence are that frame.

Over the next 12 weeks, we will move through a structured process based on Parent Training and Applied Behavior Analysis (ABA) principles, specifically the Antecedent-Behavior-Consequence (ABC) model. We will deconstruct the complexities of ASD into manageable parts, focusing on practical strategies that foster independence, enhance communication, and build a sustainable support system. We will not be trying to “fix” autism. Instead, we will focus on understanding, adapting, and creating an environment where the individual you support can thrive.

Your journey will involve learning to identify triggers, shaping behaviors through positive reinforcement, and, most importantly, learning to see the world from their perspective. This is not about changing who they are; it’s about providing the tools and environmental supports that allow them to navigate a world not always built for them. Remember, your role is one of support and coaching, not clinical intervention. You are a partner in their journey, and this guide is your map.

WEEK 1
Week 1: Understanding ASD

Laying the foundation for understanding Autism Spectrum Disorder.

Session Objectives

- Define Autism Spectrum Disorder (ASD) and its core characteristics.
- Identify the prevalence and key statistics related to ASD.
- Understand the supporter's role as a coach, not a clinician.
- Establish a baseline for the journey ahead.

Supporter Checklist

[ ] Read the introduction to the guide.
[ ] Review the core concepts of ASD.
[ ] Complete Worksheet A.
[ ] Reflect on your current understanding of ASD.
[ ] Set an intention for the 12-week program.

Session Script

You: Welcome to Week 1. Before we dive in, let's be clear about what this journey is and what it isn't. You are here to become a more effective supporter for someone you care about with Autism Spectrum Disorder. You are not here to become their therapist. Think of yourself as a coach. A coach doesn't play the game for the athlete; they provide strategy, support, and a structured environment for the athlete to succeed. That's your role.

First, let's ground ourselves in a shared understanding. The CDC reported in 2023 that approximately 1 in 31 children are identified with ASD. This isn't a rare, isolated condition; it's a significant part of our human tapestry. ASD is characterized by two main areas of difficulty: social communication and restricted, repetitive behaviors. This can manifest as anything from difficulty with back-and-forth conversation to an intense interest in a specific topic, or the need for a highly predictable routine. It's a spectrum, which means its presentation is incredibly diverse.

Your primary tool in this program will be the ABC model: Antecedent-Behavior-Consequence. The antecedent is what happens right before a behavior. The behavior is the action itself. The consequence is what happens immediately after. For the next 12 weeks, we will use this simple but powerful framework to understand and influence behavior in a positive way. It’s like being a detective, looking for clues to understand the 'why' behind a behavior, rather than just reacting to the 'what'.

This week, your main task is to observe. Don't try to change anything yet. Just watch, listen, and learn. Pay attention to the daily rhythms, the moments of joy, and the points of friction. Your work begins with understanding, not action. Remember, you are the

supportive frame, the scaffold. Your presence and understanding are the foundation upon which new skills will be built. You are a supporter, a coach, an ally—not a fixer. That distinction is critical.

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: Strengths and Pitfalls

Identifying supporter strengths and common pitfalls to avoid.

Session Objectives

- Identify your personal strengths as a supporter.
- Recognize common pitfalls for supporters of individuals with ASD.
- Develop strategies to leverage strengths and avoid pitfalls.
- Understand the importance of setting realistic expectations.

Supporter Checklist

[ ] Complete Worksheet B.
[ ] Identify two of your key supporter strengths.
[ ] Note one potential pitfall you want to avoid.
[ ] Share your strengths with a trusted friend or partner.
[ ] Practice one strategy for avoiding a pitfall.

Session Script

You: Last week, we laid the groundwork. This week, we turn the lens on you. Your effectiveness as a supporter is not just about the techniques you learn; it's about how you manage your own energy, expectations, and emotional responses. It's like being a mountain guide. You can have the best map in the world, but if you don't have the stamina and foresight to navigate the terrain, the map is useless.

