Module 1: Safety Planning

OBJECTIVES

• Define “safety planning.”
• Identify basic principles of safety planning.

Safety planning - 65C-30.001(123)

...specific course of action necessary to control threats of serious harm or supplement a family's protective capacities implemented immediately when a family's protective capacities are not sufficient to manage immediate or serious harm threats

The safety plan is jointly developed by the P or CM and the family.
Safety Planning

Critical to quickly thoroughly and effectively addressing identified threats of harm
Establishes protocols for quickly ensuring child is protected and is typically in place prior to other protective measures
Not required unless there is an identified need
Family specific, addressing the individuals as a family group
Required when a child is removed; the removal is the safety plan
Requires collaboration

Safety Plans must:
- Specify the existing threats within the family
- Describe how the danger will be managed
- Strengthen family’s protective capacities
- Describe how agency will oversee plan

Safety Plans
Plans may include but are not limited to:
- Interventions aimed at reducing serious threat of harm or sign of present danger
- Decrease child’s vulnerability
- Strengthen family’s protective capacities
Florida Administrative Codes

- 65C-28.004(11)(c)
- 65C-29.003(6)
- 65C-29.003(7)
- 65C-29.004(5)(c)-(h)
- 65C-30.007(3)(b)
- 65C-30.007(5)(a)

Safety Plan 65C-30.001(123)
F.A.C.

- Be agreed upon by child's parent/legal custodian and the CPI
- Be signed by the parents/other legal custodians and the CPI

CSA Safety Plan | FSFN Safety Plan
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Does not reflect family engagement | Reflects engagement of family
Not completed with family input | Developed in collaboration with family
Family cannot review | Family can review and make suggestions
Cannot be signed | Allows for required signatures
Terminates upon investigative closure | Remains active
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**Safety Plan vs. Case Plan**

- **Purpose is control**
- **Addresses a wide range of family need**
- **Limited to impending danger safety threats**
- **Put in place following further assessment and when law specifies**
- **Lots of frequent activities**
- **Activities/services are spread out over a long period of time**
- **Must have immediate effect**
- **Long term effects achieved over time**
- **Roles and responsibilities are exact and focused on threats**
- **Roles and responsibilities vary according to child and family needs**

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**The safety plan must:**

- Be agreed upon by the child's parent or other caregiver & the PI or CM
- Be signed by the parents or other caregiver & the PI or CM
- Contain specific tasks to be performed by the family or caregiver & the PI or CM
- Be documented in the investigative & case files
- Address both immediate & long-term protection planning

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**Long Term**

- The length of time a safety action needs to remain in place to address an active or ongoing safety threat.
- Does not refer to strategies or efforts that require significant periods of time to become effective or produce results.
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**Safety Planning…**

If child is in imminent danger arrange:

For immediate removal of the child or the offending adult; or

Some other type of protective intervention

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**Safety Planning Assessment**

**Initial Assessment**

A thorough initial assessment is directly related to effective safety planning.

**Ongoing Assessment**

A continual ongoing assessment is necessary to ensure child safety, whether the child is in the home or in out-of-home care.

**Reassessments and Updates**

Reassessment/updates must be documented in the case notes.

- Is the safety plan appropriate to the current circumstances?
- If a safety plan is not in place, does the current situation require it?

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**Inclusiveness**

- Child
- Parent(s)
- Legal Guardian
- DCF/CBC
- Local Sheriff
- Other Party
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**Strategic Framework for Safety Planning**

- **Solution Focused**
  - Focus on what we expect to see happen rather than what needs to stop.

- **Family-Centered**
  - Respecting the family's right to participate in all decision-making and offering as many "choices" in the process as possible.

- **Collaborative**
  - Working closely with the parents to identify who should be part of the "safety net."
  - Providing additional resources, formal and informal supports to increase the protective capacity of the family.

