Neurodivergent insights

THE

Help Me Stay Plan

WORKBOOK

A Neurodivergent Guide to Understanding Suicidality and Supporting Your Future Self

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This safety plan workbook is provided as a free resource because we want it to be accessible to anyone who might benefit from it. Our aim is to reduce barriers and ensure that cost never prevents someone from getting support. You are welcome to use it personally or within your clinical practice as long as it is shared freely and unchanged.

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Dedication & Gratitudes

Dedication

This resource was created by the Neurodivergent Insights team as a free offering for the neurodivergent community and for clinicians who want to offer more affirming, autonomy-centered care. It's dedicated to those we've lost to suicide and to all who live with the weight of chronic or acute suicidality.

Gratitudes

This resource was created with care, community, and collaboration. I'm grateful to the people who offered reflections and lived experience along the way, your insights helped shape this with more clarity and compassion. I'm especially grateful to Rainn Stone, whose insights added a depth I'm so thankful for.

Contents

Disclaimer

Please Read Before Beginning

I created this safety plan as an educational and reflective resource. It's designed to help you understand and plan for safety in a way that honors autonomy and neurodivergent experience. It is not a substitute for therapy, clinical care, or crisis intervention, and it does not guarantee safety.

You may find it most helpful to complete this plan with a therapist, counselor, or trusted support person. At the same time, I know many neurodivergent people have had negative or autonomy-limiting experiences in those settings. My hope is that this resource helps bridge that gap, offering psychoeducation, structure, and language that support self-understanding and collaborative safety planning. I also believe that understanding how a safety plan works helps neurodivergent minds engage with it more meaningfully.

If you are in immediate danger or unable to stay safe, please reach out for support from a trusted person or crisis service (see page 50).

Clinicians using this plan should do so within the scope of their professional training and ethical guidelines. While this resource is freely offered for education and support, Neurodivergent Insights is not responsible for outcomes arising from independent use or implementation.

— Megan Anna

Meet the Author

Neurodivergent Insights

Born from lived experience and gaps in clinical frameworks, Neurodivergent Insights offers reflection, learning, and care for neurodivergent people and those who support them. We create resources, education, and tools grounded in research and real life to help you make sense of your mind, story, and nervous system.

Whether you're exploring your own neurodivergence, supporting a child, or showing up as a more affirming clinician, we offer resources to help you feel more human, informed, and less alone.

Dr. Megan Anna Neff, PsyD

Dr. Megan Anna Neff is a neurodivergent psychologist, author, and educator who founded Neurodivergent Insights after discovering she is Autistic and ADHD.

Megan Anna now creates visual-forward resources that blend research, clinical insight, and lived experience. Her work supports self-understanding, identity integration, and care that truly fits neurodivergent people.

Through Neurodivergent Insights, she supports individuals, clinicians, and communities — helping neurodivergent people feel seen, validated, and empowered in systems that often miss them.

Chapter Overview

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Chapter One:

What Is Suicidality?

Suicidality can be hard to talk about. It often carries shame and can bring discomfort or fear to those around us. Yet, many neurodivergent people experience suicidality at some point in their lives.

It's important that we can talk about these experiences safely and understand what's happening inside of us. Sometimes, simply having language and context can help ground us. This chapter introduces some core basics about suicidality.

What is Suicidality?

Suicidality exists on a gradient. It's not all or nothing. Many people have thoughts about death or wanting to disappear without wanting to die. These thoughts often arise from exhaustion, overwhelm, or a desire for relief rather than a true wish to end life.

If you've ever experienced a professional doing a "risk assessment," they're assessing the likelihood of death by suicide. This matters because when risk becomes high, it signals the need for more support and safety intervention.

