

A photograph of a lighthouse on a rocky island at night. The lighthouse is illuminated from within, casting a bright red glow that reflects on the water in the foreground. The sky is dark with visible stars. To the left of the lighthouse is a small white building with a red roof. The overall scene is serene and evocative.

Out of the Darkness

*Advice for Caregivers
from a Mother Who Watches Her
Daughter Struggle
through Benzodiazepine
Withdrawal*

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Table of Contents

Preface	3
Chapter 1: Introduction.....	5
Warnings	5
Questions You May Have.....	5
The Answers	5
Chapter 2: The Objectives of This Book	6
Names of Benzos	6
Doctors Are Not Always Right	6
Example of Benzo Addiction and Withdrawal.....	7
Be Your Own Advocate	7
Motivation to Write This Book.....	8
Chapter 3: How Can the Caregiver Help?.....	9
1. Ask and Listen	9
2. Get Educated	9
3. Expectations.....	10
4. No Room for Judgment	10
5. Have More Patience.....	10
6. Give More Attention.....	11
7. Reassurance of Your Love	11
8. Positive Behavior Reinforcement	11
9. Take Care of Yourself	12
Chapter 4: Suggestions on Dealing with Symptoms	13
A Ton of Symptoms.....	13
Suggested Tools to Help	13
For the One Being Cared For:	13
For the Caregiver:.....	13
Ways to Help	14
Encourage	14
Reassure	14
Understand	14
Remind	14
Symptoms and Solution Suggestions.....	15
4 Things to Do for Anxiety Crisis	15
Serious Symptoms	15
Mental and Emotional Symptoms.....	15
Physical Symptoms	16
Chapter 5: Conclusion.....	17
References:.....	18

Preface

This book has been written for caregivers and families of a person suffering from the symptoms of benzodiazepine withdrawal syndrome (BWS). BWS is the medical term for when someone is undergoing dosage reduction, discontinuation, or is still taking benzodiazepine (or benzo) medication but going through tolerance withdrawal.

It may be surprising to hear that many persons go through withdrawal symptoms when just having a medication reduced but it is true. They can also go through withdrawal after reaching tolerance, which happens when after taking benzos for a period of time, the person gets used to them and the body craves higher dosages and if it doesn't get more, withdrawal symptoms can start.

Not everyone in each of these situations will have withdrawal symptoms, which is most likely because of their genetic makeup. Usually symptoms will be the worst if the person abruptly discontinues the medication. They may experience what is called protracted withdrawal symptoms, which means symptoms can go on for many months or years. Studies have found that between 10-15 percent may experience protracted withdrawal.

For a glimpse into what a person goes through when suffering from BWS, the following poem was written by Jessica Dumas. Several of the symptoms in the poem are based on the symptoms suffered by Lorissa after going off benzos that she had been taking for 16 years. Jessica and Lorissa hope that this poem and the remainder of the book will be helpful for the caregivers and families of anyone getting ready to or is already going through benzo withdrawal.

Medical Disclaimer: The writer of this book is not a doctor or claiming to be in any medical capacity. She is just sharing her knowledge and experiences. Please consult a medical professional before making changes to any medication.

Out of the Darkness

Benzo withdrawal syndrome hit me like dark destruction
We hope for others that telling about it will be eye opening
I quit benzos to care for my mother who suffered a big portion
She needed me after dad left her and her legs were not working
My help was lacking on benzos so to quit was my only option
Within days the flu from hell started with vicious vomiting
Concentration was gone but I sure had lots of disorientation
Agoraphobia was much worse as well as any decision making
Then overwhelming fatigue came maybe from adrenaline depletion
I was afraid of everything with awful dreams that were disturbing
Even daytime was like a dream...it must be depersonalization
Then horrible terrors that were scary and helped only by praying
Things seem to move when they weren't as in perceptual distortion
I could see and hear others talking but why was I not understanding
They looked at me like I was crazy or was that just my perception
Bad memory did not let my words come and it was so exasperating
Unrelenting insomnia was killing me with too much exhaustion
My thoughts are racing and driving me crazy as they keep looping
I am having feelings that nothing is real, which must be derealization
Clueless of what my brain was going through, I was constantly crying
With dizziness came electrical jolts to my brain feeling like a delusion
Constant itching with allergies as my sinus hurt and ears are ringing
From chills to excessive sweats and hot flashes causing dehydration
The sensitivities to light, sounds, smells and touch kept me trembling
Bad memories being relived as I wonder if it is PTSD or hallucination
It all gives me migraines as all my muscles become weak and burning
Then came sick anger and aggressiveness toward anyone with confusion
My hands and feet are numb with pins and needles plus all over tingling
I wish I were not so horribly anxious, irritable, and filled with frustration
The horrible anxiety worsens without my medicine, so I go into hiding
I feel hostility toward everyone with big time paranoia and suspicion
Maybe I am having a nervous breakdown, or it is another panic attacking
My panic may subside but there is no rest for days of sleep deprivation
It is all making me have suicidal thoughts, which kept my heart racing
I would plan how to die but am too scared to try with no motivation
Then with heart racing and chest pain, I hope just maybe I may be dying
But no, my mom's hand is rubbing my head as I wake with blurred vision
Too weak to get up, my mom says I just had a seizure so not to try walking
"I don't want to die," I cried as she soothes me with loving consolation
Slowly I get stronger as my thinking gets clearer and my mind is calming
My restless leg got worse all day, but my mind feels a lot less confusion
Benzo withdrawal is not going to wipe me out as my brain keeps healing
I will heal in time with the aid of God and my family's caring compassion
My vow is to not take benzos and stay away from deep dark suffering
Now I am out of the darkness with nothing like freedom's exultation!