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**"Automatic" Considerations**

- Child Victim - Offender Contact
- Threat of Family Violence
- Flight Risk
- Abduction Risks
- Recantation Concerns
- Parent/Caregiver Relapse

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**Determinants of Shared Decision-Making**

- Non-Negotiables
- Ownership
- Accountability
Non-Negotiables

- No contact with child
- No unsupervised visits
- Must purchase child-proof locks
- No use of Restraints
- No Over the Counter medications given to infants as sleep aids

Ownership

- Appears engaged in process
- At least partially acknowledges role in maltreatment
- Able to identify child’s strengths
- Can describe own/partner’s protective capacities
- Agrees to potential actions or offers viable alternatives
- Verbalizes potential effect on child
- Willing to expand safety network
- Views accountability as helpful not “gotcha”

Accountability

- Past successes
- Co-dependency or enmeshment
- Embedded harms
- Community visibility
Example: Signs of Present Danger

Implication for Child Safety
Mrs. Smith related to sheriff deputies that her husband tried to choke her when she tried to leave and go to her mother’s house Friday night. When 12 yr. old Michael tried to break his stepfather’s hold on his mother, Mr. Smith shoved him into the wall causing minor abrasions to his back.

Mr. Smith admitted to deputies he had been drinking before the incident. He is expected to post bond within 72 hours. The potential lethality of Mr. Smith’s actions in the immediate presence of the children and Mrs. Smith’s reluctance to seek an injunctive order because she is afraid of her husband’s reaction indicates that Mr. Smith’s re-entry or continued presence in the home would present an immediate and serious safety threat to both Mrs. Smith and the children.

Example: Protective Capacity

Implication for Child Safety
Restricted movement and limited community visibility are consistent with isolation tactics representative of domestic violence power and control dynamics. Mrs. Smith was “forced” to quit her job four years ago when she married Mr. Smith. She has no access to the checkbook and Mr. Smith gives her cash for all purchases.

Mr. Smith handles all other financial matters. He only allows her to take the children and visit her mother once a month. Both parties have very little understanding of the power and control dynamics evident in the relationship. Mrs. Smith has demonstrated protective actions by sending the children outside or to their rooms during “arguments” but because of Michael’s growing concern for her safety, he has begun to refuse to leave when she tells him.

Example: Child Vulnerability

Implication for Child Safety
Four year-old Jennie does not attend day care and 12 year-old Michael is home schooled significantly increasing the chances they will be present during any future domestic disturbances between the parents. Michael’s increasing concern for his mother’s safety and his willingness to intervene to protect her also significantly increases his level of vulnerability.

Mrs. Smith is concerned because Michael has recently started to “talk back” to his stepfather, something he never used to do. Mrs. Smith thinks he is actually intentionally doing this to redirect Mr. Smith’s anger from her.

Mr. Smith’s increasing level of lethality may pose an immediate and serious safety threat that needs to be addressed with Michael and Mrs. Smith.
Example: Overall Safety Assessment

**Overall Safety Assessment: Unsafe**

Present and impending dangers include violent and potentially lethal acts by Mr. Smith directed toward both his wife and stepson which are escalating in both frequency and severity. While Mrs. Smith has tried to take protective actions she is currently unable, without adequate supports, to meet the children’s immediate protection needs.

Critical safety actions needed include a protective injunction and restricting the stepfather’s access to the home. The family’s low level of community visibility in general, and Mr. Smith’s self-imposed isolating tactics significantly increase the need to expand the family’s formal and informal safety resources and supports.

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**Module 2: Safety Plan Development**

**OBJECTIVES**

- Learn how to develop an effective safety plan.
- Learn how safety plans are documented.
- Apply safety planning to specific safety threats.
- Describe techniques used to create safety plans with children.
- Develop a safety plan using a case scenario.

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**Risk-Safety Continuum**

- Not every child at risk is unsafe.
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**When are Safety Actions Required?**

- The threat of danger contains 1 or more of these elements:
  - Immediacy
  - Severity
  - Out of Control

- Adult caregivers in the home lack sufficient protective capacities to control or manage the active safety threat.