Let's talk about common pitfalls. Many supporters fall into the trap of trying to change lifelong habits overnight, or they neglect their own needs—social, financial, and emotional. You might feel guilty for taking time for yourself, or frustrated when progress feels slow. These feelings are normal, but they are also warning signs. Ignoring them leads to burnout, which helps no one.

Now, let's focus on your strengths. Are you patient? Organized? A good listener? A fierce advocate? These are the tools you already possess. This week, I want you to identify your top two supporter strengths. These are your anchors. When things get tough, you will come back to these. For example, if you are an organized person, you can leverage that strength to create the structured routines that are so beneficial for individuals with ASD.

Your task is to be a mindful supporter, not a perfect one. This means recognizing when you're heading towards a pitfall, like trying to control a situation that is outside your control, and consciously choosing a different path. It means leveraging your natural strengths to make the journey smoother. This week is about self-assessment and strategy. What are your superpowers? And what is your kryptonite? Knowing both is essential for the long haul. Remember, you are a coach, not a superhero. You have limits, and acknowledging them is a strength, not a weakness.

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 3
Week 3: Communication That Connects

Developing clear and effective communication strategies.

Session Objectives

- Understand the unique communication styles associated with ASD.
- Learn to use clear, concise, and direct language.
- Practice active listening and validation.
- Introduce visual aids to support verbal communication.

Supporter Checklist

[ ] Complete Worksheet C.
[ ] Practice using 'I' statements.
[ ] Create or find one visual aid to use.
[ ] Observe a conversation and identify a moment for clearer communication.
[ ] Ask for clarification at least once in a conversation.

Session Script

You: Communication is the bedrock of any relationship. But when supporting someone with ASD, our typical communication patterns often fail us. Vague language, sarcasm, and non-literal expressions can be like trying to tune a radio to a station that doesn't exist. This week, we become more intentional and precise with our words.

Think of your communication as building a bridge. Each word is a plank. If the planks are weak, warped, or poorly spaced, the bridge is treacherous. If they are strong, straight, and clear, the bridge is easy to cross. Your job is to build a solid bridge. This means using direct, concrete language. Instead of saying, "Clean up your mess," try, "Please put the books on the shelf and the toys in the bin." One is an invitation to confusion; the other is a clear roadmap to success.

We also need to become better listeners. Active listening isn't just waiting for your turn to talk. It's about validating the other person's experience, even if you don't fully understand it. A simple, "That sounds really frustrating," can be more powerful than a dozen pieces of advice. It shows you are hearing them and that their feelings are legitimate.

Finally, let's bring in visual supports. Many individuals with ASD are visual thinkers. A written checklist, a picture schedule, or even a simple drawing can reinforce your verbal message and provide a concrete reference point. This isn't "dumbing things down"; it's communicating in their native language. Your task this week is to be a translator and a bridge-builder. Pay attention to your words. Are they clear? Are they direct? Are they supportive? Remember, you are a communication partner, not a lecturer. Your goal is connection, not correction.

Compassionate Inquiry: The Compassionate Pause

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

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

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

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

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

WEEK 4

Week 4: Structure and Predictability

Creating routines and environments that reduce anxiety and support success.

Session Objectives

- Understand the importance of routine and predictability for individuals with ASD.
- Learn how to create and implement effective daily schedules.
- Develop strategies for managing transitions and unexpected changes.
- Use visual schedules to enhance predictability.

Supporter Checklist

[ ] Complete Worksheet D.
[ ] Create a simple morning or evening routine.
[ ] Introduce a visual schedule for one part of the day.
[ ] Practice giving a 5-minute warning before a transition.
[ ] Identify one area where more structure is needed.

Session Script

You: Imagine navigating your day without knowing what comes next. Every moment is a surprise, every transition a potential shock. For many individuals with ASD, this is their daily reality. The world feels unpredictable, and unpredictability is threatening to a nervous system that is already working overtime to process sensory and social information. Structure and predictability are not luxuries for people with ASD — they are neurological necessities. They reduce cognitive load, lower anxiety, and free up bandwidth for learning and connection.

