THE BALANCE

Addiction

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 Addiction and dependence may involve substances or compulsive behaviors, often serving as temporary responses to anxiety, trauma, pain, loneliness, sleep difficulties, or mood.

02 Individual assessment considers withdrawal risk, mental and physical health, trauma, relationships, medication, and patterns of use before determining an appropriate level of care.

03 Treatment may combine medical and psychiatric review, psychotherapy, family work, daily structure, relapse planning, and coordinated continuing care for real-life transitions.

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

Dependence Is Not a Failure of Character

Repeated use changes behavior, priorities, tolerance, withdrawal, and decision making. Shame and secrecy can delay care, while moral pressure often makes accurate disclosure harder. A compassionate approach holds responsibility without humiliating the person.

Concerns Within This Category

A listed concern still requires suitability review. Some presentations need a specialist or hospital level of care.

- Alcohol use and dependence
- Drug use and dependence
- Prescription-medication misuse or dependence
- Use of several substances
- Behavioral addictions and compulsive patterns
- Repeated relapse after periods of stability
- Substance use with depression, anxiety, trauma, pain, or sleep problems
- Family, professional, financial, or legal consequences related to use

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

The team considers mental health, trauma, attention, pain, sleep, relationships, work, medication, physical health, and the pattern of use over time. Symptoms may predate the addiction, result from use or withdrawal, or involve both.

A period of stability can clarify the formulation, but urgent psychiatric concerns still require immediate attention. The plan is revised as more reliable information becomes available.

For overlapping concerns, see Complex and Co-Occurring Conditions.

Safety and the appropriate setting

Stopping alcohol, benzodiazepines, opioids, or other substances can create significant medical and psychiatric risk. The review considers current use, previous withdrawal, seizures, delirium, overdose, medication, physical health, and the observation capability required. The preferred privacy of a residence cannot determine medical safety. Some people need hospital-based or specialist withdrawal management and may be considered for residential treatment later.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment Addresses Behavior and Context

Psychological work may explore triggers, beliefs, avoidance, craving, motivation, identity, relationships, and the consequences of use. Skills and daily structure help the person practice different responses. Medical and psychiatric care may address withdrawal, medication, or co-occurring conditions.

The residential setting can reduce access and pressure temporarily, but removal from substances is not the same as recovery. Treatment must connect with the situations, people, money, travel, devices, and decisions that will return.

Relapse Is Reviewed, Not Used as a Verdict

A return to use can be dangerous and must be taken seriously. It can also reveal gaps in medication, coping, relationships, environment, continuing care, or the original formulation. The response depends on the substance, amount, overdose or withdrawal risk, and current mental state.

The plan identifies warning signs, access to substances, urgent contacts, and when local emergency care is required. It may include increased support or a different level of care rather than automatic repetition of the same program.

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

Before departure, planning considers local addiction and mental-health care, medication, peer or community support where appropriate, family boundaries, work, travel, financial access, and periods of heightened risk. The person should know who coordinates care and where to seek urgent help. Support may reduce as stability grows, but it should not disappear without a handover.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Which addictions does THE BALANCE consider?

The scope may include alcohol, drugs, prescription medication, polysubstance use, and selected behavioral addictions. Exact suitability and capability must be reviewed individually.

Does treatment require detox first?

It depends on current use and withdrawal risk. Some people can be supported through a verified residential arrangement, while others require hospital or specialist withdrawal care first.

Is abstinence required?

The clinical team must explain the approved expectations for the specific condition and program. Goals should reflect safety, diagnosis, evidence, and the individual plan rather than a vague public promise.

Can addiction and trauma be treated together?

Often, but the sequence matters. Stabilization and substance-related safety may need priority before direct trauma processing. The team reviews readiness throughout care.

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.