**Implications for Child Safety**

- Protective Capacities
- Signs of Present Danger
- Child Vulnerability

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**Degree of the Threat: 3 Key Elements**

1. **Immediacy Guidelines**
2. **Severity Factors**
3. **Out of Control Parameters**

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**Safety Plan: Critical Considerations**

**Immediacy Guidelines**

1. Harm is severe & likely to recur within 24-72 hours or continue without intervention.
2. There is an impending (but not immediate) crisis in the home.
3. After an injunction or voluntary absence, contact between children and the person who harmed them remains a serious threat.
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Immediacy Guidelines (Timeframes)

- Open-ended
- Emerging
- Immediate
- Imminent
- Safety

Risk

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Severity Factors

- Injuries or deprivation needs medical treatment
- Multiple injuries (same event)
- Multiple occurrences
- Comparable harms (cross-typing)
- Multiple victims
- Child is afraid of caregiver
- Predictable pattern to the threat
- Embedded dynamics
- Domestic Violence, Substance Abuse, Mental Illness
- Criminal OR admitted history of violent behavior
- Weapon or instrument used

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Severity Factors (Extent of Harm)

- Minimal
- Problematic
- Severe

Risk

Safety
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**Out-of-Control Parameters**

- **Impulsivity vs. Intentionality**
  - Event triggers
  - Substance Abuse Disorder
  - Current use
  - Relapse
- **Mental Health Disorders**
  - Depression and suicide
- **Situational Crises**
- **History of Trauma & PTSD**

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**Out-of-Control Parameters**

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**When is a safety plan needed?**

**Overall Safety Assessment**

**Safety Considerations**

1. Parent/legal custodian agrees to cooperate with safety actions & work closely with service providers.
2. Home environment is calm & stable enough to provide services, and service providers can be in the home safely.
3. Safety actions that control all conditions affecting safety can immediately be put in place.
4. A responsible parent/legal custodian lives in the home.
Responsible Parent/Legal Custodian

- Understands AND accepts protective role
- Adequate parenting knowledge, reasonable age-based developmental perspectives of child
- Demonstrates impulse control
- Can set aside his/her needs for child's needs
- Made prior good faith efforts to protect child(ren); uses resources to address their needs
- Attachment is evident
- Emotionally and physically there for child(ren)

Three Main Safety Response Types

1. Safety Factors
   - Signs of Present Danger
   - Child Vulnerability
   - Protective Capacities

2. Overall Safety Assessment

3. Safety Actions/Safety Considerations
   - Safety threats are usually addressed through 1 or more actions:
     - Control
     - Vulnerability Reduction
     - Supplementation

Safety Plan

Safety Response Types

- Control Actions: The ability to manage immediate safety threats that place a child in danger of serious harm.
- Vulnerability Reduction: Alterations to a child's behavior or condition that lessens the likelihood of a child being a target of maltreatment.
- Supplementation: The addition of elements to enhance the protective capacities of the family system without removal of the child.
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**FSFN Safety Actions - Control**

- Possible Caregiver Responsible has left home voluntarily
- Family members moved into the house
- Relocation of non-offending caregiver and children
- Temporary removal/restrict access of possible person from home through injunction or arrest

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**FSFN Safety Actions - Vulnerability Reduction**

- Alterations to a child’s behavior/condition lessening the likelihood of a child being a target of maltreatment.
- Emergency services to prevent removal and/or change in placement of the children.
  - Day Care
  - Respite Care
  - After School Care
  - Medical Treatment for Enuresis

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**FSFN Safety Actions - Supplementation**

- The addition of elements to enhance the protective capacities of the family system without the removal of the child.
  - Community referrals
  - Reconnections to family
  - Support to parents while in treatment
  - Awareness of relapse warning signs
  - Help with medication management
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Core 108 Safety Planning

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Example: Signs of Present Danger

Implication for Child Safety
Mrs. Smith stated to sheriff deputies that her husband tried to choke her when she tried to leave and go to her mother’s house Friday night. When 12 yr. old Michael tried to break his stepfather’s hold on his mother, Mr. Smith shoved him into the wall causing minor abrasions to his back.

Mr. Smith admitted to deputies he had been drinking before the incident. He is expected to post bond within 72 hours. The potential lethality of Mr. Smith’s actions in the immediate presence of the children and Mrs. Smith’s reluctance to seek an injunctive order because she is afraid of her husband’s reaction indicates that Mr. Smith’s re-entry or continued presence in the home would present an immediate and serious safety threat to both Mrs. Smith and the children.

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Safety Considerations

Immediacy (I):
Imminent as Mr. Smith is likely to post bond within 72 hours.

Severity (S):
Present and Emerging Dangers: Lethality threat due to attempted strangulation; children present during incidents; Michael increasingly protective of mother.

