TEAM BRIEFING · INTERNAL USE

The 13-Week Educational Sprint

One research-backed theme each week, used the same way by marketing, the medical team and everyone who talks to patients. This is how BRC launches its voice: empathetic, credible and focused on evaluation first.

13 weeks · 13 themes | 3 posts per week | Instagram + Facebook first | CTA: free consultation

01 The one message we all share

> If therapy and medication aren't helping enough, you haven't failed. Persistent depression can show up in the brain. The responsible next step isn't to guess. It's to get evaluated and find out what's safe.

Say this

- ✓ “If therapy and medication aren't enough, it's worth being evaluated.”
- ✓ “Research shows persistent depression can have measurable brain findings.”
- ✓ “The responsible first step is a supervised clinical evaluation.”
- ✓ “May be worth evaluating” · “If appropriate” · “Results vary”

Never say this

- ✕ “SSRIs cause brain atrophy.”
- ✕ “Ketamine rewires your brain.”
- ✕ “This works when everything else fails.” · “You should try this.”
- ✕ Cure, remission, or guaranteed results. Anything about at-home treatment or psychedelic lifestyle.

02 How each team uses it

Same theme every week, three different jobs. Every week in the plan below has a line for each team.

Kenna · Kevin · JJ

Marketing

EACH WEEK

- Turn the theme into a Monday carousel, Wednesday video and Friday clinic / action post.
- Cut Kevin's recording into clips, quote cards and Shorts.
- Source line on the last slide or caption; full link in caption.
- Every post points to the free consultation.

NEVER

- Publish a treatment or research claim before medical review.
- Lead with the study; lead with the feeling.

Clinical approver

Medical

EACH WEEK

- Review every treatment, research, risk and safety statement before it posts.
- Approve the source-citation wording.
- Set the line on brain changes, illness duration and urgency.

ALWAYS REVIEW

- Anything on crisis, suicidality, candidacy, ketamine, esketamine, ECT, rTMS, medication or outcomes.

Front desk · intake · non-medical staff

Everyone else

EACH WEEK

- Know this week's theme; patients may call after seeing it.
- Use the approved front-desk line; offer the free consultation.
- Ask “How did you hear about us?” and log the answer as patient-stated.

NEVER

- Give medical advice, judge candidacy, or comment on someone's medication. Hand those to the clinical team.
- Ignore any mention of self-harm: share 988 (911 in an emergency) and get a clinician.

Kevin
On-camera voice; approves positioning

JJ
Records Kevin, podcast style; sends raw files to Kenna

Kenna
Owns calendar, editing, publishing and metrics

Clinical approver
Signs off claims, safety and citations (name TBD)

Rob
Drafts captions, carousels and staff notes on request

03 The weekly rhythm

Mon
Education carousel

6–8 slides on the week's research idea. Instagram, Facebook, LinkedIn.

Wed
Kevin video

45–75 second clip from the JJ recording, plus a 15–30 second cutdown. Reels, Shorts, Facebook, LinkedIn.

Fri
BRC experience / action

Brings the theme back to the clinic, the team, an FAQ or the consultation.

STEP 1
Feeling
“I'm in therapy and on medication, but still stuck.”

STEP 2
Science
Persistent depression can show measurable brain findings.

STEP 3
Hope
There may be other supervised options to evaluate.

STEP 4
Safety
The right next step isn't guessing. It's an evaluation.

STEP 5
Action
Book the free consultation.

04 The march: 13 weeks

Five chapters, one theme per week. Weeks 1–6 are recorded in the first Kevin/JJ session.

WEEKS 1–4
Recognize
It's not you. Persistent depression is real and shows up in the brain.

WEEKS 5–6
Name It
Give it a name (TRD) and show there are other options to evaluate.

WEEKS 7–10
Honest Science
What ketamine research says, why supervision matters, what we still don't know.

WEEKS 11–12
Hope
The brain can adapt, and persistent depression deserves attention now.

WEEK 13
Act
The field is moving. Don't stay stuck. Get evaluated.