Understanding the Gradient

Let's break down the differences:

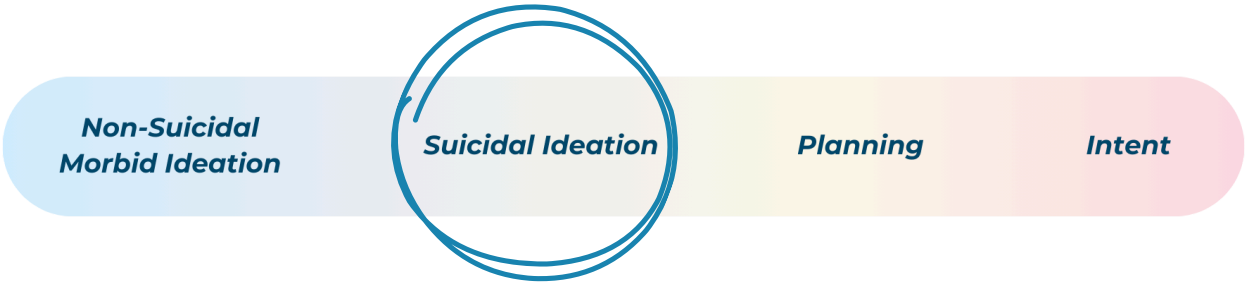
Non-Suicidal Morbid Ideation

Thoughts about death, imagining not existing, or wishing to escape pain, without wanting to actively die. These might sound like:

"If I just didn't wake up tomorrow, I'd be okay with that."

"It would be nice if things just ... stopped."

These thoughts are often signs of **emotional overload** or **burnout**. They're the mind's way of saying, *"I need a break."*



Suicidal Ideation

Thinking about death as a possible way to stop suffering. This can range from vague thoughts ("I want to die") to specific images, fantasies, or mental rehearsals.

"I think about ending it sometimes."

"I wonder what it would be like if I weren't here."

At this stage, it's important to have **support and a plan for safety**.

Planning

When thoughts begin to move toward action: researching, imagining, or preparing for a method, time, or place. Examples include:

Setting items aside for later use.

Writing notes or researching methods.

This is a high-risk stage, and having a **safety plan** and professional support is important.

Intent

When planning moves into intent, we're entering a very high-risk situation. At this stage, a person has made a decision to die and may be preparing to act.

Start saying goodbyes

Finalizing affairs

Appears suddenly calm or euphoric, sometimes mistaken as "improvement"

This is a medical emergency requiring **immediate support and care**.

Chronic and Acute Suicidality

Both chronic and acute suicidality can occur, and you may experience both at different times.

Chronic Suicidality

When thoughts of death are familiar companions, distressing but ongoing. Over time, they can become a conditioned response to emotional pain, the brain's habitual way of signaling distress.

Acute Suicidality

Happens when those thoughts spike sharply during a crisis, often tied to a specific event, trigger, or surge of overwhelm.

For people who live with chronic suicidality, it can feel discouraging or even retraumatizing when every mention of these thoughts leads to a full suicide risk assessment. Finding a provider who understands chronic suicidality, and can tolerate honest, ongoing conversations about it, can be life-giving.

Helpful supports might include creating a hope box, making plans for your future self, and identifying spaces where you can talk about suicidality without shame or fear of overreaction (while also being mindful to avoid spaces that romanticize or glamorize it).

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Chapter Two:

What Our Brains Are Doing

The Exit Ramp Metaphor

The mind's job is to find exits from pain. It doesn't like suffering, and even the thought of escape can bring a flicker of relief in unbearable moments. When we're in extreme emotional or sensory pain, our nervous system's primary goal is relief. The brain doesn't distinguish between physical danger and emotional threat, it simply registers overwhelm. Suicidal thoughts can become the brain's escape plan from existential pain.

When pain runs deep, suicidal thinking can appear like an exit ramp, the mind's way of offering a sense of control, autonomy or relief when life feels unbearable. It can start as a comforting fantasy, but each time that ramp is taken, even mentally, the brain strengthens the neural pathway that links **pain → exit**.

Over time, that path can become automatic, like a well-worn trail. What might begin as a way to self-soothe eventually increases risk, because the brain learns this is how I find relief. The work of healing isn't about shaming that thought, it's about gently building new neural pathways that offer alternatives.

Each time you reach for a coping strategy, a person, or a grounding tool instead of fantasizing about the exit ramp, you're strengthening alternative routes — sending your brain a new message: *relief is possible without leaving*.

When those "exit ramp" daydreams come, we can gently notice them and shift our attention toward something else, a distraction, a comfort, or a connection. Each time we do, we're teaching our brain new ways to find relief and strengthening the neural pathways that help keep us here.