Out-of-Control (OOC):
History of frequent “call outs”; alcohol use preceding incident.
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**Shared Decision-Making**

**Nonnegotiable (NNG)**
- Ownership (O): Mrs. Smith wants help but is afraid to seek protection order. If she leaves, she has no one to go to. Mr. Smith is an upsetful, responsible, loving father.
- Accountability (A): Mrs. Smith has failed to follow through with previous referrals for counseling.

**Nonnegotiable (NNG)**
- DV Order of Protection and/or 39 injunction (specifying contact and visitation conditions).

**Ownership (O)**
- O1: Mrs. Smith wants help but is afraid to seek protection order; she needs time to think about it.
- O2: Mr. Smith - "I accept full responsibility. I lost control. I love her and the kids."

**Accountability (A)**
- High (need for) both adults have limited understanding of DV power/control dynamics and have failed to follow through with previous referrals for counseling.

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**Safety Actions to Address Safety Threats**

**Control Actions (CA)**

**Vulnerability Reduction (VR)**

**Supplementation (S)**

**Control Actions (CA1)**
- Mrs. Smith will meet with a Serenity House counselor today to: 1) complete a lethality and dangerousness assessment, and 2) develop a "DV Safety Plan" to identify: safety actions to take in an emergency; safest place for her to stay; how to file for an injunctive order for protection under s. 741.30 F.S.
- Resource: MGM will provide ride to appointment and courthouse.
- Monitor: Mrs. Smith will sign release giving Serenity House counselor permission to talk with CPI. CPI will confirm with court that injunction has been granted.

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**Additional Safety Actions**

**CA**
- Mrs. Smith will ask ____ to temporarily move in with her for the next two weeks so she does not have to stay by herself.
- Resource: Adult agreeing to reside in home. CPI agrees to talk with ____ to encourage their stay.

**CA1**
- Mr. Smith agrees to stay with ____ until the investigation is completed. He will not attempt to contact, visit or text Mrs. Smith or the children until all parties (or the court) determine under what conditions the visitation/contact can occur.
- Resource: Adult providing Mr. Smith temporary accommodations.
- Monitor: The above adult will confirm Mr. Smith’s presence in home. CPI will make unannounced visits to home. Mrs. Smith is to verify compliance.
Additional Safety Actions

(SPL1) Mrs. Smith will keep her cell phone charged at all times and program it with safety contacts.
(SPL2) Mrs. Smith will change her phone number and lock her doors, as well as the security passwords/locations to her home computer. She will vary her daily routine as much as possible.

Resource: CPI Howard to provide numbers and assist with programming. Mrs. Smith will ask her uncle to change out house locks for her by the weekend.

Monitor: CPI to check new home visit. (Adult relative in CA2 can also confirm).

(CV1) Mrs. Smith and CPI Howard will instruct Michael on how to respond when his or her mother’s safety is threatened by Mr. Smith in the future. (e.g., call 911, use escape routes, which adults to call)

(CV2) Mrs. Smith will enroll Michael in public or private school by next Tuesday and CPI Howard will complete a referral for at-risk daycare for Jennie within 48 hours.

Resource: Serenity House counselor can substitute for CPI in CV1 above.

Monitor: CPI to check with school and day care regarding children’s attendance.

Bly Family Background Information

Mother is on Oxycodone for chronic pain. Four years ago she was involved in a serious traffic accident and injured her back. She had a Blood Alcohol Level of .018 and was charged and convicted of DUI. The current intake involves her 3 year old daughter who was found outside the home unsupervised (reportedly the 3rd occurrence of a neighbor taking the child home). The oldest child, a 7 year old daughter, regularly has trouble waking mom in the morning; she is typically absent from school 5-6 days a month. The mother admits to drinking 1-2 beers at night, maybe 2 to 3 times a week “after the girls go to bed.”

Safety Considerations

Immediacy (I): Imminent as children have trouble waking mother almost every morning.

Severity (S): Multiple occurrences (reported by neighbors) and predictable pattern to threats (“parentified” child – 7 year old responsible for care of 3 year old sister).

