THE BALANCE

Trauma and Stress-Related Conditions

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 Trauma and sustained stress can affect mood, sleep, physical health, relationships, trust, attention, behavior, and the ability to feel safe.

02 Assessment distinguishes trauma-related conditions from overlapping psychiatric, medical, sleep, substance-related, nutritional, relational, and situational factors.

03 Treatment prioritizes safety, stabilization, consent, and readiness, with individualized therapies and continuing care supporting longer-term function, agency, and connection.

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

Trauma and Stress Are Related but Not Identical

PTSD and other trauma-related diagnoses have specific clinical criteria. Chronic stress and burnout describe patterns that may overlap with depression, anxiety, sleep disturbance, medical illness, workplace conditions, or trauma but should not be used as interchangeable diagnoses.

Presentations May Include

Not every response to adversity is a disorder, and not every symptom is caused by trauma.

- Post-traumatic stress symptoms after one or more events
- Complex or developmental trauma-related patterns
- Hyperarousal, shutdown, avoidance, intrusive memories, or dissociation
- Burnout, exhaustion, detachment, and reduced capacity under sustained demand
- Chronic stress with sleep, mood, cognitive, or physical symptoms
- Trauma occurring with addiction, depression, anxiety, eating difficulty, or relational instability
- Difficulty trusting treatment after coercive or overwhelming experiences

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

The team reviews psychiatric, medical, substance-related, sleep, nutritional, relational, and situational factors. Medication effects, withdrawal, pain, endocrine conditions, and prolonged sleep loss can resemble or intensify trauma-related symptoms.

Existing records and the person's own understanding are considered. Family or professional input may help when authorized, but the client should not be reduced to another person's account.

The assessment process is described on Assessment and Treatment Planning.

Safety and the appropriate setting

Early priorities may include safety, sleep, withdrawal, nutrition, medication, emotional regulation, and predictable daily structure. These are not preliminary tasks of lesser importance. They can determine whether deeper work is tolerable and useful. Direct trauma processing is considered only when the person has adequate preparation, understands the approach, and has support for what follows. The plan can change if symptoms intensify or recovery between sessions becomes difficult.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment May Use Several Forms of Work

Depending on the formulation, care may include psychotherapy, trauma-focused methods, somatic or regulation-focused work, psychiatric and medical care, family conversations, sleep and nutrition support, and practical changes to the person’s environment.

No single method is required for everyone. The therapeutic relationship, timing, integration, and the person’s ability to use the work in ordinary life matter as much as the technique name.

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

A residential stay may establish safety and meaningful progress without completing every aspect of trauma work. Continuing care identifies a suitable local therapist or team, medication responsibility, family boundaries, warning signs, and practices that help the person remain connected to daily life. The aim is not to erase memory or promise freedom from every stress response. It is to support greater flexibility, function, agency, and the ability to seek help earlier when needed.

07 / CONSIDERING THE NEXT STEP

Considering the next step

What trauma-related conditions does THE BALANCE consider?

The scope may include PTSD, complex or developmental trauma-related presentations, burnout, chronic stress, and trauma occurring with other conditions. Individual suitability must be reviewed.

Is burnout a medical diagnosis?

Burnout is commonly used to describe work-related exhaustion and reduced functioning, but similar symptoms can occur in depression, anxiety, sleep disorders, medical illness, and trauma. Assessment should clarify the picture.

Will I need to talk about traumatic events immediately?

No. The team first considers safety, stability, consent, and readiness. Direct processing is not automatically the first step.

Can trauma and addiction be treated together?

Often, but withdrawal and substance-related safety may need priority. Trauma-focused work is paced according to stability and readiness.

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.