Red and Green Flags

SUMMARY

Patients are guided to (1) identify signs of danger and safety ("red and green flags") for PTSD and substance abuse, and (2) create a safety plan.

ORIENTATION

> *"Once I get to the danger zone, it takes a Wonder Woman effort for me to put on the brakes. The more I say out loud, 'I'm in trouble, I feel like drinking,' the better. The more meetings I attend, the more honestly I speak to my treaters, the less threatened I feel. My stressful situations are ongoing: Leaving an abusive marriage and protecting my children are triggers that loom large and frightening. I am deeply grateful that I was able to arrest my relapse quickly and work intensively through this group and other treaters. Now I go to AA meetings in my home town, and I have a local sponsor I call every day. Truly, I am not alone."*

As this patient suggests, the slide into relapse is a serious threat, yet also something that can be mastered with effort. The course of both PTSD and substance abuse is typically an up-and-down one, especially for patients with chronic forms of the disorders. The danger of worsening PTSD symptoms (e.g., suicidal feelings) and substance abuse symptoms (e.g., using) is an ongoing concern for both patient and therapist.

Moreover, these disorders are highly prone to repression as an intrapsychic defense in the form of dissociation, minimization, and denial. Patients are thus, and often when most in need, unaware of the seriousness of their symptoms. The goal of today's topic is thus to increase their awareness of the pattern by which they spiral downward ("red flags") or, by their active recovery efforts, spiral upward ("green flags"). Discussion of the spiral upward is important, because many patients do not know that "good feeds on good" just as "bad

feeds on bad." The latter is more familiar to people with devastated lives; it can instill hope to convey explicitly that things do get easier over time if they can make it through early recovery.

An in-session exercise for this topic is the creation of a safety plan in which patients are asked to specify what they can do when they reach levels of mild, moderate, and extreme danger. By systematically writing out a plan for each level, patients can truly *listen* to themselves. In both PTSD and substance abuse, patients can so lose touch with themselves that they cannot "hear" the messages their own behavior is sending them. They may get into fights, isolate, and stop taking adequate care of their bodies, yet not recognize that these are all communications of distress that require immediate attention. Providing a concrete plan for "what to do when" reaffirms the benefit of active coping, particularly if it can be done in the early stages rather than once it hits disaster levels. In short, it is another way of saying, "Life does not have to be tragic. You, with others' help, can write a new script."

Countertransference Issues

Therapists may need to be alert to providing feedback that goes beyond patients' own understanding. Although it is important to validate patients' views of their danger and safety patterns, the topic is enhanced when the therapist can add additional insight based on direct experience with particular patients over time. The therapist's ability to discern patients' behavioral messages can model what it means to listen at a deep level.

Acknowledgments

The concept of relapse warning signs is described at length in Marlatt and Gordon (1985). The term "red flag" is from Trotter (1992, p. 104). The safety plan (Handout 2) is derived from a form used in the McLean Hospital Women's Day Treatment Program, author unknown.

PREPARING FOR THE SESSION

♦ Consider asking the patient to invite safe family members and/or friends to the session to help implement the safety plan for this topic. See "Suggestions," below.

SESSION FORMAT

1. ***Check-in*** *(up to 5 minutes per patient).* See Chapter 2.
2. ***Quotation*** *(briefly).* See page 193. Link the quotation to the session—for example "Today we're going to talk about signs of danger and safety. Just like the person in the story you can learn to notice the cues and not fall into same holes over and over."
3. ***Relate the topic to patients' lives*** *(in-depth, most of session).*

a. *Ask patients to look through the handouts*, which can be used separately or together. Consider covering them in multiple sessions if you have the time. See "Session Content" (below) and Chapter 2 for suggestions.

Handout 1: Signs of Danger versus Safety
Handout 2: Create a Safety Plan
Handout 3: Key Points about Red and Green Flags

b. *Help patients relate the skill to current and specific problems in their lives.* See "Session Content" (below) and Chapter 2 for suggestions.

4. ***Check-out** (briefly).* See Chapter 2.

SESSION CONTENT

Goals

☐ Help patients identify their signs of danger (red flags) and safety (green flags) (Handout 1).

☐ Create a safety plan (Handout 2).

☐ Discuss typical patterns in relapse (Handout 3).