1	It Is Not You. It May Be TRD.	2	The Brain Can Change When Depression Becomes Chronic
3	Duration Matters	4	Untreated Depression Has a Cost
5	When SSRIs Are Not Working Like They Should	6	There Are Other Categories of Treatment
7	What Ketamine Research Actually Says	8	Why Supervision Matters
9	This Should Not Be One-Size-Fits-All	10	What We Still Do Not Know
11	The Brain Can Adapt	12	Persistent Depression Deserves Monitoring
13	The Field Is Moving. Do Not Stay Stuck.		

Draft lines: The front-desk lines and medical-review focus areas are drafts written from the plan. The clinical approver signs off on them before staff use them.

WEEK 01

RECOGNIZE **Record in session 1**

It Is Not You. It May Be TRD.

People with treatment-resistant depression (TRD) showed less gray matter and weaker white-matter integrity than people who responded to treatment.

Source: Journal of Affective Disorders, 2026

> “If therapy and medication are not working the way they should, that does not mean you failed.”
>
> KEVIN, ON CAMERA

MARKETING

If therapy and medication aren't working, the patient didn't fail. TRD is worth evaluating.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Approve public definition of TRD and wording for gray / white matter findings.

FRONT DESK & STAFF

“A lot of people tell us they’re in therapy and on medication but still stuck. That’s exactly what the free consultation is for.”

WEEK 02

RECOGNIZE **Record in session 1**

The Brain Can Change When Depression Becomes Chronic

Chronic, treatment-resistant depression has been linked to atrophy in the right fronto-striatal region of the brain.

Source: British Journal of Psychiatry, 2002

> “The reason this matters is that persistent depression is not just a mood problem or a motivation problem.”
>
> KEVIN, ON CAMERA

MARKETING

Persistent depression isn't invisible. It can show up as measurable brain changes.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Confirm “atrophy” language is framed as linked to chronic depression, not caused by medication.

FRONT DESK & STAFF

“Persistent depression is a real medical issue, not a willpower problem.”

WEEK 03

RECOGNIZE **Record in session 1**

Duration Matters

Longer illness and treatment resistance are tied to gray-matter abnormalities in major depression.

Source: British Journal of Psychiatry, 2013

> “Waiting forever is not a treatment plan.”
>
> KEVIN, ON CAMERA

MARKETING

Don't drift for years assuming partial relief is the best you can expect.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Set how strongly we can talk about illness duration and urgency.

FRONT DESK & STAFF

“You don’t have to keep waiting. A consultation just helps you see what’s safe to consider.”

WEEK 04

RECOGNIZE **Record in session 1**

Untreated Depression Has a Cost

More time depressed without effective treatment was associated with hippocampal volume loss. The message is about untreated depression, not blaming SSRIs.

Source: American Journal of Psychiatry, 2003

> “If it is not working, it is worth asking what else is safe to try.”
>
> KEVIN, ON CAMERA

MARKETING

If the current plan isn't working, it's worth asking what else is safe to evaluate.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Check hippocampal wording; confirm nothing reads as anti-medication.

FRONT DESK & STAFF

“We never tell anyone to stop their medication. The clinical team reviews what’s right for you.”

WEEK 05

NAME IT Record in session 1

When SSRIs Are Not Working Like They Should

National mental-health groups are raising awareness of TRD as a serious form of depression with higher relapse and suicide-risk concerns.

Source: Psychiatric Times

> “Two failed medication trials is not the end of the road. It is the point where a different conversation should start.”
>
> KEVIN, ON CAMERA

MARKETING

TRD gives people words for what they're living through when therapy and medication haven't been enough.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Decide if we can say “two or more antidepressants haven’t helped enough.”

FRONT DESK & STAFF

“Have you tried more than one medication? That’s a good thing to mention in your consultation.”

WEEK 06

NAME IT Record in session 1

There Are Other Categories of Treatment

A review comparing physical treatments for TRD, including ECT, rTMS, vagus nerve stimulation and newer approaches.