Chapter 1: Introduction

Warnings

As a caregiver, be aware that the one being cared for could die from benzodiazepine withdrawal syndrome (BWS). Please take this seriously. Basically, he or she can have brain damage and central nervous system damage from using this type of medicine, even if the prescription is followed exactly. He or she may have stopped taking them and experienced some acute withdrawal symptoms for a week or more and it may seem like it is all over. However, a significant number of sufferers continue to have symptoms for weeks, months or even years afterward. The brain damage can result in a seizure that could kill them, or the symptoms may be so overwhelming that they may commit suicide.

This is **intended to scare** and now is the time to get educated and be prepared. For more on the dangers of withdrawal go to [Withdrawal Info](#). He or she will be thankful after it is all over.

Eventually, their brain will heal just as thousands of others have successfully recovered. Be assured that the brain can and will heal with time.

Questions You May Have

Even after reading the above warning, it may still feel like not all of this applies the one you are caring for and these questions may arise:

1. The loved one looks so much better than when on the benzo medication so why do they need so much help now? What if they do not want help?
2. Isn't it possible they are just being lazy or using this as an excuse not to work?
3. How do you deal with someone else's problems when wrapped up in your own problems?
4. How do you stop fighting with them when they say I am not being understanding?
5. I have searched for ways to help them but cannot find much. Where can I go?

The Answers

#1...It is true that many persons experiencing BWS may look fine and even look better than they did while on the medication but do not be fooled by that. Many sufferers hide their symptoms and just stay at home a lot more than before while they suffer in silence. Unfortunately, their recovery could take longer if they do not accept help from someone that is well educated in the matter. Keep reading this book to become more educated on BWS. He or she needs you to make it through to a good recovery. They may not think they need your help but just hang around them for a while and they may welcome your help.

#2...It could be true but most likely not, especially if at one time they did work. The symptoms can be so overbearing that many days it is impossible to get out of bed. Since at times symptoms can be overwhelming, most jobs will not tolerate missing a lot of work. They should be allowed to stay at home until they are strong enough for perhaps part-time undemanding work.

#3...It is hard to do but this person needs help as a caregiver. But that does not mean that caregivers do not have problems so take care of things in your life as needed. This loved one just needs some time while attention is on them. Living with them during this time may be good if that is not possible but if not, try to spend at least four to five hours for a few days a week with them. Close phone contact would also be helpful.

#4 and 5...Chapter 3 goes into how to be more understanding. There is not much on the Internet to help guide caregivers and that is why this book is being written. There are some references at the end of the book that are helpful. It is the author's greatest hope that this book will be of help to caregivers that deserve praise for volunteering to do such an honorable thing.

Chapter 2: The Objectives of This Book

The main objective of this book is to make caregivers aware of what is needed of them from the one they are caring for on their journey to recovery, whether he or she is family or lives in the same home or not. Thousands of people are suffering from BWS more than they need to because their families do not understand what they are going through or just do not know what to do to help. The hope is that this book will help them become educated on what they can do to help. This book is not about how to get off or teeter down from the use of these drugs. For that type of information, go to [The Ashton Manual](#).

Names of Benzos

A caregiver needs to know what type of benzo that the person was or is on in case of emergencies where the name of the drug is requested by medical staff. Here is a list of the benzodiazepine (benzo) brand names and generic names, which are also known as sedatives, depressants or tranquilizers and used normally to aid in sleep, as muscle relaxers, for anxiety or panic attacks, as well as a few other reasons. The below list are the most popular but for a complete list go to [Wikipedia](#).