Ways to Relate the Material to Patients' Lives

★ ***Ask patients to think of recent incidents.*** Substance use, self-harm, or other recent acting-out behaviors may help patients get in touch with their red flags. Likewise, recent good coping may help them identify their green flags.

★ ***Customize the safety plan.*** Develop the safety plan (Handout 2) to fit each patient's particular needs. Use the red and green flags the patient has already identified on Handout 1 as the basis for it. Provide feedback as needed. If desired, ask patients to sign the plan and give copies to other treaters.

★ ***Discussion***

Signs of Danger versus Safety (Handout 1)

- "Which red/green flags are most prominent for you?"
- "When did you last use a substance [or had other unsafe behavior]? Which red flags led up to it?"
- "Is there some combination of signs that really tells you you're in danger?"
- "When your red flags occur, do you think you 'hear' them as messages of distress?"
- "Whom can you talk to when you begin a downward spiral?"
- "Is there anyone who knows you well enough to alert you when you are in danger?"

Create a Safety Plan (Handout 2)

- "Why might it be helpful to develop a safety plan in advance?"
- "Where could you keep the safety plan so that you'll remember it when you need it?"

- "Is there anyone to whom you could give a copy of the safety plan? (Sponsor? Friend?)"
- "Have you learned anything new about yourself by filling it out?"

Key Points about Red and Green Flags (Handout 3)

- "Have you ever been unaware of a serious red flag until it was too late?"
- "Why do you think most substance abuse relapse occurs within 90 days of abstinence?"
- "Why is it essential to get help from others if you start to spiral downward?"
- "Are you able to view your red flags as signs of distress?"

Suggestions

✦ ***Consider covering the material over two sessions.*** One way would be to discuss Handouts 1 and 3 in one session, and do Handout 2 at the next session.

✦ ***Encourage patients to invite safe significant others to the session.*** They can help monitor the patients' red flags and help implement the safety plan. See the topic *Getting Others to Support Your Recovery* for guidelines on conducting this type of joint session (not making it into a family therapy session, guiding the significant others to support but not enable the patient, etc.). Even if patients' significant others cannot come to the session, they can be given a copy of the safety plan.

Tough Cases

* "When I cut my arm, I wasn't aware of what was going on until *after* it happened."
* "A lot of the red flags are true for me right now. This is depressing. I should just give up."
* "I don't like filling out forms."
* "I can write out a safety plan, but I can't commit to it. I need to feel that I can kill myself if I want to."
* "Isn't this red/green flags list all-or-none thinking? I thought you said we should find a middle ground?"

Quotation

Chapters of My Life

Chapter 1:
I walked down the sidewalk and fell into a deep hole. I couldn't get out and I couldn't figure out why. It wasn't my fault. It took a long time to get out.

Chapter 2:
I walked down the sidewalk and fell into the same hole again. I couldn't understand. It wasn't my fault. I really had to struggle to get out.

Chapter 3:
I walked down the sidewalk and fell into the same hole again. This time I understood why and it was my fault. This time it was easier to get out.

Chapter 4:
I walked down the sidewalk and saw the same big hole. I walked around it. I didn't fall into that hole.

Chapter 5:
I chose another sidewalk.

—Portia Nelson
(20th-century American writer)

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Signs of Danger versus Safety

Listen to the messages your behavior is sending you!

★ *What are your red and green flags? Check off below:*

🔔 **Red Flags** 🔔	☙ **Green Flags** ☙
Danger	**Safety**
Isolation	Spending time with supportive people.
Not taking care of my body (food, sleep)	Taking care of my body
Fights with people	Able to get along
Too much free time	Structured schedule
Destructive behavior	Behavior under control
Feel stuck	Feel I'm moving forward
Lying	Honesty
Negative feelings acted out	Negative feelings expressed in words
Canceling treatment sessions	Attending all treatment regularly
Stop taking medications as prescribed (either too much or too little)	Taking medications as prescribed
Passive ("Why bother?")	Active coping
Cynical/negative	Realistic/positive
Not fighting PTSD symptoms (e.g., dissociation, self-cutting)	Fighting PTSD symptoms (e.g., grounding, rethinking, etc.)
Not learning new coping skills	Learning new coping skills
Become physically sick	Stay physically healthy
Believe treatment is unnecessary	Believe treatment is necessary
Spend time with people who use	Spend time with "clean" people
Cannot hear feedback	Listen to feedback
Too much responsibility	Appropriate responsibility
Think people are trying to make me look and feel bad	Feel okay around people
Stop caring; stop trying	Care and try
Arrogant euphoria	Realistic concern
Absent from work or school	Attend work or school

(cont.)

