THE BALANCE

Post-Traumatic Stress Disorder (PTSD)

Private treatment

A guide for individuals and families

Dedicated to one client at a time

Mallorca, Zurich, London
Individual residential care

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 can affect memory, sleep, mood, relationships, arousal, and safety, but careful assessment must distinguish it from other psychological or medical conditions.

02 Treatment is sequenced around safety, stabilization, consent, readiness, co-occurring conditions, and individual response before trauma-focused work is considered.

03 Residential care may suit severe or complex cases needing coordination, while many people benefit from outpatient treatment and emergencies require hospital services.

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 PTSD

PTSD is defined by a pattern of trauma-related symptoms that persists and causes meaningful distress or impairment. These may include intrusive re-experiencing, avoidance, changes in mood or beliefs, and heightened arousal or reactivity. The diagnosis requires more than having lived through a difficult event.

How PTSD May Present

PTSD can alternate between activation and disconnection. Symptoms may be constant, episodic, or closely tied to reminders that are not obvious to other people.

- Intrusive memories, nightmares, flashbacks, or intense distress at reminders
- Avoidance of places, people, conversations, sensations, or emotions associated with the event
- Hypervigilance, exaggerated startle, irritability, anger, or difficulty settling after perceived threat
- Emotional numbing, detachment, dissociation, or a sense of unreality
- Changes in sleep, concentration, trust, guilt, shame, or expectations about the future
- Use of alcohol, medication, substances, work, food, or compulsive behavior to manage internal states
- Relationship strain, isolation, loss of ordinary routines, or difficulty tolerating vulnerability
- Physical symptoms that require appropriate medical consideration rather than automatic psychological attribution

Symptoms can intensify during legal proceedings, anniversaries, travel, medical care, relationship change, media attention, or renewed exposure to danger. The treatment plan should distinguish current threat from trauma reminders and should not ask the person to reduce necessary real-world safety measures.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment aims to establish the nature and timing of the traumatic exposure, the current symptom pattern, functional effects, and any condition that changes treatment priority. It also considers what the person has already tried and what made previous care helpful, ineffective, or difficult to tolerate.

Current and past risk of self-harm, suicide, aggression, exploitation, or unsafe behavior

Dissociation, memory gaps, psychotic symptoms, severe agitation, or impaired reality testing

Depression, anxiety, obsessive-compulsive symptoms, pain, sleep disturbance, and medical factors

The person’s goals, consent, readiness, and ability to participate without becoming overwhelmed



Safety and the appropriate setting

Active suicidal intent, severe self-harm risk, acute psychosis, dangerous aggression, severe intoxication or withdrawal, delirium, or another medical or psychiatric emergency requires an appropriately equipped local service or hospital. A private residence is not an emergency department or secure psychiatric unit. Trauma processing can temporarily increase distress, nightmares, arousal, or dissociation. This does not mean it is always inappropriate, but it makes readiness, informed consent, clinician competence, monitoring, and the ability to pause essential.

04 / CARE BUILT AROUND YOU

Care built around you

PTSD treatment is sequenced according to need. The first phase may focus on immediate safety, sleep, orientation, emotional regulation, and reducing the behaviors that keep the person in repeated danger. Trauma memory work is only one possible part of a wider plan.

A shared explanation of symptoms that avoids blame and over-certainty Practical safety and crisis planning where required

Skills for managing arousal, avoidance, dissociation, and sleep disruption Psychotherapy selected for the presentation and delivered by an appropriately trained clinician

Psychiatric or medical review when medication, physical symptoms, or diagnostic questions require it Careful consideration of trauma-focused methods only when the person is sufficiently ready

Family or trusted-person involvement with consent and a defined purpose Transition planning that prepares for reminders and responsibilities outside the residence

No single method should be promised in advance. A person may benefit from evidence-based trauma-focused therapy, but the method, timing, dose, and provider must fit the formulation. Supportive, relational, somatic, or neurobiological approaches may complement care when indicated; they do not replace a coherent treatment plan.

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

Mallorca, Zurich, London share THE BALANCE individual residential care model. A residence is reserved for one client, with a dedicated chef and personal manager. Treatment and activities are individual, with the program planned around your 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

Individual treatment and activities, with a residence reserved for one client.

Zurich

Individual treatment and activities, with a residence reserved for one client.

London

Individual treatment and activities, with a residence reserved for one client.

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

Treatment gains need to be tested beyond a protected setting. Continuing care may include a home-based therapist, psychiatric follow-up, sleep and substance-use planning, relationship work, and preparation for predictable reminders or high-stress periods. Progress is not limited to the disappearance of memories. It may include less avoidance, greater choice in response to reminders, safer sleep, improved relationships, reduced reliance on substances or compulsive behavior, and a more stable sense of agency.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Does everyone who experiences trauma develop PTSD?

No. Many people experience distress after trauma without developing PTSD. Diagnosis depends on the symptom pattern, duration, impact, and careful consideration of other explanations.

Will treatment begin by discussing the traumatic event in detail?

Not necessarily. Initial work may focus on safety, sleep, stabilization, trust, and the ability to remain present. Detailed trauma processing is considered only when clinically appropriate and agreed.

Can PTSD exist alongside addiction or depression?

Yes. PTSD may occur with depression, anxiety, substance use, chronic pain, sleep problems, or other conditions. The plan should address relevant interactions rather than treating each concern in isolation.

Are trauma-focused therapies always required?

No single method is automatically required. The approach depends on diagnosis, readiness, goals, prior response, clinician competence, and safety. Trauma-focused methods may be one part of care.

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.