- Xanax (Alprazolam)
- Ativan (Lorazepam)
- Klonopin (Clonazepam)
- Serax (Oxazepam)
- Valium (Diazepam)
- Dormicum (Midazolam)
- Restoril (Temazepam)

These drugs may be useful for a short period of time but when someone stays on them for over about four weeks and then gets off of them that is when acute withdrawal may begin and may last for a week or more. When symptoms continue past the acute phase, BWS may start and last for a long time. Acute symptoms can also be very prevalent when going through tolerance withdrawal, which can last until the dose is increased or until another benzo or other medication is added.

Even though most people get benzos by getting a prescription from a doctor, they can be bought on the street and slang terms include bennies, jellies, vallies, zops, diazzies, blues, or moggies. Some symptoms of BWS can be very scary and even resemble serious psychiatric and medical conditions, such as bipolar, schizophrenia, or seizure disorders. Chapter 4 lists some serious symptoms of BWS.

No matter how bad symptoms may get, it does not mean the person will not recover. The recovery may not come for months and sometimes years. Because of the brain damage, the symptoms that were the reasons for starting on the benzos in the first place can be twice as bad during withdrawal.

Doctors Are Not Always Right

Most doctors are not educated in the proper way to get off benzos. Those who are educated more on the topic agree that slow withdrawal means reducing the dosage over a period of months, not weeks. Many doctors believe that the only way to get off benzos is to go to a detox and rehab facility. This may or may not be what the person has done but if they have not done this and anyone is considering that it would be a good idea, be aware that these places use psych drugs to help people with the withdrawal symptoms. If that's something under consideration by the family of the person, beware that it is not recommended to use detox centers as they are usually set up to help people get off of street drugs, not benzos. They use rapid withdrawal methods and usually add other drugs to the list along with supplements. They will release a person right when their symptoms are getting worse.

Much of the research done is saying that most people end up far worse because of detox centers and many times therefore they go back to using and then need to return.

Example of Benzo Addiction and Withdrawal

This is an example of what can happen when benzos are prescribed by doctors that do not really know what is going on with their patient or do not care. Jessica lived in Phoenix, Arizona, when she heard that her daughter (40 at the time) needed her so she traveled over 2,000 miles to find her daughter, Lorissa, homeless and so despondent that she hardly recognized her normally talkative and witty daughter. Lorissa had been on benzos for about ten years for anxiety and panic attacks but was forced to quit taking them cold turkey. This happened because the doctor's office she was going to said she had missed an appointment so she could not see the doctor anymore. Just like that with no slow teetering down or advice on how to get off the drug slowly. She was ready to end it all when her mom showed up to rescue her.

It took two years for Lorissa to get over the worst of the withdrawal symptoms. At that time Jessica was not aware of what benzos could do to you so she thought that because Lorissa's new doctor had put her back on benzos that she would be fine. Not only did Lorissa get dependent upon the drugs but after reaching tolerance, she started to misuse them because after a few years, her body was craving more but her doctor wouldn't give her more as she was on a high dose already. So, for about five years she would take all the drugs within about 20 days instead of 30 and then go through withdrawal until she got the next script. She now looks back at that time and wonders how she kept it a secret for so long and how she ever made it through alive.

She wanted to get off the benzos but was not quite ready until Jessica ended up in the hospital for having an episode that mimicked a heart attack leaving her so weak, she could hardly walk. Lorissa was then motivated to quit so she could help her mother. That was a year ago and she quit cold turkey within a couple of months when the pills she had ran out. She figured she had done it so many times before it would not be a big deal. But she was not thinking right and did not tell anyone at first. She has been going through withdrawal ever since. Within a few months, her liver started being inflamed, her gall bladder had to be removed, her whole gastro system was in turmoil, as well as having migraines and getting flu or cold symptoms every other week. She has severe waves of horrible frustration and anger that she does not understand but she is learning to accept it, so it is not so overwhelming. She goes through episodes of paranoia, nausea, nightmares, edema, all over pain and itching, sinus, and asthma problems, etc., etc. She is an inspiration to many of her family and friends.

This may be an extreme example of what can lead to BWS, but it certainly shows how bad it can be and how you cannot always depend on the medical community for knowledge on BWS or help.

Be Your Own Advocate

It has become apparent that we must all be our own advocate for healthcare. It is so important for anyone who knows of someone that is on benzos and wants to get off them that they do research to know the proper way to get off them. The person who is on the benzos may not be thinking logically and decide to go cold turkey ending up going through a much worse withdrawal than they would if it was done correctly.

