THE BALANCE

Borderline Personality Disorder

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Borderline personality disorder can affect emotional regulation, identity, relationships and impulsivity, but symptoms, strengths and circumstances differ substantially between individuals.

02 THE BALANCE may consider voluntary residential care when clinically safe, while acute risk, medical instability or continuous observation needs may require hospital treatment.

03 Care may combine structured psychotherapy, risk and crisis planning, treatment for co-occurring conditions, appropriate family involvement and clearly coordinated continuing support.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

What Borderline Personality Disorder Is

BPD is associated with persistent patterns of emotional instability, intense or rapidly changing relationships, fear of abandonment, unstable self-image, impulsive behavior and, for some people, recurrent self-harm or suicidal behavior.

Trauma and Co-Occurring Conditions

Many people with BPD report trauma, but trauma is not universal and should not be assumed. Trauma-focused therapy requires assessment, consent and pacing rather than immediate processing during instability.

Depression, anxiety, eating disorders, substance use, ADHD, sleep problems and physical-health concerns may need parallel or sequenced treatment. Medication may be used for co-occurring conditions or defined symptoms but is not a stand-alone cure for BPD.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment should review the longitudinal pattern of symptoms, trauma, mood episodes, anxiety, dissociation, substance use, eating disorders, ADHD, autism, psychosis, medical concerns and medication.

Bipolar disorder, PTSD and other conditions can overlap with aspects of BPD. A rushed diagnosis during a crisis, intoxication or acute mood episode may be misleading.

The assessment should also identify strengths, goals, relationships, previous treatment, current risk and what the person understands about the diagnosis.

Safety and the appropriate setting

Risk assessment should be collaborative and specific. It may consider self-harm, suicidal thoughts, intent, previous attempts, impulsivity, substance use, dissociation, access to means, interpersonal triggers and protective factors. Hospital care may be needed for acute suicide risk, severe self-harm, psychosis, dangerous intoxication, medical instability or a need for continuous observation or compulsory treatment.

04 / CARE BUILT AROUND YOU

Care built around you

Evidence-Based Psychotherapies

Structured psychotherapies are central to BPD treatment. Approaches may include dialectical behavior therapy, mentalization-based treatment, schema therapy and other specialist models delivered by appropriately trained clinicians.

The therapy should have a clear framework, treatment goals, crisis arrangements and supervision. Mixing isolated techniques from several models is not the same as delivering a comprehensive evidence-based program.

Medication and Physical Health

Medication may be prescribed for co-occurring depression, anxiety, psychosis or other defined needs, but polypharmacy can develop when each crisis produces an additional medicine. The prescriber should review benefits, side effects, interactions and the rationale for continuation.

Physical symptoms and pain should receive appropriate medical attention rather than being dismissed because of the diagnosis. Eating, sleep, substance use and medication can also affect emotional stability.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

BPD treatment is usually longer than a residential stay. Continuing care should identify the primary therapist or specialist program, psychiatric responsibility, crisis pathway, medication management and family or relationship support. Transitions can activate fears of abandonment. Endings should be planned, discussed and paced, with clear boundaries that do not promise permanent availability.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is borderline personality disorder treatable?

Yes. Structured psychological treatments can help many people improve symptoms, relationships and functioning. Progress and treatment needs vary.

Is DBT the only treatment for BPD?

No. DBT is one established approach. Mentalization-based treatment, schema therapy and other specialist psychotherapies may also be considered.

Does medication treat BPD?

Medication is not a stand-alone treatment for BPD itself, but it may be used for co-occurring conditions or defined symptoms under prescriber care.

Can trauma therapy be used?

Potentially, when trauma is present and the person is sufficiently stable for a structured trauma-focused intervention.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.