Suicidality During Sensory Meltdown

For many neurodivergent people, suicidal thoughts during a sensory meltdown feel completely different from suicidal thoughts outside of one. In a meltdown, the urge is often not about wanting to die, it's about wanting everything to stop. It's the brain's way of saying:

"Make it stop."

"I can't hold this level of overwhelm."

"This is too much."

This is not the same as a desire for death. It's the mind's emergency response to unbearable sensory input, communication shutdown, or emotional flooding.

During a sensory meltdown, impulsivity can be much higher because the prefrontal cortex, the part of the brain that helps with decision-making, planning, and inhibition, is offline. These are precisely the moments we prepare for in a safety plan: the moments when we temporarily lose access to our steady self. A safety plan helps your present-day self put supports in place for the version of you who is overwhelmed and needs soothing, containment, and time for the wave to pass.

Why This Distinction Matters

When shame, family, or providers interpret meltdown-based suicidal thoughts as intent-based suicidality, it can lead to:

- Unnecessary or traumatic interventions
- Fear of being honest about your experience
- Confusion about your own internal signals
- Being told you were "manipulative" or "attention-seeking" when you were actually overwhelmed

Naming the difference helps you understand what your body is communicating so you can meet the underlying need instead of turning against yourself in shame.

Rapid-Onset Suicidal Spikes

(RSD, Transitions, Sudden Demands)

Some neurodivergent people also experience sudden suicidal spikes during RSD storms, abrupt transitions, or unexpected demands. These are often overwhelm responses — not a wish for death. They happen when your system is flooded or unable to cope with the perceived threat of rejection, shame, or sudden pressure. Knowing this helps you respond with the supports you need at the moment.

What Helps in Sensory-Based Ideation

- Use a **pre-made meltdown plan** (you'll find a template for this in chapter 4).
- **Cancel input**: Retreat to the quietest, darkest, safest space available.
- Use **deep pressure** or weighted input to help your nervous system downshift.
- Use **temperature shifts** (warmth usually calms sensory overwhelm, while a cool washcloth on the face can settle panic.)
- **Reduce all demands** and communication.
- Use a **"no questions, just presence"** support option when possible.
- **Remind yourself**: "This is overwhelm, not a desire to die. My job right now is to get through the wave."

Autonomy, Neurodivergence, and Suicidality

For many neurodivergent people, experiences of suicidality are deeply intertwined with experiences of lost autonomy: being misunderstood, overpowered, or stripped of choice in moments of distress. Interventions meant to "keep us safe" can sometimes feel like violations, reinforcing shame and mistrust, and paradoxically increasing the desire to escape.

Through a neurodiversity-affirming lens, safety planning isn't about control, it's about creating a plan that supports future agency. It's about creating tools, supports, and pathways that help you stay connected to life *on your own terms*.

Autonomy itself is protective. Having choices, being believed, and feeling ownership over your care all reduce risk and build internal trust.

Ironically, suicidality can also emerge as an attempt to reclaim autonomy when life feels unmanageable or out of control. In this way, it can function like an existential coping mechanism, the mind's way of saying, "At least this choice is mine." The problem is that, over time, this pathway can become seductive, a well-worn route the brain takes whenever safety feels unattainable.

When we can recognize that urge as an attempt to restore autonomy, we can begin to gently redirect it. Instead of seeking control through suicidal fantasy, we can practice reclaiming autonomy through small, self-honoring acts: choosing what support feels safe, setting boundaries, naming our needs, creating space for rest, or building something that feels meaningful to us.

Through an autonomy-honoring lens, safety planning becomes not about restriction, but about building new ways to hold both safety and sovereignty at the same time.

Why This Matters

Learning what suicidal thoughts are doing in the brain and where they fall on the spectrum of suicidality can soften the shame and help us respond with compassion. It gives language to what can feel unspeakable, helping these thoughts feel more contained and less isolating.

When we understand what's happening in our brains and bodies, we can respond with curiosity instead of shame, and begin to build new pathways toward safety, connection, and hope.

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Chapter Three:

Creating a Safety Plan

What Is a Safety Plan?

Definition:

SAFETY PLAN

A safety plan is a way for your *present-day self* to care for your *future self*.