You: There are three levels of structure that matter. The first is temporal structure — knowing what happens when. Visual schedules, consistent routines, advance notice of changes. The second is environmental structure — knowing where things are, having a consistent space, reducing sensory chaos. The third is relational structure — knowing what to expect from you. Consistent tone, consistent responses, consistent follow-through. When you are predictable, you become a safe person. Safety is the prerequisite for everything else.

You: Transitions are particularly difficult. Moving from one activity to another — especially from a preferred activity to a non-preferred one — can trigger significant distress. The transition itself is the problem, not the destination. Strategies that help: give advance notice ("In ten minutes, we're going to dinner"), use visual timers, create transition rituals (a specific phrase, a specific object), and allow processing time. Don't rush. The extra two minutes you spend on a transition will save you twenty minutes of meltdown.

You: This week, I want you to audit your environment and routine for predictability. Where are the surprise points? Where do transitions happen without warning? Where

is the environment unpredictable or chaotic? You don't have to fix everything at once. Pick one transition that consistently goes badly and build a structure around it. Just one. See what happens.

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What does it cost you to provide this level of structure? Be honest. It's effortful. It requires you to be more organized, more consistent, more deliberate than you might naturally be. What comes up for you when you think about sustaining this long-term?"

> *CI Exercise: The Cost of Consistency*
>
> *When I think about maintaining this level of structure indefinitely, I feel _____. The part of me that resists it is saying _____. What would make it more sustainable for me is _____.*

Nervous System Regulation Technique — Box Breathing:

"This week's regulation technique is box breathing — four counts in, four counts hold, four counts out, four counts hold. Repeat four times."

The mechanism: the equal-ratio breathing pattern activates the parasympathetic nervous system while the counting engages the prefrontal cortex. You're simultaneously calming the body and engaging the thinking brain. It's particularly useful before transitions — for both of you.

Try it now. Inhale for four counts. Hold for four. Exhale for four. Hold for four. Again. Notice the shift."

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

WEEK 5

Week 5: The ABC Model

Applying the Antecedent-Behavior-Consequence model to understand behavior.

Session Objectives

- Define the three components of the ABC model: Antecedent, Behavior, Consequence.
- Learn to identify the function of a behavior (e.g., to get something, to escape something).
- Practice observing and recording behaviors using an ABC chart.
- Begin to brainstorm alternative responses to challenging behaviors.

Supporter Checklist

[ ] Complete Worksheet E.
[ ] Observe and record one behavior using the ABC model.
[ ] Identify the antecedent and consequence of that behavior.
[ ] Guess the function of the behavior.
[ ] Read about the four functions of behavior (attention, escape, access, sensory).

Session Script

You: We introduced the ABC model in Week 1. This week, it becomes our primary tool. Antecedent-Behavior-Consequence is the lens through which we will analyze and understand behavior. It moves us from reactive to proactive. Instead of asking "Why did they do that?" in the heat of the moment, we ask "What happened before? What happened after? What function did the behavior serve?" That shift — from judgment to curiosity — changes everything.

You: Let's go deeper. The Antecedent is everything that happened before the behavior — the sensory environment, the social demands, the time of day, the level of fatigue, the last interaction. Behaviors don't emerge from nowhere. They emerge from a context. When we map the antecedents carefully, we often find patterns that were invisible before. "Every meltdown happens after school." "Every shutdown happens in crowded spaces." "Every aggressive episode happens when a routine is broken." The antecedent is where the intervention lives.

You: The Consequence is what happens after the behavior — and this is where we often accidentally reinforce what we're trying to extinguish. If a behavior results in escape from a demand, the behavior will increase. If it results in attention, it will increase. If it results in access to a preferred item, it will increase. This is not manipulation — it's learning. The nervous system is doing exactly what nervous systems do: finding what works. Our job is to make sure that the behaviors we want to see are the ones that work.

You: This week, I want you to complete a full ABC analysis of one recurring

challenging behavior. Not the most extreme one — pick something manageable. Fill out the worksheet completely. Look for the pattern. What is the antecedent? What is the function of the behavior? What consequence is maintaining it? Once you can answer those three questions, you have a roadmap for change.

