



THE BALANCE

Developmental Trauma

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH / LONDON

What to know before treatment

- 01

Developmental trauma describes possible effects of chronic early adversity, but experiences and outcomes vary, and the concept is not universally recognized as a diagnosis.
- 02

Assessment considers present symptoms, developmental history, physical health, neurodevelopment, relationships, culture, strengths, safety, and alternative or co-occurring explanations.
- 03

Care may combine appropriate psychotherapy, regulation skills, medical or psychiatric input, relational work, and continuing support; residential treatment is considered only when clinically suitable.
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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.

Understanding your needs

Understanding developmental trauma

Developmental trauma is a descriptive concept for the possible effects of repeated or chronic adversity during important periods of emotional, cognitive, relational, and physiological development. It is not itself a single diagnosis in every classification system or jurisdiction.

How developmental trauma May Present

Possible adult effects can appear across emotion, attention, relationships, identity, the body, and coping. None of the following proves a developmental-trauma formulation on its own.

- Difficulty identifying, expressing, or calming strong emotion
- Persistent shame, self-criticism, emptiness, or uncertainty about identity
- Hypervigilance, shutdown, dissociation, or difficulty sensing safety
- Strong fear of abandonment, closeness, conflict, or dependence
- Rigid self-reliance, over-responsibility, or difficulty receiving care
- Repeated relationship patterns that feel difficult to understand or change
- Substance use, disordered eating, compulsive work, or other regulation strategies
- Sleep, pain, fatigue, gastrointestinal, or other symptoms requiring appropriate medical review

People may interpret successful functioning as evidence that early experience could not have affected them, while relatives may attribute every current problem to childhood. Assessment needs room for complexity, incomplete memory, differing accounts, and the possibility that present circumstances are more important than history in a given moment.

Assessment before a recommendation

A developmental assessment considers the person's life course without requiring disclosure beyond what is necessary or tolerable. It examines both adversity and protection, and it avoids treating memory recovered in therapy as automatically exact historical fact.

Current symptoms, functional effects, safety, and immediate treatment priorities

Developmental, family, educational, medical, and relationship history

Periods of stability and the conditions that supported them

Strengths, values, culture, trusted relationships, and practical responsibilities



Safety and the appropriate setting

Immediate risk, severe dissociation, psychosis, mania, intoxication, withdrawal, malnutrition, or medical instability may require hospital or specialist care. A developmental explanation does not reduce the need for current risk assessment. Safeguarding questions may arise when children or vulnerable people are currently exposed to harm. Confidentiality has limits where law or professional duty requires action, and these limits should be explained as early as possible.

Care built around you

Care often aims to create experiences of safety, reliability, agency, and repair while addressing the specific symptoms that interfere with life. Treatment is not a re-parenting promise and should not make the client dependent on one professional or institution.

A clear, predictable therapeutic frame and respect for consent
Recognition of emotion and bodily cues without forcing interpretation

Skills for regulation, boundaries, and tolerating closeness or disagreement
Psychotherapy that considers attachment and relational patterns where relevant

Specific treatment for co-occurring conditions rather than trauma-only explanations
Medical, psychiatric, nutritional, or sleep input when indicated

Careful family work when it serves the client and does not reproduce harm
A transition plan built around stable relationships and realistic daily demands

Methods should be selected for a defined purpose. Somatic work, trauma-focused therapy, psychodynamic work, cognitive approaches, or other methods may be relevant, but none should be presented as universally repairing development or releasing stored trauma.

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.

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.

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

Change is usually consolidated in ordinary relationships and daily choices over time. Continuing care should identify a stable therapist or local team, realistic work and family boundaries, crisis arrangements, and the conditions that help the person remain engaged without excessive dependence. Progress may include greater emotional range, less automatic shame, safer boundaries, improved capacity for trust and repair, reduced harmful coping, and a more flexible identity that acknowledges history without being defined by it.

Considering the next step

Is developmental trauma a formal diagnosis?

Not in every diagnostic system or jurisdiction. It is often used descriptively. A clinician may consider formal conditions such as PTSD, Complex PTSD, depression, anxiety, dissociation, or other diagnoses separately.

Does difficult childhood experience always cause adult mental illness?

No. Outcomes vary widely and are influenced by protection, relationships, biology, culture, timing, and later experiences. Adversity is relevant without being destiny.

Must I remember everything that happened?

No. Treatment does not require complete memory or a detailed narrative. Work can focus on present symptoms, patterns, safety, and goals while uncertainty is respected.

Is attachment work part of treatment?

It may be when relational expectations and patterns are clinically relevant. The approach should have a clear purpose, preserve boundaries, and avoid making one theory the explanation for every difficulty.

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.