When we're in a moment of deep distress or suicidality, we don't have access to our best thinking. Our brain and body are in survival mode, and it's hard to remember what helps or who to reach out to. Many deaths happen in moments of impulsivity or intense emotion. A safety plan helps you get through those moments by giving you access to a more grounded part of you, the version of you that wants to stay.

Sometimes safety plans are presented in ways that can feel clinical or like someone is taking control away from you. That's not what this is. A safety plan is about holding onto your autonomy. It's a way of saying, "I know these moments will come, and I want to be ready to help myself through them." It's your past self showing up to support your future self when things get really hard.

A safety plan isn't a substitute for therapy or crisis support, and it doesn't make anyone legally protected from risk, it's just one part of staying safe. If you're living with chronic or active suicidal thoughts, please reach out for help. It can be grounding to make this plan with someone you trust, a therapist or trusted friend, so you don't have to hold it alone.

Neurodivergent-Adapted Safety Plan

This safety plan is similar to many others used in mental health care, but it's been adapted with the neurodivergent experience in mind.

Each section includes short "why it matters" notes that offer context and reasoning. For many Autistic and ADHD people, understanding why and how something helps increases buy-in and makes the plan more meaningful.

You'll also find sensory and autonomy-based considerations woven throughout. These are especially important for neurodivergent people, as sensory overwhelm, shutdown, and a history of being misunderstood can all affect how we experience crisis and what support actually helps.

How to Create Your Safety Plan

There's no one right way to make a safety plan. The goal is to create something that feels usable and authentic to you. Some people like to write it down; others keep it as a note in their phone or as a small card they carry. What matters most is that your present-day self is making a plan for your future self and that it's easy to reach when you need it.

Below are a few areas to think through as you build your plan. Ideally, a safety plan is created with a professional, but that's not always possible, and for some, it can feel too autonomy-threatening. You can absolutely create a safety plan on your own or with someone you trust, such as a therapist, peer, or friend.

If you're in crisis or finding this process overwhelming, it's okay to pause and reach out for support while you complete it. This plan is meant to help you feel more supported and resourced, not pressured or judged.

The following pages walk you through the common steps included in most safety plans. You'll also find links to pages with deeper learning and with additional resources. At the end, there's a one-page summary; this is the version you may want to print, save to your phone, or keep somewhere easy to reach for those crisis moments when you need quick support.[1]

[1] - Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. Cognitive and Behavioral Practice, 19(2), 256–264. https://doi.org/10.1016/j.cbpra.2011.01.001

EARLY SIGNS I'M NOT OKAY

What are the first clues that I'm sliding into crisis?

For some of us, emotions register late, so instead of feelings, look for patterns in your thoughts, behaviors, or body.

EXAMPLES:

- *Trouble sleeping, feeling detached, pacing/meltdown, feeling trapped, replaying thoughts about disappearing, pulling away from others.*

Why This Matters

Noticing early signs helps you catch distress before it peaks. For many neurodivergent people, emotions show up late or through body and behavior changes, like disrupted sleep, sensory overload, or withdrawal. Learning your own cues helps you reach for support sooner, before things spiral into crisis. This can be especially important for us, as our cues may look different than neurotypical cues. And thanks to alexithymia it may not be experienced in the same way.

THINGS THAT HELP ME RIDE THE WAVE
(Internal Coping Resources)

What practices/resources help steady me when I'm not okay?

List a few things that help when emotions peak. This could be distraction, sensory comfort, or small grounding acts.

EXAMPLES:

- *Music, stepping outside, holding ice, wrapping up in a weighted blanket, watching a familiar show, or petting an animal. See chapter 4 for a list of distress tolerance and distraction ideas.*

Why This Matters

Intense emotions and sensory overwhelm come in waves. Having go-to strategies helps you ride the wave instead of being swept under it, which is often when impulsivity can become lethal. Distraction, movement, or sensory comfort can calm your body enough for your thinking brain to come back online, even briefly. That small pause can be enough to choose what comes next.

PEOPLE AND PLACES THAT HELP ME FEEL SAFER
(External Coping Resources)

Who can I reach out to when I'm not okay?