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: When you observe a challenging behavior, what story do you tell yourself about what it means? 'They're doing this on purpose.' 'They don't care.' 'I've failed as a supporter.' These stories are not facts — they're interpretations. And they drive your response more than the behavior itself does."

> *CI Exercise: The Story Behind the Behavior*
>
> *When [loved one] does [specific behavior], the story I tell myself is _____. If I assumed the behavior was serving a function rather than being intentional, I would think _____. The response I want to practice instead is _____.*

Nervous System Regulation Technique — Grounding Through Pressure:

"This week's technique is grounding through pressure — specifically, pressing your feet firmly into the floor and your back firmly into your chair."

Feel the floor under your feet. Press down. Feel the chair behind you. Press back. Take a breath and feel the weight of your body being held.

The mechanism: proprioceptive input — pressure and weight — activates the somatosensory cortex and signals the nervous system that the body is safe and supported. It's the same principle behind weighted blankets. You can do this anywhere, invisibly, in the middle of a difficult moment. No one will know you're regulating."

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

WEEK 6
Week 6: Sensory Worlds

Understanding and accommodating sensory sensitivities and needs.

Session Objectives

- Identify the eight sensory systems (not just the five).
- Recognize signs of sensory seeking and sensory avoiding behaviors.
- Develop a 'sensory diet' of activities to help with regulation.
- Create sensory-friendly modifications to the environment.

Supporter Checklist

[ ] Complete Worksheet F.
[ ] Identify one sensory seeking and one sensory avoiding behavior.
[ ] Add one sensory activity to the daily routine.
[ ] Modify one aspect of the environment to be more sensory-friendly.
[ ] Read about the vestibular and proprioceptive senses.

Session Script

You: We often think of five senses: sight, sound, smell, taste, and touch. But there are three more that are crucial for understanding ASD: the vestibular sense (balance and movement), the proprioceptive sense (body position and pressure), and interoception (internal body states — hunger, thirst, pain, emotion). Many individuals with ASD have significant differences in how they process all eight senses. Some are hypersensitive — the tag in a shirt is unbearable, a fluorescent light is physically painful. Some are hyposensitive — they seek intense sensory input, they don't register pain normally, they need to touch everything. Many are both, depending on the sense.

You: Understanding your loved one's sensory profile is one of the most practical things you can do. It explains behaviors that otherwise look bizarre or willful. The child who covers their ears at a birthday party is not being rude — they are in pain. The adult who insists on the same food every day is not being difficult — they are managing a sensory system that finds novelty genuinely overwhelming. The person who rocks or spins is not "stimming for attention" — they are self-regulating a nervous system that needs vestibular input to stay organized.

You: Your role is to become a sensory detective. What are their sensory sensitivities? What are their sensory needs? What environments are tolerable and which are overwhelming? What sensory inputs are calming and which are alerting? Once you have this map, you can modify environments proactively, advocate for accommodations, and stop interpreting sensory-driven behavior as defiance.

You: This week, complete the sensory profile worksheet together if possible, or on your own based on your observations. Identify two sensory modifications you can make to your shared environment this week. Small changes — removing a flickering light,

offering noise-canceling headphones, switching to seamless socks — can have outsized effects on daily functioning and emotional regulation.

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: Is there a sensory need of your loved one's that you've been dismissing or minimizing? A sensitivity you've been asking them to 'just get over'? What would it mean to take it fully seriously — not as a preference, but as a genuine neurological reality?"

> *CI Exercise: Taking Sensory Needs Seriously*
>
> *A sensory need I've been minimizing is _____. If I took it fully seriously, I would change _____. The resistance I feel to making that change is _____.*

Nervous System Regulation Technique — Slow Exhale Breathing:

"This week's technique is extended exhale breathing — inhale for four counts, exhale for six to eight counts."