Source: Neuropsychiatric Disease and Treatment

> “A good evaluation should help people understand options, not force one option.”
>
> KEVIN, ON CAMERA

MARKETING

BRC isn't saying everyone needs ketamine. People deserve an informed evaluation, not another round of guessing.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Review how ECT, rTMS and VNS are described alongside BRC services.

FRONT DESK & STAFF

“The consultation looks at the whole picture. It’s not a sales pitch for one treatment.”

WEEK 07

HONEST SCIENCE Record in session 2

What Ketamine Research Actually Says

A clinical review of ketamine's rapid antidepressant effects in TRD, compared with ECT, including side effects and adverse events.

Source: Journal of the American Psychiatric Nurses Association, 2026

> “The question is not whether the headline sounds exciting. The question is whether it is safe and appropriate for you.”
>
> KEVIN, ON CAMERA

MARKETING

There's real research behind ketamine, but the question is whether it's safe and right for this person.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Approve every ketamine efficacy and side-effect statement.

FRONT DESK & STAFF

“Whether ketamine is right for you is a decision the medical team makes with you after an evaluation.”

WEEK 08

HONEST SCIENCE Record in session 2

Why Supervision Matters

A survey found clinic-supervised and self-medicated ketamine users differ meaningfully, including a safety signal in unsupervised use.

Source: Journal of Psychoactive Drugs, 2026

> “Supervision is not a detail. It is the difference between doing this casually and doing it responsibly.”
>
> KEVIN, ON CAMERA

MARKETING

Same category of treatment, very different setting. BRC is supervised, in-office, evaluation first.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Approve safety-signal wording; confirm no at-home positioning.

FRONT DESK & STAFF

“All treatment here is in the office with our clinical team. We don’t do at-home ketamine.”

WEEK 09

HONEST SCIENCE Record in session 2

This Should Not Be One-Size-Fits-All

An expert panel agreed on only part of the real-world questions about ketamine and esketamine dosing, routes and monitoring.

Source: Journal of Clinical Psychiatry, 2026

> “If someone is selling the same answer to everyone, that should make you pause.”
>
> KEVIN, ON CAMERA

MARKETING

Even experts disagree, which supports evaluation first. Be cautious of anyone selling the same answer to everyone.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Confirm how BRC describes its own dosing and monitoring approach.

FRONT DESK & STAFF

“Every plan is individual. That’s why we start with an evaluation.”

WEEK 10

HONEST SCIENCE Record in session 2

What We Still Do Not Know

A meta-analysis found brain-imaging evidence doesn't consistently show the chemistry changes many people assume explain ketamine's effects.

Source: Neuropsychopharmacology, 2026

> “The honest answer is that the research is promising, but not magic.”
>
> KEVIN, ON CAMERA

MARKETING

Honesty builds trust. “Promising” is stronger and safer than “miracle.”

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Sign off on “what research does not prove” language.

FRONT DESK & STAFF

“We’ll be honest with you. Results vary, and the team will talk through what to expect.”

WEEK 11

HOPE Record in session 2

The Brain Can Adapt

A review of how ketamine and classic psychedelics may start differently but converge on brain plasticity.

Source: Journal of Neuroscience, 2026

> “The hopeful part is that the brain is not fixed in place.”
>
> KEVIN, ON CAMERA

MARKETING

The hopeful visual: the brain isn't fixed in place. Never promise BRC will “rewire” anyone.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Block any “rewire your brain” promise; approve plasticity wording.

FRONT DESK & STAFF

“There’s real reason for hope, and the consultation is a safe place to start.”

WEEK 12

HOPE Record in session 2

Persistent Depression Deserves Monitoring

Among TRD patients, chronic anhedonia (loss of pleasure) was linked to more suicidal thoughts and recent attempts.

Source: Journal of Clinical Psychiatry

> “When depression persists, it deserves attention. You do not have to wait until it becomes a crisis.”
>
> KEVIN, ON CAMERA

MARKETING

Serious, not scary. Persistent depression deserves clinical attention and careful monitoring.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Required safety language on every post; approve suicide-risk wording.