List a few people or places you can reach out to when you need support. You might ask yourself: *Who can I text or call when I feel unsafe? Where can I go to feel more grounded or less alone?*

EXAMPLES:

- *Write names, phone numbers, or even text phrases you can send when words are hard. This could include crisis or warm lines, trusted friends or family members, or places where you feel physically and emotionally safe.*
- *For more ideas and information about crisis and warm lines, see chapter 5.*

Why This Matters

Connection is one of the strongest protective factors during crisis, yet it can feel hardest to reach for when you're overwhelmed. Having trusted people or safe places listed ahead of time removes one more decision when your brain is flooded. For many neurodivergent people, written or pre-planned options also help reduce the social and communication load that can block help-seeking in the moment.

REASONS I STAY

What keeps me here?

These are your anchors, the people, goals, values, sensory joys, or small daily moments that remind you why you want to be here. You might list them, draw them, or create a “hope box” or folder, photos, scents, music, videos, or notes that connect you back to life when you forget. These reminders can help you hold onto threads of meaning, even when everything feels far away.

PROMPTS TO GET STARTED:

- *Who or what needs me?*
- *Who or what helps me remember that I matter?*
- *What gives me comfort or a sense of belonging?*
- *What am I curious about or still want to experience?*
- *What moments or sensations bring me even a flicker of peace or pleasure?*

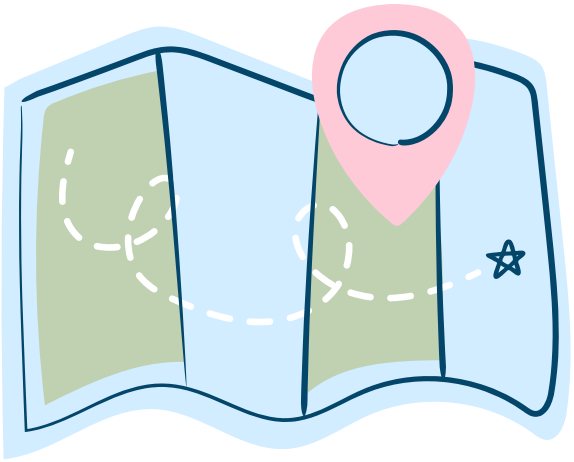
EXAMPLES:

- *“Hearing my dog’s nails click on the floor.” “Finishing my art project.” “Seeing my daughter graduate.” “The smell of coffee in the morning.”*
- *To learn how to put together a hope box see chapter 6.*

REASONS I STAY

Why This Matters

When we're in crisis, our brain's threat system takes over and blocks access to hope, curiosity, and connection. In that moment, your mind may trick you into believing you have no reason to stay. Having your reasons to stay written down gives you a map back to meaning when your mind can't find it on its own.



REDUCING RISK AND ACCESS TO MEANS

How can I make it harder to act on an impulse?

Sometimes the safest thing you can do is make it harder to act quickly on an impulse. Even small layers of friction buy time for your thinking brain to come back online.

EXAMPLES:

- *Store medications in a locked box placed out of easy reach, remove weapons or substances from your space, and ask someone you trust to temporarily hold on to anything that feels risky right now.*

Why This Matters

Putting distance between you and lethal means lowers the chance that a brief, overwhelming impulse becomes permanent. For many people, a few minutes or an hour is enough for emotional intensity to shift. This is not about punishment or loss of autonomy. It is about creating space to choose life when the body is flooded and decision-making is impaired.

POST-CRISIS SELF-CARE PLAN

What helps me come back to myself after a hard moment?

After a crisis, we're often left feeling depleted, unsteady, or disconnected. Regrounding through intentional self-care afterward isn't about "bouncing back" to normal, it's about offering yourself what you need to feel safe and steady in your body again. This might mean tending to your nervous system, leaning into support, or doing small things that help you come back to yourself.

EXAMPLES:

- *Texting or spending quiet time with a friend*
- *Scheduling a therapy session or support call*
- *Gentle movement, stretching, or walking outside*
- *Eating, hydrating, and resting*
- *Engaging in comforting sensory rituals, warmth, weight, music, scent*

REFLECTION 1

After a crisis, it's easy to forget what helps. Write down a few small steps that will support you as you move back into daily life.

In the next 24 hours:
What can help me feel safe and grounded right now?