The mechanism: the exhale activates the parasympathetic nervous system through the vagus nerve. A longer exhale means more vagal activation, which means more calming. The ratio matters more than the pace — exhale longer than you inhale.

Practice: inhale for four counts through the nose. Exhale for six to eight counts through the mouth, as if you're fogging a mirror. Do this five times. Notice the shift in your shoulders, your jaw, your hands.

This is also a technique you can model for your loved one — many people with ASD respond well to concrete, countable breathing exercises."

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

WEEK 7
Week 7: Scaffolding Life Skills

Breaking down complex tasks and teaching new skills.

Session Objectives

- Learn the concept of task analysis to break down skills into small steps.
- Understand how to use prompting and fading to teach new skills.
- Practice using positive reinforcement to motivate learning.
- Identify one new life skill to begin teaching.

Supporter Checklist

[ ] Complete Worksheet G.
[ ] Choose one life skill to focus on.
[ ] Write out a task analysis for that skill.
[ ] Practice using a prompt to help with one step.
[ ] Provide specific praise for effort on the chosen skill.

Session Script

You: This week, we move from understanding to teaching. Our goal is to build independence by teaching new life skills. This could be anything from tying shoes to making a simple meal to ordering a coffee to managing a bank account. The principles are the same regardless of the skill: break it down, make it explicit, practice it repeatedly, and celebrate the effort not just the outcome.

You: The most important principle in teaching life skills to someone with ASD is task analysis — breaking a skill down into its smallest possible steps and making each step explicit. Neurotypical people learn many skills through observation and implication. "Watch how I do it" works for them. For many people with ASD, implicit learning is unreliable. They need the steps named, written down, practiced in sequence, and repeated until they are automatic. What feels like over-explanation to you is often exactly the right level of detail for them.

You: The second principle is errorless learning — structuring the teaching so that errors are minimized, especially early in the learning process. Errors are discouraging and can create avoidance. Start with maximum support and fade it gradually as competence builds. This is the opposite of "sink or swim." It's more like "I'll hold the bike, then I'll run alongside, then I'll let go when you're ready." The goal is success experiences, because success experiences build the self-efficacy that makes the next attempt possible.

You: The third principle is generalization — practicing the skill in multiple settings, with multiple people, with slight variations. A skill learned in one context often doesn't automatically transfer to another context for people with ASD. If you teach someone to order coffee at home, you may need to practice it at the actual coffee shop, then at a

different coffee shop, then when the menu is different. This is not a failure of learning — it's a feature of how the ASD brain processes context.

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: When you're teaching a skill and they struggle, what happens in you? Frustration? Grief? Guilt? The teaching relationship is emotionally complex. You are simultaneously their supporter and their teacher, and those roles can conflict. What do you need to sustain this?"

> *CI Exercise: The Teacher Within*
>
> *When I'm teaching [loved one] and they struggle, I feel _____. The story I tell myself about what their struggle means is _____. What I wish I could say to myself in those moments is _____.*

Nervous System Regulation Technique — Cold Water Reset:

"This week's technique is the cold water reset — running cold water over your wrists and the back of your neck for thirty seconds."

The mechanism: cold water activates the dive reflex, which triggers a rapid parasympathetic response — heart rate slows, blood pressure drops, the body shifts from activation to calm. It's one of the fastest physiological interventions available, and it requires no equipment beyond a sink.

Use it after a difficult teaching session. Use it before a challenging outing. Use it when you've hit your limit and need to reset before you say something you'll regret. Thirty seconds. Cold water. Wrists and neck. It works."

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

WEEK 8
Week 8: Emotional Co-Regulation

Helping to manage big emotions and meltdowns.

Session Objectives

- Differentiate between a tantrum and a meltdown.
- Understand the concept of co-regulation.
- Develop a 'calm-down plan' for emotional overwhelm.
- Learn to model emotional regulation yourself.

Supporter Checklist

[ ] Complete Worksheet H.
[ ] Identify the difference between a tantrum and a meltdown.
[ ] Create a simple calm-down plan.
[ ] Practice taking a deep breath when you feel frustrated.
[ ] Observe for early signs of emotional overwhelm.