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★ *What are your additional red flags?*

★ *What are your additional green flags?*

Create a Safety Plan

★ *Fill in the safety plan using the following as an example:*

Mild Danger (starting to show distress)	**What I Will Do to Stay Safe**
• Eating poorly • Missing occasional treatment sessions • Getting cynical and negative	• Increase AA to three times a week • Tell therapist what I'm feeling • Call my friend Pat and talk with her

🔔 ***Red Flags*** 🔔	***Safety Plan***
<u>Mild</u> Danger (Starting to show distress)	**What I Will Do to Stay Safe**
<u>Moderate</u> Danger (Getting serious—watch out)	**What I Will Do to Stay Safe**
<u>Serious</u> Danger (Emergency!!)	**What I Will Do to Stay Safe**

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Key Points about Red and Green Flags

Red flags are messages of distress. Just as a fever is a sign that you must rest your body, the red flags are signs that you are in emotional distress. With PTSD and substance abuse, the tendency is to push them out of mind, unconscious, not seeing the signs as they occur. But it is essential to notice the red flags and to validate that they are there for a reason; they are not signs of weakness or failure, but messages to attend to yourself.

Remember "budding." Some people are helped by the acronym "BUD"—"Building Up to Drinking." You could also use "Building Up to Danger." The list of red flags in Handouts 1 and 2 can be a sign that you are gearing up to act destructively. There is a window of opportunity during which you can stop yourself from sliding downhill if you can see the warning signs and actively try to cope with them. Thus dangerous times in both PTSD and substance abuse are not all-or-none events, but rather gradual buildups that allow time to save yourself.

Help from others is essential as danger escalates. As red flags increase, the need to reach out for help from safe people increases too. One of the most difficult aspects of PTSD and substance abuse is isolation. As symptoms increase, the tendency is to hide away. That's why it is necessary to plan in advance whom you will call and to prepare that person for how to help you through a dangerous time. Rehearse what you will say to each other.

Listen to the "whispers" before they become "screams." A safety plan identifies your warning signs and ways to respond to them. The safety plan in Handout 2 has three levels so that you can attend to mild danger signs (level 1) before they become an emergency (level 3). The earlier in the process you take action, the better.

As danger increases, so does acting out rather than talking. Notice that many of the danger signs are behaviors. As distress increases, it is essential to keep talking about your feelings; otherwise you'll likely find yourself "acting them out" in your behavior. Think of a small child who feels hurt and starts punching a wall. When the child cannot express the feelings directly, they get acted out.

Most substance abuse relapses occur within 90 days of abstinence. Research shows the first 90 days to be a vulnerable time, across various substances of abuse (heroin, smoking, alcohol). Thus knowing your danger signs is especially important in early recovery.

Notice spiraling. In recovery, there is a process of "spiraling" or "snowballing" that can occur in both positive and negative directions. A downward spiral occurs when symptoms start to pick up speed and get worse and worse, often rapidly. An upward spiral occurs when your recovery efforts are so persistent that good things begin to happen. For example, you get a job, and are therefore able to get an apartment in a safer area, where you can make friends with healthier people, and so on . . .

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Give a copy of your safety plan to people you trust (e.g., safe family, friends, therapist, sponsor) and ask them for comments.
- Option 2: Write a personal story of bravery: "How I Faced a Red Flag and Won."
- Option 3: Write a "How To Help Me" guide that you can give to people in your life. Describe your danger signs and what people can do to help when they see you slipping.
- Option 4: Write out what you can say to yourself when you're in (a) mild danger and (b) serious danger.
- Option 5: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.

	Old Way	New Way
Situation	Someone cut me off in traffic.	Someone cut me off in traffic.
★ **Your Coping** ★	Pissed off, tailgated him for the next 3 miles. Feel like I can't take the stress. I keep thinking about using.	I need to see the danger signs earlier. As soon as I feel this stressed, it means using comes next. I need a buffer from the world–I'm going to go to a meeting, and just take a "mental health" day off from work.
Consequence	Nothing is getting better; I'm slipping.	I was okay and felt more in control.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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