THE BALANCE

Personality-Related Difficulties

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 Personality-related difficulties involve persistent, inflexible patterns causing distress or impairment, but diagnosis should never become a moral judgment or fixed identity.

02 Careful longitudinal assessment distinguishes enduring patterns from trauma, mood, neurodevelopmental, substance-related, medical, and situational factors while evaluating current safety and support needs.

03 Treatment may combine coherent psychotherapy, clear boundaries, coordinated care, selective family involvement, risk planning, and a gradual transition to stable long-term 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 personality-related difficulties

Personality disorders are diagnosed from enduring patterns across cognition, emotion, relationships, and impulse control that deviate from cultural expectations, begin by adolescence or early adulthood, are inflexible across contexts, and lead to distress or impairment. Diagnostic models and terminology vary.

How personality-related difficulties May Present

Patterns may differ by relationship and context. A person can be highly controlled in one domain and experience severe instability, fear, emptiness, or impulsivity in another.

- Persistent difficulty regulating intense emotion or recovering after relational stress
- Unstable self-image, chronic emptiness, shame, or dependence on external validation
- Fear of abandonment, avoidance of closeness, mistrust, or recurring conflict
- Self-harm, suicidal behavior, impulsive spending, sex, substance use, eating, or driving
- Rigid perfectionism, control, detachment, entitlement, or difficulty considering another perspective
- Rapid shifts between idealization, disappointment, withdrawal, or attack
- Repeated treatment ruptures, inconsistent engagement, or strong reactions to boundaries
- Long-standing functional impairment that cannot be explained by one current episode alone

These patterns should be described specifically and compassionately. Terms such as manipulative, attention-seeking, or treatment-resistant can hide unmet needs, risk, and the effect of the care environment.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment is longitudinal and relational. It considers development, trauma, culture, neurodevelopment, mood, substances, physical health, current risk, and how patterns appear across settings over time.

Current self-harm, suicide, aggression, exploitation, safeguarding, and crisis frequency

Identity, emotion, impulse control, relationships, trust, boundaries, and functioning

Developmental and attachment history without assuming one causal narrative

Capacity, consent, treatment goals, willingness to work within boundaries, and continuity

Safety and the appropriate setting

Repeated self-harm, suicidal behavior, severe aggression, psychosis, dangerous impulsivity, intoxication, or inability to remain safe may require emergency, hospital, secure, or specialist care. Privacy should not lower the required level of containment. THE BALANCE is not presented as a secure or involuntary unit. The exact crisis response, staff availability, and transfer pathway must be documented before suitability is claimed.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment usually depends on a consistent therapeutic framework, clear goals and boundaries, attention to risk, and a method suited to the presentation. Change is measured over time rather than by immediate emotional intensity.

Create a shared formulation and nonjudgmental language for recurring patterns Define crisis, self-harm, communication, and boundary procedures

Use a coherent evidence-informed psychotherapy delivered by competent clinicians Coordinate psychiatric care without expecting medication to change personality structure

Treat trauma, addiction, eating, mood, or neurodevelopmental needs when present Practice emotional, interpersonal, mentalizing, and behavioral skills as indicated

Involve family selectively without reinforcing splitting or competing treatment agendas Plan stable long-term care before ending an intensive relationship

Frequent access, a private residence, or a large team can intensify dependency and relational dynamics if roles are unclear. One-client care still requires consistent boundaries, clinical leadership, and a plan for increasing autonomy.

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

Abrupt endings can be destabilizing. The transition plan should identify a stable long-term therapist or program, psychiatric responsibility, crisis pathway, family boundaries, and how communication with THE BALANCE will reduce or conclude. Progress may include fewer crises, reduced self-harm or impulsivity, more stable identity and relationships, greater capacity to reflect before acting, improved repair after conflict, and increased autonomy from intensive care.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is a personality disorder a fixed identity?

No. A diagnosis describes enduring patterns and impairment; it is not a moral judgment or the whole person. Patterns can change with appropriate treatment and time.

Can Complex PTSD look similar?

Yes. Trauma-related, mood, neurodevelopmental, substance, and personality presentations can overlap. Careful longitudinal assessment is needed.

Why use the term personality-related difficulties?

It allows discussion of clinically relevant patterns while diagnostic evidence is reviewed. It should not be used to avoid explaining a supported formal diagnosis.

Can medication treat personality disorders?

Medication may be used for selected symptoms or co-occurring conditions by an authorized prescriber. It does not replace an appropriate psychotherapy and risk plan.

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.