In the next week:
What routines or supports help me rebuild steadiness?

REFLECTION 1 (CONTINUED)

In the next month:
What ongoing practices or connections help me stay regulated and supported?

THE HELP ME STAY PLAN

Now that you've done some thinking and resource gathering, this is the place to bring it all together on one page so you can visually capture it easily when in crisis. Consider printing and laminating or taking a picture of this page.

Early Signs I'm Not Okay

Things That Help Me Ride the Wave

People/Places That Help Me Feel Safer

Reasons I Stay

Reducing Risk and Access to Means

Post-Crisis Self-Care Plan

4

Chapter Four:

Crisis Moment Tools

Distraction & Distress Tolerance Techniques

(Adapted for Neurodivergent Brains)

When emotions or sensory overwhelm hit hard, the goal isn't to make the feelings disappear. It's to help your body and brain slow down enough to ride the wave safely. These techniques can interrupt crisis spirals, bring your prefrontal cortex back online, and create space for choice.

Distraction Techniques

In crisis, distraction isn't avoidance; it's an important resource for regulation and grounding.

When you're in that "I just need out" kind of moment, small things that shift your focus can give your body a few seconds of safety. None of these have to fix the feeling, they just give you something solid to hold onto until the wave passes a bit.

In those moments, our minds often need help shifting from the terrible, horrible thing to something that steadies us. Distraction gives your nervous system a chance to settle so you can return to the hard feelings later, from a calmer place.

Distraction is a short-term strategy for acute distress, not a long-term solution. It's most helpful when paired with reflection or support once your nervous system has settled.

Set a timer and try one distraction for 15 minutes, then reassess.

Ideas to Try:

- *Watch or rewatch a familiar, comforting show that feels safe and predictable.*
- *Scroll animal videos or soothing visuals.*
- *Create a playlist of funny or favorite videos and memes that make you laugh, something you can pull up fast in SOS moments.*
- *Have a playlist of SPIN (Special Interest) related videos ready.*
- *Try grounding strategies like counting or naming items in your environment by color or shape.*
- *Do a mental distraction activity, like naming all the cities or songs you can think of that start with a certain letter, or counting down from 100 by sevens.*

Ideas to Try (Continued):

- *Try the 5-4-3-2-1 grounding technique: name five things you can see, four you can touch, three you can hear, two you can smell, and one you can taste.*
- *Add physical intensity when it helps. Running sprints, doing push-ups, or lifting weights can pull your focus back into your body. Pairing movement with strong music can amplify the effect.*

Pro Tip:

Having a curated playlist of videos or soothing content ready ahead of time can be more helpful than scrolling social media in the moment. When you open social media, you can't control what you'll see, and sometimes the content can reinforce distress or intensify the emotion you're trying to calm.

Distress Tolerance Techniques

Distress tolerance skills help you get through intense emotional or sensory overwhelm without making things worse. These tools don't erase pain; they help you survive the intensity of the wave.

The goal is to lower the intensity enough for your thinking brain to come back online so you can make choices that keep you safe.

Many distress tolerance strategies work by creating a **physiological shift**, using temperature, pressure, movement, or breath to help your body signal to your brain that the danger has passed, even if your mind is still catching up. These shifts activate your parasympathetic nervous system, the "rest and digest" state, which helps your brain return to safety. Try one of these by setting a timer for 90 seconds, then reassess.

Ideas to Try:

- *Hold an ice cube or run your hands under cold water.*
- *Place an ice pack on your chest or the back of your neck (a wearable ice pack can make this easier).*
- *Splash cool water on your face or hold a cool washcloth against it.*

Ideas to Try (Continued):

- *Take a temperature-shifting shower, cool to wake up the body, warm to soothe and relax.*
- *Step outside and place your bare feet on the ground; notice the air, the ground, and the temperature on your skin.*
- *Engage in intense movement for 1–2 minutes (jumping jacks, push-ups, running stairs) to burn off adrenaline and shift state.*
- *Try paced breathing (inhale for four counts, exhale for six) or pair breath with slow movement.*
- *Practice progressive or paired muscle relaxation by tensing and releasing one muscle group at a time.*
- *Humming, chanting, or using a sound stim can help regulate the vagus nerve.*
- *Rock, swing, or engage in repetitive movement that feels calming.*
- *Repeat a grounding phrase. Something simple and reassuring, like "This moment will pass," "These feelings will pass," or "I've felt this way before, and I made it through." Choose a mantra that feels true and comforting to you.*

Sensory Soothers

For many neurodivergent people, sensory shutdowns or meltdowns can happen alongside crisis moments. Intense emotions can also amplify sensory dysregulation. Our sensory system is part of our nervous system, so when we're in fight-or-flight, our senses are too. Sensory-specific supports can be especially helpful for grounding and co-regulation in those moments.

