



THE BALANCE

Gambling and Trading Addiction

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

What to know before treatment

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- 01** Assessment focuses on impaired control, chasing losses, concealment, consequences, and co-occurring conditions rather than financial losses or trading activity alone.
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- 02** Individualized treatment may combine psychological therapies, psychiatric care, practical financial safeguards, family involvement, and relapse planning within one coordinated clinical plan.
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- 03** THE BALANCE provides one-client residential treatment in Mallorca and Zurich, while acute suicidality, mania, psychosis, or severe intoxication requires urgent specialist care.
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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

When Gambling Becomes a Clinical Disorder

Assessment considers preoccupation, escalating stakes, unsuccessful efforts to stop, irritability when reducing, gambling to change mood, chasing losses, concealment, financial rescue, and continued behavior despite serious consequences. The severity of harm is not measured only by the total amount lost.

Problematic Trading Requires Careful Assessment

Financial trading can be professional, strategic, recreational, or compulsive. Current research identifies gambling-like patterns in some people who trade frequently, but the clinical status of “trading addiction” remains less settled than gambling disorder.

The assessment therefore avoids diagnosing a person solely because they trade cryptocurrency, options, foreign exchange, or volatile assets. Relevant signs may include repeated attempts to recover losses rapidly, escalating leverage, constant market monitoring, secrecy, neglect of responsibilities, trading through the night, inability to stop despite pre-agreed limits, and severe emotional dependence on price movement.

Assessment before a recommendation

Assessment and Treatment Planning considers depression, anxiety, bipolar-spectrum symptoms, ADHD, trauma, personality-related difficulties, sleep loss, substance use, and medication. A period of unusually risky trading may occur during mania or hypomania and requires psychiatric assessment rather than being treated only as an addictive habit.

Alcohol, cocaine, stimulants, or sedatives may increase impulsivity or be used during prolonged gambling or trading sessions. Treatment should address these interactions within one formulation.



Safety and the appropriate setting

Gambling-related harm can be associated with shame, hopelessness, relationship crisis, debt, and suicidal thoughts. Risk may increase after a major loss, discovery by family or employers, legal consequences, or collapse of a concealed financial position. Admission depends on voluntary participation, psychiatric stability, suicide risk, substance use, legal and financial circumstances, and the feasibility of practical safeguards. Acute mania, psychosis, immediate suicide risk, severe intoxication, or the need for secure or involuntary care requires a different setting.

Care built around you

Psychological Treatment

Treatment may include cognitive behavioral therapy, motivational work, relapse-prevention planning, financial-harm reduction, emotional regulation, and examination of beliefs about chance, control, skill, luck, and recovering losses. The work is individualized rather than based on the size of the client's portfolio or public role.

For some clients, gambling or trading has become a way to regulate boredom, distress, loneliness, shame, anger, or the need for stimulation. Therapy explores those functions while maintaining focus on concrete behavior and consequences.

Digital Access and Environmental Controls

Gambling and trading can be available continuously through phones, computers, multiple accounts, and international platforms. Treatment may require temporary limits on devices, payment methods, market data, social media, and communication with people who reinforce the behavior.

Restrictions should be transparent, proportionate, and connected with agreed treatment goals. They should not be imposed indefinitely or used as punishment. The client's legal and financial responsibilities may require separate arrangements with authorized advisers.

Medication and Gambling Disorder

Medication is not a universal primary treatment for gambling disorder. It may be considered for a co-occurring psychiatric condition or, in selected cases, as part of specialist treatment based on current evidence and individual circumstances.

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

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.

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

Recovery planning identifies platforms, devices, financial access, triggers, people, times of day, emotional states, market events, and beliefs most associated with the behavior. It also defines what constitutes a lapse and what action follows. Continuing care may include specialist gambling treatment, psychotherapy, psychiatry, financial safeguards, family work, peer support, and ongoing monitoring of co-occurring substance use or mood symptoms. The objective is sustainable agency, not indefinite external control.

Considering the next step

Is trading addiction a recognized diagnosis?

Problematic trading has been studied as a gambling-like behavior, but “trading addiction” is not a universally settled standalone diagnosis. Assessment focuses on loss of control, harm, function, and possible co-occurring conditions.

How is gambling disorder diagnosed?

Assessment considers impaired control, chasing losses, concealment, escalating stakes, repeated unsuccessful efforts to stop, and continued behavior despite harm. Financial loss alone does not determine diagnosis.

Can an HNW individual have gambling disorder without becoming insolvent?

Yes. Wealth can delay visible financial collapse, while the behavior still causes serious psychological, relational, professional, governance, or legal harm.

Will THE BALANCE manage my investments or accounts?

No. Clinical treatment is separate from investment, legal, fiduciary, and accounting advice. Practical safeguards may be coordinated with authorized independent professionals.

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.