

# FOR THERAPISTS & COUNSELORS: TREATING CLIENTS WITH BENZODIAZEPINE WITHDRAWAL

You may be reading this because it was offered to you by a client who has presented with symptoms which may mimic those commonly depicted in the DSM as being associated with a 'mental health disorder'. Your client may express that the symptoms are caused by "benzo withdrawal" or claim that there are many other people that they have met with a similar problem and symptoms. Your client may have mentioned or asked that you read this handout, *The Ashton Manual*, and other materials or websites about benzodiazepines (BZs). This handout will hopefully serve to help you to understand the ways in which BZ withdrawal can manifest, so that your client may receive the best possible care.

## What You Should Know:

To treat a client who is taking (or who previously took) as-prescribed benzodiazepines without first acquiring in-depth knowledge of the drug and withdrawal syndrome can result in unintentional harm. A good understanding of benzo-specific related issues, as opposed to just general drug use, is essential.

## Psychological Symptoms:

When assessing a client in the throes of BZ withdrawal, you may note that many of the symptomatological criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) are fulfilled. Removal of the BZ in withdrawal can result in a constant state of hyperexcitability of the nervous system, which may present with peculiar and unexpected psychological symptoms. This makes misdiagnosing a high probability and knowledge of BZs a necessity. If the symptoms surfaced during withdrawal, most likely they are physiological and not due to a mental health issue or other underlying condition. It is best to wait until the client has reached full recovery from the BZ withdrawal, where all the withdrawal symptoms have abated, before making any further assessments for any remaining psychological issues. This may lead to a more accurate diagnosis and appropriate treatment.

## Inability to Process:

Memory impairment, cognitive dysfunction, confusion, and lack of concentration are common in as-prescribed BZ use and in BZ withdrawal. Therapy or counseling which requires maintaining a train of thought is ineffective and it can also be mentally and emotionally draining for these clients. It is only when the nervous system recovers and cognition improves that exploration and processing will work.

## Underlying Issues:

A client may have had deep emotional problems or trauma which are not related to BZs or withdrawal. They may be the reason for which the drug was first prescribed. With discontinuance of the BZ, these issues may resurface. Because of the complexities of as-prescribed, long-term BZ use and withdrawal, it will be impossible to determine what is BZ-related and what is not. So, it is in the best interest of the client to wait until post-recovery when the symptoms have subsided to address any pre-existing issues.

Anyone in BZ withdrawal will benefit most from **active listening, constant reassurance, and empowerment through the learning of coping skills**. Probing and processing of deep emotional problems should be postponed until after the repair of the damage to the nervous system caused by the BZ drug. This will be achieved in time, although it may take many months or years, and normal brain function will return. The client will recover and any psychological symptoms caused by BZ withdrawal syndrome will resolve with recovery. Should there be any post-traumatic issues or return of an underlying psychological problem post-BZ recovery, then an appropriate counseling or psychotherapeutic approach will certainly be beneficial at that time.

Source (adapted from): [recovery-road.org/for-professionals](http://recovery-road.org/for-professionals)

## Please Learn More:

- [benzo.org.uk](http://benzo.org.uk)
- *The Ashton Manual*: [benzo.org.uk/manual](http://benzo.org.uk/manual)
- [worldbenzoday.org](http://worldbenzoday.org)

**worldbenzoday.org**  
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