However, not all persons who stop taking these types of drugs have horrendous withdrawal symptoms, but the likelihood of it happening is high if they took them for more than a few days. Just because they don't suffer tremendously at first, it doesn't mean that they won't at all because

symptoms can pop up all of a sudden weeks or months later and it's better to be prepared than caught off guard.

Motivation to Write This Book

The biggest motivator to write about this subject came from Jessica's daughter because she was going through BWS at the time this book was written. When Lorissa started to tell more about what she was going through, it shocked her mom because she could not believe how blind she had been about not noticing how bad Lorissa was feeling. Then Jessica started doing research on the Internet and was up all night long reading.

It was a big eye opener for Jessica to find out about BWS as she had no idea that thousands of people were suffering through this condition. What made it even worse is that Lorissa was diagnosed with Bipolar Type 1 after taking the benzos for almost ten years for anxiety, pain, and panic attacks. It made her wonder if that diagnosis was correct as she read in her research that many people have discovered that different things they were diagnosed with while on benzos were wrong when they went to a doctor after recovery.

Finding useful information on helping someone through BWS is not very abundant because there just is not that much available on the Internet. So hopefully some of the things that helped Jessica's daughter can also help many more sufferers, as well as the ones that are helping or caring for them.

Chapter 3: How Can the Caregiver Help?

The main points of this chapter and of the whole book are to address how a caregiver can help a person go through the process of withdrawal from benzos. The suggestions were compiled from what Jessica's daughter expressed as to what would be of help to her as well as others from research done on the Internet. The following nine ways are suggestions for the caregiver to better understand how to help a person in withdrawal:

1. Ask and Listen
2. Get Educated
3. Expectations
4. No Room for Judgment
5. Have More Patience
6. Give More Attention
7. Reassurance of Your Love
8. Positive Behavior Reinforcement
9. Take Care of Yourself

1. Ask and Listen

Even though it is especially important that you educate yourself on BWS, it is also important to first ask the person you are helping what they would like from you. Some of this information may not be relevant in their case so you may be educating yourself more than you need to. When you ask questions, be sure to listen to the answer without interrupting. Take notes to make sure you remember it all.

You should not ever think that he or she does not know anything about BWS. He or she may have done a lot of research and presenting questions to them will give them encouragement that you believe them to be somewhat of an expert on the subject. However, doing research on your own is still important.

2. Get Educated

As the caregiver of someone with BWS, this book and other references in this book may be very overwhelming. It is important that time is taken to read slowly and try not to read it all at once. Also, check out the references in the back of the book to assure yourself that this information is true. Of course, showing love to the one suffering through BWS is important; however, understand that all the love and empathy cannot prepare anyone for some of the symptoms seen in a BWS sufferer.

It is important that the caregiver learns about benzodiazepines and why they are not to be used for long-term, what tolerance means, what is happening to the brain and that healing will take time. Be aware of the terms such as 'windows' and 'waves.' Windows are the time when symptoms are more manageable, which can last days, weeks or months. Waves are the opposite when symptoms are more intense and less manageable for periods of days, weeks, or months. For more information on what you should get educated on, the website [Withdrawal Info](#) is very helpful.

It is also important to know that the BWS sufferer may have changes in personality and emotions causing them to talk in hurtful or disrespectful ways. They may have delusions, hallucinations or do things that are just not like them. Something else the caregiver needs to know is that taking offense, being defensive, arguing, telling them what to do or even looking at them as being crazy will not ever help the situation. The best approach is to wait until both of you are calm, and then discuss the matter or if necessary, seek outside help.

The remainder of the suggestions is written by persons going through withdrawal as if they are speaking directly to their caregiver. This will help the caregiver to understand what a person going through withdrawal is asking of them so they can be more prepared to deal with it and help.

3. Expectations

- a) I am doing the best that I can so please do not expect too much from me.
- b) Please do not tell me what you think I am feeling or that my feelings are wrong.
- c) We all learn and perceive things differently so do not expect me to see things like you.
- d) Some days I have zero energy and even the simplest chore seem like a huge task.
- e) Beware that while having intense symptoms, any form of exertion can cause flare-ups. Offering to help me out with chores or tasks can really be helpful.
- f) You cannot know what I am going through so do not expect me to go to certain therapists, psychiatrists, or support groups, or ask me to consider some natural treatment. When I am ready to consider anything like that, I will let you know.
- g) Please realize that I have no control over BWS so do not have any expectations of how long the symptoms will last. Withdrawal is a very unpredictable process that has many ups and downs....I want to get through this more than you can imagine, I just cannot hurry the process along.
- h) Prescription psychiatric drugs have caused brain damage in me - my memory, some functionality, and my ability to control emotions have been impaired, somewhat like if I received a brain trauma in a car accident.

