



THE BALANCE

# Behavioral Addictions

Private treatment

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A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH / LONDON

# What to know before treatment

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- 01 Behavioral addictions involve impaired control and significant harm, but frequency, preference, or others' disapproval alone do not establish a disorder.
  - 02 Assessment examines the behavior's function, triggers, consequences, risks, and co-occurring conditions before determining the most accurate framework and level of care.
  - 03 Treatment may combine psychotherapy, practical access boundaries, risk reduction, family involvement with consent, and continuing care tested against real-world conditions.
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## 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.

# Understanding your needs

## Understanding behavioral addiction

Behavioral addiction generally refers to a persistent pattern of rewarding behavior that becomes difficult to control and continues despite significant harm. Gambling disorder has established diagnostic status, while the classification of other behaviors varies.

## How behavioral addiction May Present

The pattern is usually defined by impaired control and consequences, not by the activity itself. Secrecy and digital access may allow the problem to remain hidden for a long time.

- Repeated unsuccessful attempts to reduce or stop the behavior
- Increasing time, money, intensity, novelty, or risk to achieve the desired effect
- Preoccupation, craving, irritability, or distress when access is limited
- Financial loss, debt, legal exposure, relationship rupture, or neglect of responsibilities
- Use of the behavior to escape shame, loneliness, anxiety, boredom, trauma symptoms, or low mood
- Sleep disruption, isolation, physical injury, sexual-health risk, or loss of ordinary routines
- Chasing losses, concealing devices or accounts, or asking others to absorb consequences
- Return to the behavior after treatment when environmental and emotional triggers reappear

A high level of engagement can be intense without being addictive. Assessment asks whether control is impaired, harm is significant, and the pattern persists despite attempts and consequences.

# Assessment before a recommendation

Assessment defines the exact behavior, context, triggers, rewards, consequences, and diagnostic alternatives. It also considers immediate financial, legal, sexual, and safeguarding risks.

Frequency, duration, intensity, access, devices, accounts, money, and settings

Loss of control, escalation, unsuccessful changes, and withdrawal-like distress

Financial, legal, relationship, occupational, sexual-health, and physical consequences

The person's goals and the practical environment to which they will return



## Safety and the appropriate setting

Suicidal intent, severe financial crisis, exploitation, violence, mania, psychosis, sexual danger, child or vulnerable-person safeguarding concerns, or intoxication requires the appropriate urgent local response. The team must distinguish treatment from legal, financial, forensic, or security advice. Independent specialists may be needed, and confidentiality cannot override safeguarding or legal duties.

# Care built around you

Treatment focuses on control, function, environment, relationships, and the condition driving or maintaining the behavior. Unlike substance use, complete lifelong abstinence may not be meaningful for every activity, so goals must be specific.

Define the target behavior and measurable safety goals Reduce immediate financial, legal, sexual, or safeguarding risk

Understand cues, rewards, beliefs, emotion, and reinforcement Treat mood, anxiety, OCD, ADHD, trauma, substance use, or mania when present

Use psychotherapy and addiction-specific strategies matched to the formulation Create practical boundaries around money, devices, accounts, travel, and access

Involve selected family or professionals with consent and lawful authority Test the plan in real-world conditions and arrange ongoing local support

Blocking software, financial control, device removal, or residence can reduce access temporarily but does not by itself change the pattern. Any external control should be lawful, proportionate, transparent, and connected to treatment.

## 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.

# The experience of care

Private residential treatment in Mallorca, Zurich, and London offers space for care, rest, and reflection. Your treatment plan, accommodation, and daily support are shaped around your individual needs.



## 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

Private residential mental health treatment with individual therapy and daily support.

# From assessment to everyday life

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## 01 **A confidential conversation**

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

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## 02 **Assessment and a recommendation**

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

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## 03 **Personalized treatment**

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

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## 04 **Transition and continuing care**

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

### **Preparing for home**

Continuing care should include the actual devices, money, travel, relationships, work, and access conditions that maintain risk. The plan needs defined review points and a response to lapses that does not depend on concealment. Progress may include greater control, reduced harm, more transparent relationships, safer financial and digital behavior, treatment of co-occurring conditions, and the ability to meet needs without the compulsive pattern.

# Considering the next step

## **Which behavioral addictions are formally recognized?**

Gambling disorder has established diagnostic recognition, while classification of other behaviors varies. The correct framework depends on assessment and current diagnostic standards.

## **Is every excessive behavior an addiction?**

No. Frequency or disapproval alone is not enough. Assessment considers control, harm, persistence, function, and alternative explanations.

## **Can sexual behavior be treated as addiction?**

Some people have clinically significant compulsive sexual behavior, but consensual preference or high frequency should not be pathologized. Competent, nonjudgmental assessment is essential.

## **Can money or device access be restricted?**

Practical controls may be considered with consent or lawful authority. They should be proportionate, transparent, clinically purposeful, and not a substitute for treatment.

## 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.