Session Script

You: Big emotions are part of the human experience. But for individuals with ASD, those emotions can be like a tidal wave—overwhelming and all-consuming. This can lead to what we call a meltdown. It is critical to understand that a meltdown is not a tantrum. A tantrum is a bid for control; a meltdown is a neurological crisis. A person having a tantrum is in control of their behavior; a person in a meltdown is not. They are in a state of "fight, flight, or freeze."

During a meltdown, language and logic go offline. Trying to reason with someone in a meltdown is like trying to have a heart-to-heart with a smoke alarm. It's just noise. Your job is not to talk them out of it. Your job is co-regulation. This means lending them your calm. You become their anchor in the emotional storm. You do this by staying quiet, ensuring safety, and being a calm, non-anxious presence. Your calm nervous system can help their nervous system come back online.

This is why your own emotional regulation is so important. You cannot give away a calm you do not have. When you feel your own frustration rising, that is your cue to take a deep breath, to ground yourself. Your ability to stay regulated is your most powerful tool in these moments. After the meltdown has passed, and their thinking brain is back online, you can talk about what happened and what might help next time. This is when you create a calm-down plan together. What helps them feel safe? A weighted blanket? Quiet music? A dark room?

Your task this week is to be an emotional anchor. Observe for the early warning signs of overwhelm and intervene early with sensory tools or a quiet moment. And if a meltdown happens, your only job is safety and calm. Lend them your peace. Remember, you are a co-regulator, not a disciplinarian. You are the lighthouse, not the

storm.

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."

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 9

Week 9: Navigating Social Situations

Coaching through social communication challenges.

Session Objectives

- Understand the concept of 'hidden curriculum' in social rules.
- Learn to use social stories to prepare for social events.
- Practice role-playing to build social skills and confidence.
- Identify strategies for entering and exiting conversations.

Supporter Checklist

[ ] Complete Worksheet I.
[ ] Write a short social story for an upcoming event.
[ ] Role-play one social scenario.
[ ] Identify one 'hidden rule' in a social situation.
[ ] Observe a social interaction and analyze it.

Session Script

You: The social world is a complex dance with unwritten rules. For many with ASD, it's like everyone else got a rulebook they didn't. This is the 'hidden curriculum'. It's knowing not to stand too close, to make eye contact but not too much, to laugh at the right moments, to understand that "fine" doesn't always mean fine. These rules are invisible to most people because they were absorbed unconsciously in childhood. For many people with ASD, they must be learned explicitly — named, explained, practiced.

You: Your role in navigating social situations is not to force neurotypical social behavior. The goal is not to make your loved one indistinguishable from their neurotypical peers. The goal is to help them navigate the social world in ways that are safe, functional, and consistent with their own values and preferences. Some social conventions are worth learning because they open doors. Others are arbitrary and exhausting to maintain. Help them distinguish between the two.

You: Preparation is the most powerful tool for social situations. Before a social event: review what will happen, who will be there, what the expectations are, what the exit plan is. During the event: have a signal system for when they need a break, know where the quiet space is, don't push for more social engagement than they can sustain. After the event: debrief without judgment. What went well? What was hard? What would they do differently? The debrief is where learning happens — not during the event.

You: Social scripts are legitimate tools. Having a prepared response for common social situations — "How are you?" "Fine, thanks. How are you?" — reduces cognitive load and allows the person to participate in social rituals without having to generate

spontaneous responses in real time. Scripts are not fake. They are a form of preparation that makes the social world more navigable. Many neurotypical people use them too — they just don't call them scripts.

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: How do you feel when your loved one struggles socially in public? Embarrassed? Protective? Sad? Angry? All of those are valid. And they're worth examining, because they shape your response — and your response shapes their experience of the social world."