FRONT DESK & STAFF

If anyone mentions thoughts of self-harm: share 988 (call or text), or 911 in an emergency, and bring in a clinician right away.

Required on every post: If you are in crisis, call or text 988 in the U.S., or call 911 in an emergency.

WEEK 13

ACT Record in session 2

The Field Is Moving. Do Not Stay Stuck.

HHS and NIMH announced research funding for rapid-acting psychiatric treatments, including ketamine, esketamine and psilocybin.

Source: U.S. Department of Health and Human Services

> “The field is moving fast, but the responsible first step is still a safe, supervised evaluation.”
>
> KEVIN, ON CAMERA

MARKETING

The field is moving fast, but research attention doesn't mean every treatment fits every patient.

Mon carousel · Wed video · Fri clinic / action post

MEDICAL REVIEW

Confirm we don’t imply BRC offers psilocybin or ibogaine.

FRONT DESK & STAFF

“The research is moving quickly. The best first step is still a free consultation.”

05 How a post gets approved

1. **Theme** Kenna picks the week's theme and article.
2. **Positioning** Kevin approves the plain-language angle.
3. **Clinical** Clinical approver reviews claims and safety.
4. **Build** Kenna makes the carousel, caption, video and CTA.
5. **Check** Source link, CTA link and UTM tracking confirmed.
6. **Publish** Post goes live.
7. **Review** Saves, shares, inquiries and consults reviewed weekly.

What we measure

Follower count is not the goal. Trust and consultation intent are.

- Carousel saves
- Shares
- Video retention
- Profile visits
- Website clicks
- Consultation clicks
- Consultation requests
- Inquiry source

At day 30

Shift weight toward the themes that drive saves, shares, consultation requests and strong questions from prospects. Tracked sources and what patients tell us stay separate.

06 Decide today

Leave with production moving, not more planning.

Ownership

- ☐ Who is the clinical approver?
- ☐ Who gives final publish approval?
- ☐ Who holds account logins?
- ☐ Zoho publishes, or Kenna manually?
- ☐ Who owns the weekly metrics review?

Recording

- ☐ Day, time and place for Kevin + JJ
- ☐ Who runs audio and video; what gear
- ☐ How fast raw files reach Kenna
- ☐ Six weeks only, or all 13 if time allows?
- ☐ B-roll this week: rooms, exterior, lobby, team

Language, CTA & paid

- ☐ Public definition of TRD
- ☐ Approved words for atrophy, gray / white matter, hippocampus
- ☐ Required safety language
- ☐ CTA URL, UTM links, consult form ready
- ☐ Who monitors and tags social inquiries
- ☐ $20/day cap, first audience, comment monitoring

07 Sources

1. Week 1: Journal of Affective Disorders, 2026 — It Is Not You. It May Be TRD.
2. Week 2: British Journal of Psychiatry, 2002 — The Brain Can Change When Depression Becomes Chronic
3. Week 3: British Journal of Psychiatry, 2013 — Duration Matters
4. Week 4: American Journal of Psychiatry, 2003 — Untreated Depression Has a Cost
5. Week 5: Psychiatric Times — When SSRIs Are Not Working Like They Should
6. Week 6: Neuropsychiatric Disease and Treatment — There Are Other Categories of Treatment
7. Week 7: Journal of the American Psychiatric Nurses Association, 2026 — What Ketamine Research Actually Says
8. Week 8: Journal of Psychoactive Drugs, 2026 — Why Supervision Matters
9. Week 9: Journal of Clinical Psychiatry, 2026 — This Should Not Be One-Size-Fits-All
10. Week 10: Neuropsychopharmacology, 2026 — What We Still Do Not Know
11. Week 11: Journal of Neuroscience, 2026 — The Brain Can Adapt
12. Week 12: Journal of Clinical Psychiatry — Persistent Depression Deserves Monitoring
13. Week 13: U.S. Department of Health and Human Services — The Field Is Moving. Do Not Stay Stuck.