4. No Room for Judgment

- a) Do not judge me or assume that you have any idea about what I am experiencing... most doctors have no idea. Please love and accept me as I am.
- b) This situation is temporary. I am not an addict in the true sense of the word. I trusted my doctor and the medication that he prescribed for me. I was not warned about the awful side effects and damage these drugs cause.
- c) The whole truth about the effects of benzodiazepines is very understated by most in the medical fields, which causes many to doubt that my symptoms could be so bad. If you have any doubts or the other members of the family or friends confront you with not believing that what I'm going through is real or as bad as it really is, I'd appreciate it if you would stand up for me and educate them too.

5. Have More Patience

- a) Please have patience with me to understand that my brain is not working properly; I may talk slowly or forget things or repeat myself. This is not a grammar problem; it is a brain function problem.
- b) When I voice my feelings, it doesn't make what I say right or wrong, they are just my feelings that I need to express so try not to be defensive or tell me that my feelings are wrong.
- c) Try to feel what I am going through, if you can, without losing your own sanity. I have heard that when you share your suffering, it is like cutting it in half.

- d) If I have been in bed for days, do not assume I am doing it because I want to. Believe me, if I were able to, I would not be laying around for days. My body needs rest to heal.
- e) I am overly sensitive, and I tend to take things personally and overreact. Please be patient.
- f) If I am moody, do not expect that I can just get over it like someone with a bad attitude or is being stubborn. Moods of anger, paranoia, resentment, jealousy and irritability can pop up out of nowhere for no reason, so be patient and it will pass.

6. Give More Attention

- a) Please try to pay attention to me, even if you are terribly busy. You may see me a lot but that is not the same as attention. Withdrawal is very isolating, and isolation adds to depression and can worsen symptoms.
- b) This whole withdrawal thing can be very overwhelming at times and just talking is very therapeutic for me and it helps when I have your full attention.
- c) Never give up on me even when I am being impossible. The child in me just wants attention.
- d) Be aware of the reasons why I started using drugs. It could be because I was not feeling loved. I do not want anything to give me a reason to go back to using them and I need your support to stay strong.
- e) Being acknowledged and knowing you sympathize with me really helps to lift my spirits.
- f) When I am depressed, do not just ignore me. I may be hard to cheer up with humor, but I really appreciate it if you ask what you can do for me or just sit with me for a while.

7. Reassurance of Your Love

- a) Due to my insecurities, I need to know that you still love me. I need a lot of love.
- b) Sometimes just having you quietly sitting in the other room is all I need. Just being there for me means a lot and reassures me of your love.
- c) Please have compassion for me for what I am going through and be aware that there is not an appropriate treatment out there for me. I must depend on you in so many ways.
- d) Physical contact is important to me to have so do not hold back any hugs.
- e) My symptoms come in waves – it is like riding a roller coaster. When my symptoms have eased off, it is easy to think that I have recovered but when they come back in full force, I can feel devastated. I need your reassurance that I will be alright. I need your compassion, comfort, and love.
- f) Sometimes the intense symptoms can cause doubt that I will ever get better, which leads to awful anxiety and insomnia. I appreciate it when you reassure me that withdrawal will end, and recovery will take place.
- g) Giving me hope is one of the most valuable things you can do, and your loving positive attitude makes a big difference.

8. Positive Behavior Reinforcement

- a) Give compliments that are true and sincere (not made up) – when you notice I have made a good progress, point it out and compliment it.

- b) Do not focus on what I did not do right or the way you wanted it done. Focus on something I did well, maybe it was not quite right, but I tried my best.
- c) Noticing the positive changes that I have made encourages me to continue with them. Everyone likes positive reinforcement, especially when they are feeling vulnerable.
- d) I just love it when you tell others about how good I am doing or when you make me a special treat to celebrate a milestone, I made it to.
- e) Realize that there is a fine balance between encouraging and telling me what you think I should do. Telling me what to do will always come across as negative to me.

9. Take Care of Yourself

- a) Be honest with me about needing time to yourself or with others in the household or family.
- b) Set limits and commit to what is realistic that you can do for me, rather than feeling obligated to deliver on promises you may be unable to keep.
- c) If needed, arrange for a backup person I feel comfortable with so that you can take breaks.
- d) Take time out to do the things you like to do such as hobbies and feel free to share with me.
- e) Eat healthily, exercise regularly, and get the rest and relaxation you need.
- f) Find a strong network of support such as a support group for caregivers, a mate or good friend or relative that you can discuss your needs and feelings.
- g) When you have health issues of your own, you must make all your doctor appointments and do everything you are able to keep yourself healthy.
- h) Being around my ups and downs (especially if you live with me) can be very draining and if you allow yourself to get burned out, you will not be able to do the best for me so you must take care of yourself.