Control (CC): Substance misuse contributing if not causal factor. Active addiction to alcohol?
Shared Decision-Making

Non-negotiables (NNG):
- Ownership (O): "I have a prescription and alcohol is a legal drug. I'm a good mother. My 7 year-old is a straight A student, cooks and does laundry. Give me a break!"
- Accountability (A): High (need for)
  - parent has regularly been combining a depressant (alcohol) with an opioid analgesic (Oxycodone).

Ownership (O):
- O1: "I have a prescription and alcohol is a legal drug. I'm a good mother. My 7 year-old is a straight A student, cooks and does laundry. Give me a break!"
- O2: No other adult in home.

Accountability (A):
- High (need for)
  - parent has regularly been combining a depressant (alcohol) with an opioid analgesic (Oxycodone).

Safety Actions to Address Safety Threats

Control Actions (CA):
- Ms. Bly agrees to abstain from drinking alcohol until she meets with the Family Intervention Specialist (FIS) to discuss the potential synergistic effects (1+1=3) of her drinking alcohol while on oxycodone.
  - Resource: Ms. Teri Solved (FIS)
  - Monitor: Ms. Bly will sign releases giving FIS permission to talk with CPI.

Control Actions (CA1):
- Ms. Bly will request periodic lab work by the Pain Management Doctor to check therapeutic levels of oxycodone.
  - Resource: Dr. Jameson
  - Monitor: Ms. Bly will sign releases giving physician permission to talk with CPI.

Vulnerability Reduction (VR): To determine therapeutic range and prevent a lethal drug overdose, Ms. Bly will request periodic lab work by the Pain Management Doctor.
  - Resource: Dr. Jameson
  - Monitor: Ms. Bly will sign releases giving physician permission to talk with CPI.

Supplementation (S):
- Ms. Bly will obtain a copy of her 'Patient Advisory Report' obtained from the Department of Health by DATE. She will share this report with CPI Howard by DATE.
  - Resource: Ms. Bea Heaven (friend) and Ms. Bly will construct a tracking log by DATE.
  - Monitor: CPI will conduct random pill counts over the next 30 days to verify use pattern.

Ms. Bly’s friend (Jane) will call her at 7:00 am each morning to make sure she is awake. Ms. Bly will call Jane back when she is up and out of bed.
  - Resource: Jane Smith, friend
  - Monitor: Ms. Heaven agrees to keep a daily log to record times Ms. Bly calls her back.

Ms. Bly will make sure all medications are kept in their original child-resistant containers.
  - Resource: N/A
  - Monitor: CPI to check each visit.

Additional Safety Actions

(CA3) Ms. Bly will enroll in a program at the Department of Health by DATE. She will share the report with CPI Howard by DATE.
  - Resource: Ms. Bly

(CA4) Ms. Bly will keep a daily medication log recording time/dosages of her oxycodone use.
  - Resource: Ms. Bea Heaven (friend) and Ms. Bly will construct a tracking log by DATE.
  - Monitor: CPI will conduct random pill counts over the next 30 days to verify use pattern.

(CV1) Ms. Bly will teach Emma (7 year-old) how to use her cell phone and will pre-program Jane’s number into the phone; Emma will call Jane if her mother cannot be awakened in the morning.
  - Resource: Jane Smith, friend/neighbor
  - Monitor: Ms. Heaven agrees to keep a daily log to record times Ms. Bly calls her back.

(CV2) Ms. Bly will make sure all medications are kept in their original child-resistant containers.
  - Resource: N/A
  - Monitor: CPI to check each visit.
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Wright Family Background Information

Following the death of her 9 month old son from a congenital heart condition 3 years ago, Ms. Wright struggled with anxiety associated with depressive symptomology. She began taking Xanax which helped significantly. Upon the recommendation of her physician, she discontinued the medication 10 months ago when she got pregnant and has remained off it due to breast feeding her 2 month old daughter. Ms. Wright has appeared noticeably despondent to her family and has been sleeping over 10 hours a day. She recently told her parents that "Maya would be better off without [her]." She has started allowing Maya to sleep in bed with her so she can fall back asleep after feeding her.

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Safety Considerations

Immediacy (I):

- Imminent as mother regularly falls asleep with infant in her bed.

Severity (S):

- Mother self reports multiple occurrences and there is a predictable pattern of unsafe sleep.

