THE BALANCE

Nervous System Dysregulation

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 Nervous system dysregulation describes difficulty shifting between activation, rest, connection, attention, and protective responses, but it is not a formal diagnosis.

02 Assessment considers symptom patterns, triggers, risks, medical and psychiatric conditions, sleep, substances, medication, pain, environment, and responses to previous practices.

03 Care may combine psychotherapy, sleep and substance support, medication review, movement, grounding, and environmental change, while residential treatment depends on broader complexity and need.

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

Understanding nervous system dysregulation

The autonomic nervous system helps regulate arousal, heart rate, breathing, digestion, and responses to demand. Dysregulation is often used descriptively when responses feel too intense, prolonged, blunted, or difficult to shift. It does not by itself establish autonomic disease or a mental disorder.

How nervous system dysregulation May Present

People can move between activated and disconnected states. The same person may feel restless and panicked in one situation and numb or exhausted in another.

- Persistent vigilance, startle, tension, restlessness, or inability to relax
- Rapid escalation in response to conflict, uncertainty, sensation, or perceived threat
- Numbness, shutdown, dissociation, fatigue, or difficulty initiating action
- Palpitations, breath changes, sweating, gastrointestinal symptoms, tremor, or dizziness
- Sleep disruption, nightmares, sensory sensitivity, and poor recovery after demand
- Difficulty identifying internal states or returning to baseline after stress
- Reliance on alcohol, sedatives, stimulants, food, exercise, work, or devices to change arousal
- A life organized around avoiding activation or seeking intense stimulation

These symptoms can be distressing and physical. New, severe, or concerning bodily symptoms still require appropriate medical assessment and should not be automatically attributed to regulation.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment asks what the person experiences, when it occurs, how long it lasts, what changes it, and which formal medical or psychiatric conditions may explain or contribute to it.

Triggers, context, duration, recovery, avoidance, and functional impact

Anxiety, panic, PTSD, dissociation, depression, ADHD, autism, and mood elevation

Sleep, pain, medication, caffeine, alcohol, substances, and withdrawal

Goals, consent, preferences, and the ability to continue safely at home

Safety and the appropriate setting

Severe chest pain, fainting, neurological change, breathing difficulty, acute confusion, suicidal intent, psychosis, dangerous withdrawal, or another emergency requires local medical or psychiatric assessment. Supportive regulation practices should not delay diagnosis or be used to persuade the person that all symptoms are trauma-based.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment may aim to improve flexibility through psychotherapy, sleep and substance care, body awareness, paced breathing, movement, grounding, medication review, environmental change, and treatment of the underlying condition.

Name the formal condition and current risk where possible Address sleep, substances, medication, pain, and medical contributors

Use regulation practices gradually and monitor response Build tolerance for emotion, sensation, uncertainty, and relational contact

Reduce avoidance and reliance on harmful regulation strategies Use trauma-focused or somatic work only when indicated and consented

Integrate any neurobiological method within a governed clinical plan Practice skills in the settings where the person actually needs them

No method can responsibly promise to reset the nervous system. Breathing and meditation can increase panic or dissociation for some people; intense exercise or cold exposure may be medically unsuitable; devices and biomarkers have specific limits.

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

Skills need to work during travel, relationships, work, and ordinary stress. Continuing care should identify the underlying diagnoses, helpful practices, adverse responses, medication responsibility, and local clinicians. Progress may include faster recovery after stress, greater emotional and bodily awareness, less avoidance, reduced harmful coping, better sleep, and more choice between activation and action.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is nervous system dysregulation a diagnosis?

Not usually. It is a descriptive phrase. Assessment should consider formal mental health, sleep, substance-related, medical, and neurological explanations.

Does dysregulation prove that trauma is the cause?

No. Trauma may be relevant, but anxiety, mood, sleep, pain, substances, medication, medical illness, and current danger can produce overlapping symptoms.

Can the nervous system be reset?

That is not a responsible treatment promise. Care may improve flexibility and recovery, but no simple practice or device guarantees a reset.

Are breathing exercises always calming?

No. They can increase panic, dizziness, or dissociation for some people. Practices should be selected and paced according to the person and medical context.

Begin with a conversation

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

+41 44 500 5111

admissions@thebalance.clinic

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.