Chapter 4: Suggestions on Dealing with Symptoms

A Ton of Symptoms

One of the most important things to know is that everyone going through BWS has different symptoms and reactions. No one will be hit by all these symptoms or all of them at one time. The list is from a combination of sufferers and not any of them suffered from all of these. It is good to be aware that any of these could happen and it will help to know something about them.

Another thing that should be brought to your attention is that the benzos may take inhibitions away even more than alcohol so they may have been more promiscuous, provocative, flirtatious, social, emotional, and perhaps a drama queen while on the drugs. Now that they are off the drug, those traits will not be a significant part of their personality and they may be less emotional, not as social, and their inhibitions could be much stronger than before making them feel shy or withdrawn. In time these will balance out and they will find their true self again. After all, if they lost themselves when they started taking drugs, they may be embarking on a whole new journey of self-discovery.

Some of the more severe symptoms listed below are normally caused by rapid withdrawal from high doses of benzos so if he or she withdrew slowly, they may not have many or any of them. Also, symptoms can be worse among the elderly with an increased danger of dementia so if he or she is considered elderly (usually over 65) it would be good to do research on BWS symptoms of the elderly.

Suggested Tools to Help

It will help to have some tools that will help to be more organized, prepared, and for tracking symptoms.

For the One Being Cared For:

1. **Large Notebook Binder and Section Tabs** – to be used as a journal. Each section should be for a major symptom to keep track of how it made he or she feel and anything that was done to help cope with it. The front section before the symptoms can be used for general notes or journaling.
2. **Notebook paper for binder** – when starting new section, add a few pieces of paper
3. **Small spiral notebook** – for reminders that either can write in
4. **A bulletin board or poster board** – to use as a Dream Board for pictures, sayings, goals, etc. to encourage him or her look forward to something in the future
5. **A Comfort Box** – a cardboard box that can be decorated to put items that give comfort and give a positive distraction to help get through a bad time, such as a very soft blanket, a favorite pillow or stuffed animal, aroma candles, cards from loved ones, a personal journal, stress ball, puzzles or games, creative things to do such as paints, colored pencils, adult coloring books, plus some magazines that can be used to cut out pictures for your loved one's Dream Board, or anything that he or she would like.

For the Caregiver:

1. **Same as number 1 above**, except record his or her symptoms. Note if any of the suggestions in this book worked or not and anything to help them deal with each symptom.
2. **Same as number 2 above**. Get a big package.
3. **List of emergency and doctor's numbers** kept where everyone can see it clearly.

4. **Calendar** – it is best to keep on a cell phone all appointments and he or she has a cell phone, synchronize with them. It may also be good to have a large wall calendar so that appointments can be seen better.
5. **A Comfort Box** – a good idea the caregiver too for those times when some comfort is needed.
6. **A folder** – to put important papers needed.
7. **This book** printed out in the binder or a separate folder.

Ways to Help

To make it a little easier, listed below are some ways to help or things to say when they are suffering from worrisome symptoms. Please note that these are not from a medical source but come from things that helped Jessica's daughter or others interviewed and from the research done, but it does not mean they will work with your loved one. They are just suggestions for somewhere to start but it is up to the caregiver to find what really works. Sometimes there may not be anything that can be done except to let them deal with symptoms but even then, your reassurance of love is needed.

Each part of the brain that was affected by the benzos has a different function and affects a different part of the brain or body and that's why there are so many symptoms...each has to go through a healing process so remind them of this and also that it helps to accept it instead of fighting it. This is especially true of the most intense ones like frustration.

Below are four ways to help...Encourage, Reassure, Understand, and Remind (or ERUR). Use ERUR (pronounced like error) to remember that it is an ERUR (error) to fight the symptom. Help them accept that what they are going through is temporary and will go away eventually. By using ERUR you will make fewer errors in the way to respond or interact.

Encourage

Encourage him or her to accept what is happening instead of fighting it, which works best with mental or emotional symptoms. It is a hard concept to get across at first but once they try it a few times, they will see that it works. Not always but at least sometimes. You may need to talk them into acceptance by encouraging them to express what they are feeling through writing, drawing or something creative. Always encourage by reminding them that they are valuable and have many talents as proof.