Out of Control (OOC):

- Mother has a legitimately discontinued psychotropic medication but is increasingly experiencing depression and mild suicidal ideations.

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Shared Decision-Making

Non-negotiable (NNG):

- Infant needs to have safe sleep environment.

Ownership (O):

- O1: "It’s very comforting to have Maya in bed with me. That way, if anything goes wrong I would sense it immediately."

Accountability (A):

- High (need for)
  - 1) parent believes she is acting in infant's best interest and will continue behavior if it results, and 2) mother's follow through with recommendations might be compromised by mental health issues i.e. depression.
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Safety Actions to Address Safety Threats

Control Actions (CA): Ms. Wright agrees that Maya must sleep in her own bassinet effective immediately.
Resource: Maternal Grandmother
Monitor: Ms. Dupree (MGM) will check on Maya twice a day to make sure safe sleep positions are being followed.
(SPL1): Ms. Wright will be evaluated by the Crisis Response Team this afternoon for clinical assessment of depression.
Resource: Dr. Johnson (HFA)
Monitor: Ms. Wright to sign release allowing CPI to talk with physician.

Control Actions (CA1):
Ms. Wright agrees that Maya must sleep in her own bassinet effective immediately.
Resource: Maternal Grandmother
Monitor: Ms. Dupree (MGM) will check on Maya twice a day to make sure safe sleep positions are being followed.

Resource: Aunt will babysit Maya. MGM will stay with Ms. Wright during evaluation.

(SPL2/CV1): Ms. Wright will consult with primary physician re: use of Xanax or other medications while breastfeeding; consider switching to formula feeding.
Resource: Dr. Johnson (HFA)
Monitor: Ms. Wright to sign release allowing CPI to talk with physician.

Additional Safety Actions

(SPLA3/SPLA4): Ms. Wright agrees to allow for two months to assist in caring for Maya allowing Ms. Wright time to enhance her coping skills (rehabilitation on new meds and resolve grief issues from loss of child).
Resource: Pam Wright (sister)
Monitor: Aunt or MGM to call CPI when move-in is completed.

(SPLA5/CV2): Ms. Wright agrees to work with a home health aide from the Health Families Florida program to provide her additional support and information on parenting and child development.
Resource: CPI Howard to make referral by DATE.
Monitor: Ms. Wright to give name and contact number after first home visit.

(SPLA6): Ms. Wright agrees to attend at least two meetings of the Compassionate Friends support group to seek emotional support for her loss and find out how other parents have coped with the loss of a child.
Resource: Call 211 for list of groups in area. MGM agrees to provide transportation.
Monitor: Ms. Wright agrees to discuss benefit of attending with CPI after first visit.

(SPLA7): Ms. Wright will seek pastoral counseling to help her deal with the anger and loss of faith she’s experienced since her son’s unexpected death 3 years ago.
Resource: Ms. Ann Thorpe, mom’s friend will provide transportation.
Monitor: Ms. Wright agrees to discuss benefit of attending with CPI after first visit.

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Primary Reasons to Involve Children

Children have as much awareness and knowledge as any about what is going on in the home.
Getting parents to appreciate the consequences of their action/reactions through the child's eyes is effective strategy to motivate a parent.
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**Safety Planning with Children**

- Include written & verbal instructions for children when age-appropriate.
- If the child doesn't know how to carry out their tasks, talk them through it & ask more for help (unless this jeopardizes the child’s safety).
- Reassure children that they are not responsible for the domestic violence or for what happens after the domestic violence is disclosed.
- Children must know how important it is for them to be safe when mother is assaulted, & that they cannot intervene during an assault.
- If children blame themselves (e.g., for the violence, not protecting mom) reassure them that these feelings are normal, but it is NOT their fault.
- Keep things simple.
- Have the children practice & explain what they are to do.

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**The Safety House**

- Method for including children's voice in Safety Planning
- This is your house in the future when you always feel safe.
  - Who lives with you in the house?
  - Who can visit?
  - Who don’t I feel safe with?
  - What rules would help me feel safe?

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**The Three Houses**

- Nikki Weld and Sonja Parker
- First house – the things that you like in your life
  - Who lives in house? Who visits?
- Second house – write or draw your worries
- Third house – write or draw how things would be if they got better