THE BALANCE

Trauma and Addiction

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH / LONDON

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Trauma and addiction can reinforce each other, but their relationship must be assessed rather than assumed because many other biological, psychological, and social factors matter.

02 Assessment examines trauma symptoms, addictive patterns, timing, medical and psychiatric risks, previous treatment, environmental safety, and available recovery support.

03 Care typically prioritizes safety and stabilization before gradual, consent-based trauma processing, with integrated addiction treatment, relapse planning, and continuing support.

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 trauma and addiction

A trauma-and-addiction formulation describes a clinically supported interaction between traumatic exposure or trauma-related symptoms and substance use or another addictive behavior. It is not a separate formal diagnosis and should not replace assessment of PTSD, substance-use disorder, or other conditions.

How trauma and addiction May Present

The interaction often becomes visible when trauma reminders or relationship stress repeatedly precede use, or when attempts at abstinence expose distress the person has not learned to manage safely.

• Substance use or compulsive behavior in response to memories, nightmares, fear, shame, numbness, or conflict

• Relapse during anniversaries, legal proceedings, medical care, intimacy, travel, or other reminders

• Avoidance of trauma treatment because past work felt overwhelming or destabilizing

• Increased PTSD symptoms during withdrawal, sleep disruption, or early abstinence

• Risk-taking, unsafe relationships, or environments associated with both use and trauma exposure

• Dissociation or memory gaps that complicate accurate accounts of use and risk

• Cycles of temporary relief followed by shame, isolation, and renewed symptoms

• Previous addiction care that did not address trauma or trauma care that did not address substance risk

The pattern should be explored without demanding disclosure of traumatic material as proof of motivation. The person can begin working on safety, use, and regulation while details remain private or uncertain.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment establishes the substance or behavior, trauma-related symptoms, medical and psychiatric risk, and the sequence connecting triggers, internal states, use, and consequences. It also reviews what happened in previous treatment.

Substance, medication, or behavior pattern, last use, withdrawal, overdose, and emergency history

Traumatic exposures and current PTSD, dissociation, avoidance, and arousal symptoms

Self-harm, suicide risk, aggression, exploitation, and current environmental safety

Readiness, consent, recovery supports, and the continuity available after treatment

Safety and the appropriate setting

Overdose, severe intoxication, dangerous withdrawal, psychosis, suicidal intent, violence, or medical instability requires emergency, hospital, or specialist care. Trauma history does not make a private residence the correct setting for acute risk. Premature or poorly contained trauma processing can increase distress and possibly substance risk. Any method needs informed consent, competence, monitoring, and a clear plan to pause or change course.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment often begins by reducing immediate danger and expanding the person’s ability to tolerate distress without automatic use. Trauma-specific work can then be introduced gradually when it is likely to help rather than overwhelm.

Appropriate withdrawal, overdose, self-harm, and medical risk management A shared formulation of triggers, functions, reinforcement, and consequences

Sleep, daily rhythm, nutrition, medication, and environmental stabilization Addiction treatment that includes motivation, skills, recovery supports, and relapse planning

Trauma-informed psychotherapy from the start, even before memory processing Trauma-focused methods only with readiness, consent, and qualified delivery

Family or trusted-person work that reduces secrecy and unhelpful rescue patterns Continuing care that integrates trauma and addiction rather than separating them again

Removing a substance without replacing its regulatory function can leave the person vulnerable. At the same time, describing use as adaptive should never romanticize harm or weaken accountability for safety, relationships, or recovery work.

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

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.

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

The person needs a plan for trauma reminders and substance risk in the actual home, relationship, and work environment. Local therapy, medication responsibility, recovery support, family boundaries, and emergency pathways should be connected. Progress may include reduced use, safer response to triggers, greater emotional tolerance, fewer crises, improved sleep and relationships, and the ability to approach selected trauma without losing recovery stability.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Does trauma always cause addiction?

No. Trauma can be relevant, but addiction may involve genetics, reinforcement, social context, pain, psychiatric conditions, availability, and other factors. The relationship must be assessed rather than assumed.

Should trauma be processed immediately after stopping substances?

Not automatically. Early care often emphasizes safety, withdrawal management, sleep, regulation, and recovery stability. Trauma processing begins only when appropriate and agreed.

Can trauma symptoms worsen during withdrawal?

They can. Sleep loss, physiological stress, and stopping a substance used for coping may intensify distress. Dangerous withdrawal requires appropriately equipped medical care.

What if trauma therapy previously led to relapse?

The team should review the method, pace, readiness, support, and circumstances. A different sequence or approach may be needed rather than concluding that trauma can never be addressed.

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.