THE BALANCE

Complex Post-Traumatic Stress Disorder

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 Complex PTSD may follow prolonged or repeated trauma and can affect emotional regulation, self-concept, relationships, trust, boundaries, and everyday functioning.

02 Qualified assessment distinguishes Complex PTSD from overlapping psychiatric, neurodevelopmental, substance-related, eating, dissociative, and medical presentations while evaluating safety and stability.

03 Care is paced around stabilization, a reliable therapeutic relationship, appropriately timed trauma work, coordinated clinical input, and sustained transition 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 Complex PTSD

Complex PTSD is recognized in the ICD framework as a trauma-related disorder that includes PTSD symptoms and additional disturbances in self-organization. Diagnostic systems and professional usage vary, so the label should be applied by a qualified clinician rather than adopted from a symptom checklist alone.

How Complex PTSD May Present

The presentation is often relational and state-dependent. The person may shift between intense activation, compliance, control, withdrawal, and emotional disconnection as closeness or perceived threat changes.

- Intrusions, nightmares, avoidance, hypervigilance, or exaggerated threat response
- Persistent shame, guilt, worthlessness, or a sense of being permanently damaged
- Difficulty calming intense emotion or identifying emotion until it becomes overwhelming
- Dissociation, numbness, memory gaps, or abrupt changes in felt identity or connection
- Difficulty trusting others, tolerating dependence, or maintaining stable boundaries
- Repeated patterns of over-responsibility, people-pleasing, isolation, or conflict
- Substance use, disordered eating, compulsive work, self-harm, or other attempts to regulate distress
- Physical symptoms, sleep disruption, pain, fatigue, or sexual and intimacy difficulties

A polished outward presentation can conceal considerable internal distress. Conversely, visible relational instability should not be used as proof of trauma or as a reason to apply a stigmatizing label without careful assessment.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment builds a timeline without requiring exhaustive disclosure at the outset. It considers exposure, symptom clusters, development, relationships, periods of stability, prior treatment, medical factors, and the person’s own understanding of what is happening.

Current safety, self-harm, suicide risk, exploitation, aggression, and safeguarding

Dissociation, psychosis, mania, cognitive change, and substance or medication effects

PTSD symptoms and disturbances in emotional regulation, self-concept, and relationships

Strengths, values, practical responsibilities, consent, and available long-term support

Safety and the appropriate setting

Acute suicidal risk, dangerous self-harm, severe malnutrition, psychosis, mania, intoxication, withdrawal, or inability to remain safe may require hospital or specialist care before a private residential program can be considered. Dissociation and attachment dynamics can affect consent, memory, communication, and the therapeutic relationship. Clinicians need appropriate competence, supervision, and a plan for rupture and escalation. Boundaries should be consistent without becoming punitive.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment often proceeds in overlapping phases: establishing safety and reliability, increasing emotional and relational capacity, addressing selected traumatic material when appropriate, and integrating change into ordinary life. The phases are guides, not a fixed ladder.

A predictable therapeutic frame and clear professional roles Practical stabilization of sleep, nutrition, substance use, self-harm, and daily rhythm

Skills for recognizing and tolerating emotion without immediate collapse or escalation Relational work that preserves boundaries and does not manufacture dependence

Trauma-focused work only when the person can participate with sufficient stability Psychiatric and medical input where diagnosis, medication, or physical health requires it

Family involvement that supports safety and continuity without overriding the client A long-term plan for relationships, work, identity, and local clinical support

Intensive emotional work is not evidence of effective care. Pacing should reflect the person’s capacity, and therapy should be able to slow down, change method, or return to stabilization without framing that decision as failure.

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

Complex PTSD commonly requires sustained work beyond residence. A handover should identify the therapeutic frame, risk plan, medication responsibility, family boundaries, likely triggers, and the local professionals who can continue without abruptly restarting the formulation. Progress may include a wider range of tolerable emotion, more stable boundaries, less shame-driven avoidance, reduced use of harmful coping, greater ability to repair relationships, and choices that are less governed by anticipated threat.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is Complex PTSD the same as PTSD?

They overlap, but Complex PTSD also includes persistent difficulties in emotional regulation, self-concept, and relationships. A qualified assessment is needed because diagnostic systems and similar presentations vary.

Is Complex PTSD caused only by childhood trauma?

No. It may follow prolonged or repeated trauma at different stages of life, particularly where escape or support was limited. Childhood adversity can be relevant but is not required in every case.

Is Complex PTSD the same as a personality disorder?

No. Features can overlap, and a person may meet criteria for more than one condition. Assessment should avoid both false equivalence and reflexively replacing one label with another.

Does treatment require reliving every traumatic event?

No. Therapy does not require a complete chronological retelling. The content, method, and pace depend on goals, readiness, safety, and the clinical formulation.

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.