

# Steps to Stabilize Someone with a Mood or Thought Disorder

It is difficult to know what to do when a loved one has intense mood swings and / or experiences hallucinations, delusions, or psychotic episodes. When these are particularly severe, the individual might have to meet (voluntarily or involuntarily) with a psychiatrist, and might be diagnosed with a mood disorder (such as bipolar disorder or cyclothymia), a personality disorder (such as borderline personality disorder), psychosis, schizophrenia, or other conditions. Some individuals may have some symptoms or traits that meet these conditions, but not enough to meet the diagnostic criteria.

Other individuals may function relatively well, but occasionally struggle with episodes of intense or dysregulated mood or strange thoughts / delusions.

*This article is not intended to help you “diagnose” someone, nor replace professional psychological, psychiatric and/or medical intervention; nor replace the role of medication (when appropriate).*

What this article will do is provide some practical strategies that family members can use at home to help create a positive mood-stabilizing and thought-grounding environment.

## 1. Learn to become a detective



It is usually easy for us to see when a crime (such as a murder) has occurred – but it requires an observant and thoughtful detective to solve the mystery. The first step is to **gather clues**.

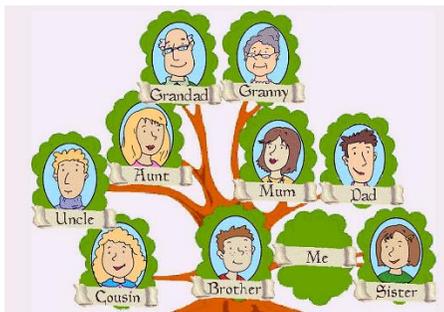
In the same way, it is usually easy to see the problems that need to be fixed in a loved one – but simply seeing the problem (or talking to the person about it) rarely solves a serious problem.

Our detective journey begins with asking questions, such as: *When is the problem not a problem? When are the moments the person is calm or productive? What is different about those moments?*

These questions come from a psychological approach known as **solution-focused therapy**, which is particularly useful when we have limited time and resources, and want to focus on finding solutions.

In my own psychological practice with individuals who have complex problems, I often say to the support person – **What works, works**. By that I mean, if we can identify stimuli or activities that the individual engages in – on their own initiative – that result in positive outcomes (such as becoming calm or productive), then we know “what works” with that person. We then want to intentionally structure the environment and routine to maximize their exposure to those positive stimuli.

Here are some useful areas to investigate and **gather clues**:



### Family history.

There appears to be a strong genetic component to mood and personality disorder traits, so it can be useful to research the person’s family history (if possible). Although this can trigger negative memories and bring up “skeletons in the closet”, it can also help identify “**what worked**” or “**what helped**” other family members struggling with a similar challenge.

## Sensory Stimuli.



And MOVEMENT



Sensory stimuli directly impact attention and mood, without needing to be processed by thought.

Observing the individual and identifying what sensory stimuli either **calm** or **energize** them is useful information, which we can use to help stimulate either a self-calming or an energetic state of mind.

## Food and Physical Activity.



Research consistently shows the benefits of a healthy diet and physical exercise. In this first step, we are looking for interests we can build on. Even if their “exercise” is simply tending to a garden, it is a positive activity that exposes them to sunlight and fresh air – and in further steps we will build on it.

## Social Interaction.



We also want to observe and identify who the individual is able to connect with socially. For some people, it might be a pet – perhaps because an animal has much simpler (and clear) expectations for a relationship, and provides “unconditional love” in return.

There also may be some interest areas (such as art or music), where the person is willing to socially engage with others.

There may be social situations where the individual will watch and observe but not participate.

Even if the social connection is only on social media (“following” someone they like) or online (a forum or gaming with others), we want to take note of this for possible use later.

## Observe and Record



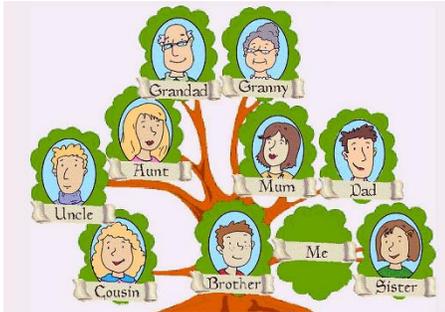
Remember that the first step is simply to **gather clues**.

We are observing to see “what works” – what stimuli or activities seem to naturally have a positive effect on our loved one.

This data will help in step two, where we start to introduce changes in their environment and daily routine.

# "Gathering Clues" Worksheet

## Family History



*Are there other family members with similar challenges (or diagnoses)?  
What "worked" to help them manage their condition?*

## Sensory Stimuli



And MOVEMENT



*What sensory stimuli seem to help the person calm down or be energized?  
What does the person like to look at, listen to, smell, taste, touch, or do?*

## Food and Physical Activity



*What foods does the person enjoy? How do they affect him or her?  
What physical activities does the person do or enjoy?*

## Social Interaction



*Are there any pets or animals this person likes?  
Where / when does he or she show some interest in social interaction?*