

## Information For Counsellors

You may be reading this because a client who has presented with symptoms mimicking a psychological disorder (as outlined in the DSM-IV) insists that they are caused by 'benzo withdrawal' and claims that there are many other people 'online' with similar problems. Your client may have asked you to visit our Recovery Road website or has printed this off for you. We hope that the information here will help you to understand the effects of withdrawal, and that this will result in your giving the best possible care.

### **Benzodiazepine Awareness**

To treat a current or ex-user of benzodiazepines without first acquiring in-depth knowledge of withdrawal syndrome can result in unintentional harm. A good understanding of benzo-related issues, not just general drug use, is essential.

### **Psychological Symptoms**

When assessing a client in the throes of withdrawal, you may note that many of the symptomatological criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) are fulfilled. A nervous system in overdrive and a constant state of hyper-excitability can result in the most peculiar and unexpected psychological symptoms. This makes misdiagnosing a high probability and knowledge of benzodiazepines a necessity. If the symptoms surfaced during withdrawal, it is best to consider them as physiological and not due to a mental health issue. After the client has achieved full recovery and all the withdrawal symptoms have abated, further assessments of any remaining psychological issues may lead to a more accurate diagnosis and appropriate treatment.

### **Inability to Process**

In addition, memory impairment, confusion and lack of concentration are common both in current and ex-benzo users. Therapeutic treatment which

involves maintaining a train of thought is ineffective; 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 which are not related to benzos or withdrawal. They could have been the reason for which the drug was first prescribed. With discontinuance, these issues may resurface. Because of the complexities of long-term benzo use and withdrawal, it will be impossible to determine what is benzo-related and what is not. Again, it is in the best interest of the client to wait until post-recovery when the symptoms have subsided to address the pre-existing issues.

Anyone in benzo 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 caused by the drug. This will be achieved in due course and normal brain function will return. The ex-user will recover and any psychological symptoms caused by benzodiazepine withdrawal syndrome will disappear. Should there be any post-traumatic issues or return of an underlying psychological problem post-recovery, then an appropriate counselling or psychotherapeutic approach will certainly be beneficial.

#### **Reference:**

Frederick, V. Baylissa, 2009. *Benzo-Wise: A Recovery Companion*. 2nd ed. Iowa: Campanile Publishing

#### **Essential Reading:**

*Benzodiazepines: How They Work and How to Withdrawal* by Professor C Heather Ashton

*Benzo-Wise: A Recovery Companion* by Bliss Johns