Reassure

Let him or her know you are there for them and will love them no matter what. If they are not able to do something, you could say: "I understand how awful it must feel and it's OK if you're not up to it now. If you want to try it later, let me know." Then give them a hug and express love. They will respond much better they are not made to feel bad about themselves. Reassuring them that they will get better in time will also help them.

Understand

Sometimes understanding is all he or she needs to hear. Say something like, "I can see this is a tough symptom. Can you tell me what you are feeling?" If they open up, be sure to sincerely say often, "I understand." If they are experiencing something not heard of or read up on, tell them research is needed or ask a medical source about what to do. Even when there is nothing you can do, reassure them that they are understood, and they are doing the best they can under the circumstances.

Remind

He or she needs to be reminded that the symptoms mean their brain is healing and that this is temporary, and it is not them, but it is the withdrawal. Also remind them to write in their journal by

saying something like, “If you’re up to it, keep track of what you’re dealing with, your reactions, feelings and if there are things that help you cope. Then if it happens again, you can refer back to it.” Be sure they understand that the journal is private and for their eyes only.

Symptoms and Solution Suggestions

Since there are many symptoms that can arise, they are listed in alphabetical order under two categories of Mental/Emotional and Physical. Many of these can be attributed to other conditions or diseases. However, when all his or her symptoms are combined and they did not have them before stopping the benzos, it is very possible that they are due to BWS. Also, many symptoms that seem minor may be exasperated due to the sensitivities felt by the person and brought on by BWS. Note that if there is concern about any symptom that could be something aside from benzo withdrawal, seek medical help as soon as possible.

4 Things to Do for Anxiety Crisis

One of the most common symptoms is anxiety. These four tips can help to relieve some anxiety:

1. **Encourage to ground themselves:** Look around the room or other environment. Note the details, what do they see, take in as many details as possible. This helps the anxiety sufferer to move from the ‘what if’s’ to what is.
2. **Connect with someone:** Most people handle crisis better when with other people. Any kind of support group online or in the community is a way to make a connection so they are not alone. Joining forums with other people going through the same thing is helpful for them to get other opinions on how to handle problems.
3. **Focus on the moment:** Encourage them not to worry about the future ‘what ifs’ that can drive anxiety up.
4. **Trust themselves:** Remind them that they have a greater capacity and skills for getting through this than they may realize. After all, look how far they have come already.

Serious Symptoms

There are some symptoms that are serious but pretty common among BWS sufferers. Even though a total of 144 symptoms were originally found in the research for this book, the serious ones are the only ones that are listed because they are the most important. Using any one of the ERUR ways of helping them is fine for any of the symptoms. Everyone is different so the level of the effect on them will be different.

Mental and Emotional Symptoms

Mental/Emotional Symptom	What You Can Do to Deal with Symptom
1. Auditory process impaired temporarily (not understanding what people say)	Tell them to give a sign when that is happening so what was said can be repeated when OK. Tell others the sign.
2. Agoraphobia (afraid to leave the home)	Accept with no fear. After some time on a good day, invite them out to do something they used to love to do. Do not be upset if they don’t accept.
3. Anger	Get a punching bag or tough pillow to punch. Encourage some type of physical activity. Keeping an anger journal helps identify triggers and what is behind the anger. Sometimes doing research on anger helps and to put together an anger management plan for what to do when they feel it coming such as taking a break or walking away. Help them express anger without emotion in a respectful way. Reassure them that it is the withdrawal that is causing the anger and it will pass.
4. Aggressive behavior	If directed at you, reinforce your boundaries. Helps to have a physical outlet. Much like anger.