> *CI Exercise: My Social Feelings*
>
> *When [loved one] struggles in a social situation, I feel _____. The story I tell myself about what others think is _____. What I want them to know about how I see them is _____.*

Nervous System Regulation Technique — Progressive Muscle Relaxation (Brief Version):

"This week's technique is a brief version of progressive muscle relaxation — tensing and releasing muscle groups to discharge accumulated tension."

Start with your hands: make a fist, squeeze for five seconds, release. Feel the difference. Move to your arms: tense your biceps, hold, release. Your shoulders: shrug them up to your ears, hold, release. Your face: scrunch everything, hold, release.

The mechanism: chronic stress keeps muscles in a low-level state of contraction. Deliberately tensing and releasing interrupts this pattern and signals the nervous system that the threat has passed. The release after tension is the key — it's the contrast that creates the shift.

This takes about two minutes. Do it before social events, after difficult ones, or any time you notice you're carrying tension you can't shake."

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

WEEK 10
Week 10: Advocacy and Resources

Becoming an effective advocate and connecting with resources.

Session Objectives

- Understand your role as an advocate in school, healthcare, and community settings.
- Learn how to prepare for and navigate meetings (e.g., IEP meetings).
- Identify key local and national resources for ASD support.
- Practice clear and assertive communication with professionals.

Supporter Checklist

[ ] Complete Worksheet J.
[ ] Research one local ASD resource.
[ ] Prepare a binder for important documents.
[ ] Draft an email to a teacher or provider.
[ ] Learn what an IEP is and its purpose.

Session Script

You: As a supporter, you will often find yourself in the role of an advocate. You are their voice in rooms where they may not be heard. You are their champion, ensuring they get the accommodations and support they are legally and ethically entitled to. Advocacy is a skill, and like all skills, it can be learned and practiced. This week, we focus on building your advocacy toolkit.

You: There are three arenas where advocacy most commonly happens: educational settings, workplace settings, and healthcare settings. In each arena, the principles are similar: know your rights, document everything, communicate in writing, and be persistent without being adversarial. In the US, educational advocacy is governed by IDEA (Individuals with Disabilities Education Act) for children and Section 504 of the Rehabilitation Act for adults in educational settings. Workplace accommodations are governed by the ADA (Americans with Disabilities Act). Healthcare advocacy involves ensuring your loved one's communication needs are understood and accommodated.

You: Effective advocacy requires preparation. Before any meeting — IEP, 504 plan, HR meeting, medical appointment — prepare a written summary of your loved one's needs, strengths, and specific accommodation requests. Bring documentation. Know what you're asking for before you walk in. Follow up every verbal agreement with a written email: "As we discussed, the agreed accommodations are..." This creates a paper trail and prevents "I don't remember agreeing to that."

You: Self-advocacy is the long-term goal. You are building your loved one's capacity to advocate for themselves, not creating a permanent dependency on you. This means involving them in advocacy conversations as much as possible, teaching them to

name their own needs, and celebrating every moment they speak up for themselves.

Your role is to scaffold their self-advocacy, not to replace it.

A Second Lens — Compassionate Inquiry:

"Here's the question for this week: What does it cost you to advocate? Emotionally, practically, relationally? Advocacy is exhausting. It requires you to fight for things that should be automatic. It requires you to navigate systems that were not designed with your loved one in mind. What do you need to sustain this work without burning out?"

> *CI Exercise: The Advocate's Burden*
>
> *When I think about the advocacy I've done, I feel _____. The part of this work that takes the most out of me is _____. What would help me sustain it is _____.*

Nervous System Regulation Technique — Resourcing:

"This week's technique is resourcing — deliberately calling to mind a memory, person, place, or quality that feels genuinely safe, warm, or strong."

Close your eyes. Think of a place where you feel completely safe — real or imagined. See it, hear it, feel it. Let the feeling of safety settle into your body. Notice where you feel it. Stay with it for thirty seconds.

The mechanism: the brain cannot fully distinguish between a vividly imagined experience and a real one. When you resource, you are activating the same neural circuits that fire during actual safety. You are literally building safety into your nervous system through imagination.

