THE BALANCE

Codependency

Private treatment

A guide for individuals and families

Individual care shaped around you

MALLORCA / ZURICH

23 September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Codependency describes distressing relationship patterns; it is not an automatic diagnosis or a synonym for caring about someone.

02 Assessment considers self-neglect, boundaries, self-worth, emotional health and the context of each relationship.

03 Care supports your own needs and choices. Where coercion or abuse is present, safety takes priority over framing the situation as a shared relationship problem.

Individual care

Your treatment plan and therapies are 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

When caring becomes persistent self-neglect

Some people feel responsible for another adult's feelings, decisions or recovery while their own needs become difficult to recognize. Trouble setting boundaries, fear of disapproval and self-worth tied to being needed can cause significant distress.

Understanding the relationship in context

Healthy relationships involve mutual reliance. The concern is not affection or generosity itself but an enduring imbalance and its consequences. Assessment considers personal history, culture, current circumstances and mental health without forcing every difficulty into one label.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

An individual assessment explores the patterns causing distress, daily functioning, relationship safety, boundaries and personal goals. Anxiety, depression, trauma and other concerns are considered when relevant, without assuming that they explain every relationship difficulty.

Bring relevant records and describe what has helped, what has not and what daily life is like. A single symptom list or questionnaire cannot explain the whole situation.

Safety and the appropriate setting

Where coercion, violence or abuse is present, personal safety comes first. The person experiencing harm is not responsible for another person's abusive behavior. Immediate danger requires appropriate local emergency or specialist support.

04 / CARE BUILT AROUND YOU

Care built around you

Recognizing needs and patterns

Psychological work can help identify habitual responses and the costs of neglecting one's own needs. The plan is shaped around personal goals rather than a rigid recovery sequence.

Boundaries, self-worth and choice

Care may address assertive communication, tolerating disagreement, emotional regulation and a more stable sense of self. Boundaries concern your own choices and limits, not controlling another person.

Relationships and the wider clinical picture

Relevant mental-health concerns can be addressed alongside relationship patterns. Family involvement is considered only where appropriate and with consent; individual care is not automatically couples therapy.

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 setting can create room for individual treatment, rest and reflection. The residence, schedule and practical support are confirmed for your needs and the agreed accommodation arrangement.

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

Continuing support can help translate insight into everyday decisions, relationships and routines. The plan may identify local therapy, practical boundaries, sources of support and ways to respond when familiar patterns return.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is codependency a formal addiction diagnosis?

No. It is a term used for relationship patterns and does not automatically establish a mental disorder or addiction.

Does caring for someone mean I am codependent?

No. Care and mutual support are normal. Assessment considers persistent self-neglect, distress and the wider context.

Is residential treatment always needed?

No. Many people can work on these concerns with outpatient support. Residential care requires a clear individual rationale.

Is this automatically couples therapy?

No. The focus is the individual seeking care. Other people are involved only where appropriate and with consent.

Begin with a conversation

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

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Full condition page

General admissions guide

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. Evidence and sources are linked on the condition page.