THE BALANCE

Adult Attention-Deficit/Hyperactivity Disorder (ADHD)

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 Adult ADHD involves persistent developmental patterns of inattention and/or hyperactivity-impulsivity across relevant settings, causing impairment beyond recent concentration difficulties.

02 Assessment reviews developmental history, current functioning, collateral information, co-occurring conditions, substances, sleep, health, and other factors that may mimic or intensify symptoms.

03 Care may combine practical systems, psychotherapy or coaching, treatment of co-occurring conditions, and monitored medication, while residential treatment is generally reserved for complex presentations.

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 adult ADHD

ADHD is a neurodevelopmental disorder involving persistent patterns of inattention and/or hyperactivity-impulsivity that began during development, occur across relevant settings, and cause impairment. Adult diagnosis requires more than current concentration problems.

How adult ADHD May Present

Adult presentations may be less visibly hyperactive than childhood stereotypes. Difficulties can be masked by assistants, intense effort, crisis-driven work, or highly structured environments.

- Difficulty sustaining attention on tasks that are important but not immediately rewarding
- Frequent loss of time, missed details, disorganization, or inconsistent follow-through
- Impulsive decisions, speech, spending, driving, substance use, or relationship behavior
- Restlessness, internal agitation, or a need for constant stimulation
- Periods of intense focus on selected interests with difficulty shifting attention
- Reliance on urgency, fear, assistants, or elaborate systems to complete responsibilities
- Emotional reactivity and frustration that require differential assessment
- A long-standing pattern across education, home, work, and relationships rather than a recent decline alone

External achievement does not exclude ADHD, but success does not prove it either. The assessment should show how symptoms developed and caused impairment across context and time.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment combines a clinical interview, developmental and functional history, validated measures where appropriate, collateral or records when available, and review of alternative explanations. Computerized testing alone should not be presented as diagnostic.

Childhood symptoms, school reports, family observations, and early functioning

Current attention, impulsivity, organization, activity, and impairment across settings

Sleep, travel, workload, digital use, pain, physical health, and medication

Goals, practical supports, consent for collateral, and continuing prescriber access

Safety and the appropriate setting

Acute mania, psychosis, severe depression, suicidal intent, dangerous substance use, or medical instability requires the appropriate urgent or specialist setting. These should not be attributed to ADHD without assessment. Controlled medication, international prescribing, travel, storage, and continuity can involve location-specific legal and medical requirements. They must be confirmed rather than promised.

04 / CARE BUILT AROUND YOU

Care built around you

ADHD care may include education, environmental and organizational changes, skills-based psychotherapy or coaching, treatment of co-occurring conditions, and medication through an authorized prescriber when indicated.

Clarify the target impairments and how they interact with current demands Restore sleep and address anxiety, mood, trauma, substances, or medical factors

Design realistic systems for time, tasks, communication, and decision-making Reduce reliance on crisis, shame, and last-minute pressure as activation strategies

Review medication indication, benefit, adverse effects, misuse risk, and monitoring Coordinate work and family supports without removing all autonomy

Build routines that will exist outside an intensive setting Name the long-term prescriber and support before transition

Residential containment can temporarily organize attention but does not prove that strategies will work at home. Medication is not a diagnostic test, and stimulants require careful assessment, especially where addiction or bipolar risk is present.

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

ADHD support needs to operate in the actual environment. The plan may include a prescriber, therapist or coach, task and calendar systems, sleep protection, substance safeguards, family or staff roles, and review of effectiveness over time. Progress may include more reliable follow-through, safer impulse control, reduced crisis-driven work, improved relationships, and systems that support attention without requiring constant external rescue.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Can ADHD be diagnosed for the first time in adulthood?

Yes, but the assessment should establish a developmental pattern and impairment, not only recent concentration problems.

Is a questionnaire enough to diagnose ADHD?

No. Screening tools can support assessment but do not replace clinical history, differential diagnosis, impairment review, and collateral or records where appropriate.

Can burnout or trauma look like ADHD?

Yes. Sleep loss, chronic stress, trauma, anxiety, depression, bipolar disorder, substances, and medical factors can resemble or worsen attention problems.

Does medication response prove ADHD?

No. Response to a stimulant or other medication is not a diagnostic test. Medication requires an authorized prescriber and appropriate monitoring.

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.