Mental/Emotional Symptom	What You Can Do to Deal with Symptom
5. Anxiety (extreme)	Comfort Box to distract them, see above list of four things to do.
6. Criminal activity (Misdemeanors such as shoplifting, disturbing peace, etc.)	Encourage them to do what's right such as returning items, apologizing but make sure they are held responsible somehow.
7. Derealization (feeling that environment is not real or not right)	Encourage accepting it and not fearing it; find something to distract them – anything that interests them is best. A lot of quiet rest with soothing music.
8. Depersonalization aka detachment (feeling you are outside yourself or in a dream)	Same as derealization. Cut down on stimulants, avoid stress, avoid vitamins or over the counter medication. Prayer & meditation work for some.
9. Delusions (false beliefs, misconceptions)	Give them reassurance that everything will be OK, and this will pass.
10. Fear and terror (most common)	Recall examples of how they faced fears before and conquered them. Ask them to try and discover these victories. Calm with Comfort Box.
11. Frustration (extreme)	This can come from the seemingly never-ending list and severity of symptoms. Try to get them to alter their perspective. Or try to change their focus on to something other than what is frustrating or to brainstorm ideas that will help reduce the frustration. Acceptance of some things that are frustrating like memory problems can help reduce frustration.
12. Hallucinations (seeing/hearing/taste/feeling)	Reassure them that they are OK, and this will pass. Since the hallucination is real to them, all reasoning is lost so telling them this is not real does not help them.
13. Hostility	Reassure them that the drug withdrawal is causing them to do things they would not ordinarily do. See Anger.
14. Insomnia (common)	Cut down on stimulants all day. Avoid frustration, stress, and activity before bed. Set up bedtime routine of things that relax at same time every night. Have them listen to relaxing music or audio books. Meditation and yoga may also help.
15. Mood swings-paranoid, anxious, enraged, hopeless, euphoric, fear	Moods can change quickly so do not question them as to why they are being a certain way. Remind them it is due to the withdrawal. This can be very exhausting for everyone so try to roll with it, accept it and do not fear it.
16. Panic attacks (person may feel like it's a heart attack, fast heartbeat, palpitations, chest pain, hyperventilating, dizziness, may faint, sweating, trembling, nausea, not being able to understand what you're saying, feeling detached or out of it)	Stay with them and keep calm. Telling them to calm down is of no use...it is like telling someone having a seizure to stop having it. If they are used to having attacks, they will know what to do so do not try to change their routine. If this is the first time or not sure it is an attack, call 911 for direction. Some do not like to be touched so console them without touching unless you know otherwise. Offer water and a cold cloth. Talking calmly about anything not related to the panic helps them slow down their heart rate. Expect them to be lethargic after it is over so encourage taking a nap.
17. Paranoia	Paranoia can lead to a panic attack, so it is good to try and distract them by talking about anything they enjoy.
18. Psychosis (reality impaired)	If out of control and could hurt someone Call 911
19. Suicide attempt	Call 911 - Use CPR if needed.
20. Suicidal ideas/thoughts	Listen to their ideas and be watchful. Tell them how much they are loved. Give a lot of reassurance that they are valued, and things will get better.

Physical Symptoms

Again, I am not in the medical field and the caregiver will need to determine if any of these symptoms need medical attention. If in doubt, call a doctor or ER department of the local hospital.

Physical Symptoms	What You Can Do to Deal with Symptom
1. Chest tightness and pain	This could be leading to a panic attack but keep watch for worsening and if in doubt, call 911
2. Convulsions (like or part of seizures)	See seizures
3. Seizures	Roll on side to prevent choking, cushion head, loosen any tight clothing around the neck, do NOT restrict the person from moving unless in danger, do NOT put anything into mouth, remove any objects that they might hit during the seizure, note how long the seizure lasts and what symptoms occurred in case you need to tell a doctor or ER, stay close until the seizure ends, call 911 if injured or stops breathing, or if you know they haven't had one before or have any other reason to feel you cannot handle the situation

Chapter 5: Conclusion

Along with Lorissa, many other withdrawal sufferers admit that healing is hard and mentally exhausting. But a good thing is that she is finally getting to know herself without the drug. She does not understand why she did not care about finding herself for all those years. She feels it was because the drug took the place of her true personality as she got lost in the darkness of benzos.

Lorissa is so much more aware of things she wants to do or changes she needs to make to accomplish goals. Little by little she has been discovering great things about herself. She used to believe that she had no patience because in the past she was easily frustrated but now she proudly says, "If I can survive this, I can do anything. I've realized that awareness is the key to control and control is the key to change."

Lorissa has done a wonderful job of doing things to distract her from anxiety. She discovered that through her creative talents in photography and photo enhancements she has a useful tool to distract her from her anxiety. She is getting rather good at photo enhancing and Jessica has encouraged her to do as many creative activities as she can.

Apart from her mind becoming clearer, she recently realized that her hair has begun to grow back. That is certainly something to be celebrated and it is a clear sign of healing in her body. For years she had problems with it thinning out, breaking, and just not growing very much. In the past six months it has grown long and thick like it was when she was in her 20s.

During withdrawal, he or she may have periods of feeling like they are coming alive again, which is a good thing but they may lack the confidence to deal with their feelings after an extended period of being 'numbed out'. The main thing is to encourage them to talk about these feelings. Sometimes you may feel like you have become a therapist but that can be rather enjoyable if it helps you to understand them better. Many times, the most comforting and powerful thing you can do is to just listen.

Speaking of power, I will leave you with this quote from Lorissa, "I was a prisoner of addiction built by my own hand, in my own prison. It is an empowering freedom I have now that I'm not a slave to that drug anymore!"

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