This is especially important for advocates and caregivers, who spend so much time in fight mode. You need to practice being in a different state — not because the fight isn't real, but because you can't sustain the fight from a depleted nervous system."

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

WEEK 11
Week 11: Sustainable Support

Building a support network and practicing self-care.

Session Objectives

- Recognize the signs of supporter burnout.
- Identify and build a network of formal and informal supports.
- Develop a personal self-care plan.
- Learn to ask for and accept help.

Supporter Checklist

[ ] Complete Worksheet K.
[ ] Identify two people in your support network.
[ ] Schedule one self-care activity for this week.
[ ] Practice asking for help with one small task.
[ ] Reflect on your own needs.

Session Script

You: We've spent the last ten weeks focused on the person you support. This week, we focus entirely on you. You cannot pour from an empty cup. If you burn out, your ability to provide effective support plummets. Sustainable support is not a luxury; it is a necessity.

Burnout is a state of chronic stress that leads to physical and emotional exhaustion, cynicism and detachment, and feelings of ineffectiveness. It creeps up on you. The first step is to recognize the warning signs in yourself. Are you more irritable? Are you having trouble sleeping? Are you withdrawing from friends and hobbies? These are red flags.

Building a support network is your primary defense against burnout. This network includes formal supports, like therapists and respite care providers, and informal supports, like friends, family, and other parents who "get it." You do not have to do this alone. It's like a pit crew for a race car driver. The driver is the star, but they are useless without the team that refuels the car and changes the tires. You need a pit crew.

Finally, you must have a non-negotiable self-care plan. This isn't about spa days (though those are nice). It's about the small, daily practices that recharge your battery. It could be a 15-minute walk, reading a book, or having an uninterrupted cup of coffee. You must schedule this time as if it were a critical doctor's appointment. Because it is. Your task this week is to be your own supporter. Build your team. Schedule your recharge time. Ask for help. Remember, you are the foundation of the support system. If the foundation cracks, the whole house is in trouble.

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: Integration and Future Planning

Reviewing progress and planning for the future.

Session Objectives

- Review the skills and strategies learned over the past 11 weeks.
- Celebrate progress and successes, both big and small.
- Identify ongoing challenges and create a plan to address them.
- Establish a rhythm for ongoing support and skill maintenance.

Supporter Checklist

[ ] Complete Worksheet L.
[ ] Review your worksheets from the past 11 weeks.
[ ] Celebrate one key success.
[ ] Identify one area for continued focus.
[ ] Thank yourself for completing this journey.

Session Script

You: We have reached the end of our 12 weeks together, but this is not the end of the journey. It is the end of the beginning. You have spent the last three months building a foundation of knowledge, skills, and self-awareness. You have a new set of tools in your toolkit. Now, it's time to integrate them into your daily life and plan for the road ahead.

Take some time this week to look back. Review your worksheets. What was your biggest takeaway? Where did you see the most growth? It's easy to lose sight of progress when you're in the thick of it. It's like hiking a mountain; you're so focused on the next step that you forget to turn around and see how far you've come. Celebrate your successes. You have earned it.

Now, look forward. What challenges remain? What skills need more practice? This isn't a failure; it's just the next chapter. Choose one or two areas to focus on over the next few months. Don't try to do everything at once. The goal is steady, sustainable progress, not a frantic sprint. Continue to use the ABC model to understand behavior. Continue to prioritize structure and clear communication. Continue to care for yourself.

You have done the hard work of learning and growing. You have shown up, week after week, for the person you support and for yourself. The path forward will have its ups and downs, but you are now equipped with a map and a compass. You know the terrain. You know your strengths. You know how to navigate the storms. Remember your role: you are the coach, the advocate, the anchor, the supporter. You are not a therapist or a fixer. You are a partner on the journey. And you are ready.

Compassionate Inquiry: A Final Reflection

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

CI Exercise: What I See Now

1. The story I carried at the start: _____

2. What I see now: _____

3. What has shifted in how I understand my person: _____

4. What has shifted in how I understand myself: _____

5. The compassion I want to carry forward: _____

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

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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