THE BALANCE

# Anxiety Disorders

## Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

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01 / WHAT TO KNOW BEFORE TREATMENT

# What to know before treatment

01 Clinically significant anxiety can involve persistent fear, worry, physical alarm, or avoidance that restricts daily life, relationships, and personal choice.

02 Assessment distinguishes specific anxiety patterns from medical, medication, substance-related, trauma-related, and co-occurring factors before an individualized treatment plan is recommended.

03 Care may combine psychotherapy, cognitive and behavioral methods, gradual collaborative exposure, medication review, regulation strategies, and continuing support based on individual needs.

**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 anxiety disorders

Anxiety disorders include several conditions with different patterns of fear, worry, physical arousal, and avoidance. Generalized anxiety, panic disorder, social anxiety, and specific phobias require more precise assessment than the broad statement that the nervous system is dysregulated.

### How anxiety disorders May Present

Anxiety may be primarily cognitive, physical, behavioral, or relational. Avoidance often provides immediate relief while strengthening the pattern over time.

- Persistent and difficult-to-control worry across several areas of life
- Panic attacks or fear of bodily sensations such as palpitations, breathlessness, or dizziness
- Avoidance of travel, meetings, crowds, health care, enclosed spaces, social exposure, or uncertainty
- Repeated reassurance seeking, checking, planning, control, or reliance on another person
- Muscle tension, gastrointestinal symptoms, headaches, tremor, sweating, or disrupted sleep
- Irritability, concentration problems, indecision, and mental exhaustion
- Use of alcohol, sedatives, stimulants, food, work, or digital activity to regulate fear
- Reduced spontaneity, relationship strain, or a life increasingly organized around preventing distress

Physical symptoms should be taken seriously. Panic can produce intense bodily sensations, but a new or concerning symptom should not be assumed to be anxiety without appropriate medical assessment.

03 / ASSESSMENT BEFORE A RECOMMENDATION

# Assessment before a recommendation

Assessment identifies the feared outcomes, triggers, avoidance, safety behaviors, physical symptoms, duration, and functional effect. It also considers the actual level of external threat and what the person has learned from previous treatment.

Pattern of worry, panic, social fear, phobic avoidance, and reassurance seeking

Medical history, medication, caffeine, stimulants, sedatives, alcohol, and other substances

Sleep, travel, pain, hormonal and other physical-health factors

Goals, consent, tolerance for uncertainty, and local continuing support

**Safety and the appropriate setting**

Severe chest pain, collapse, neurological symptoms, intoxication, dangerous withdrawal, suicidal intent, psychosis, or another acute concern requires urgent local assessment. A website cannot determine that a physical symptom is only panic. Sedative or alcohol dependence can complicate anxiety and make abrupt cessation unsafe. Medication changes require authorized prescribing and a plan for monitoring.

04 / CARE BUILT AROUND YOU

# Care built around you

Treatment may combine psychoeducation, cognitive and behavioral work, exposure or behavioral experiments, psychotherapy, medication, sleep and substance review, and body-based regulation strategies. Selection depends on the exact anxiety disorder and the person’s readiness.

Build a shared model of fear, avoidance, safety behaviors, and consequences Address urgent medical, psychiatric, or substance-related concerns

Restore sleep and reduce destabilizing stimulant, sedative, or alcohol patterns safely Use evidence-based cognitive and behavioral methods when indicated

Plan exposure collaboratively and gradually rather than as forced confrontation Address trauma, relationships, perfectionism, or control when relevant

Clarify family reassurance and accommodation patterns with consent Practice change in real-world settings and plan continuing care

Calming practices may support participation, but treatment should not promise a permanent reset or make the absence of anxiety the condition for living. Exposure should be purposeful, consented, and delivered by a clinician with appropriate competence.

**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**

Anxiety treatment is consolidated through repeated practice beyond the protected setting. Continuing care should identify feared situations, agreed experiments, medication responsibility, family responses, and what happens if avoidance begins to expand again. Progress may mean greater tolerance of uncertainty and bodily sensations, less avoidance and reassurance seeking, improved sleep and concentration, and the ability to choose action even when some anxiety remains.

07 / CONSIDERING THE NEXT STEP

# Considering the next step

**What types of anxiety can be assessed?**

Assessment may consider generalized anxiety, panic, social anxiety, specific phobias, and related presentations while distinguishing PTSD, OCD, substances, medical causes, and other conditions.

**Can anxiety cause physical symptoms?**

Yes, anxiety can produce strong physical sensations. New, severe, or concerning symptoms still require appropriate medical assessment rather than automatic psychological attribution.

**What is exposure therapy?**

Exposure involves planned, gradual contact with feared situations, sensations, or uncertainty to reduce avoidance and learn new responses. It should be collaborative, indicated, and competently delivered.

**Will treatment remove all anxiety?**

No responsible provider can promise that. Anxiety can be protective. Treatment aims to reduce disorder-driven fear and avoidance and increase flexibility and choice.

## 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.