Ideas to Try:

- ***Reduce sensory input***: *Retreat to a quiet, dark space (like your bed), use an eye mask, turn off lights, and reduce stimulation as much as possible*
- ***Create a sensory playlist***: *Sounds or songs that shift your energy or soothe your nervous system*
- ***Use scent to shift state***: *Something grounding, familiar, or tied to a comforting memory*
- ***Seek proprioceptive input***: *Wrap up tightly in a blanket, use a weighted blanket, or ask someone you trust for deep-pressure support*

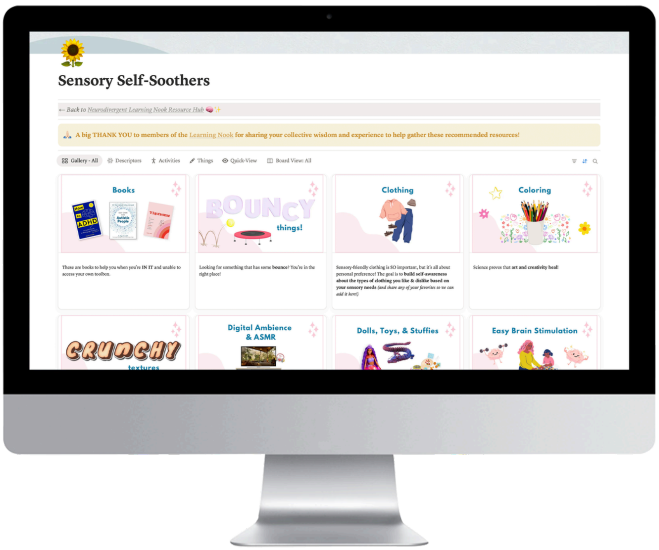
Ideas to Try (Continued):

- ***Spend time with pets**: Cuddling, petting, or simply sitting near them can offer both tactile grounding and co-regulation*
- ***Try a TENS unit, vibration tool, or massage device**: Experiment gently and notice how your body responds*
- ***Use temperature for sensory recalibration**: Hold a warm mug, use a cool compress, or step into a shift in air (like outdoors)*
- ***Adjust visual input**: Dim lights, use colored lighting, or focus on calming visuals like soft candlelight*
- ***Engage in movement or vestibular input**: Gentle rocking, swinging, or slow spinning can help re-regulate your system*
- ***Use fidget tools or textured objects**: Rhythmic touch can offer something steady for your nervous system to anchor to*

Note on Sensory Tools

Sensory tools that help in one moment may not help in another. If something increases discomfort, pause and try a different input.

For more ideas, you can check out our Sensory Soothers Database:



Sensory Soothers Database

If the wave is still crashing too hard and nothing is helping, that doesn't mean you've failed. It means you're overwhelmed. That's when it's time to call in **external support**: a crisis line, a peer, or a professional.

MY MELTDOWN PLAN

This plan is for the moments when my brain goes offline and I need safety, not demands.

1

EARLY SIGNS (My Cues)

How I know a meltdown may be coming:

- [ ] Sensory overwhelm
- [ ] Losing words
- [ ] Emotional flooding
- [ ] Body tightening, pacing, or shutting down

Add your own:

2

WHERE I GO (My Sensory-Safe Space)

A sensory-safe place I can retreat to,
ideally somewhere already free of access to means:

3

WHAT HELPS MY BODY

Immediate tools that help reduce overwhelm:

- [ ] Darkness, quiet, or noise-cancellation
- [ ] Weighted pressure or deep pressure
- [ ] Cold water on my face or hands
- [ ] Curling up, rocking, or steady movement
- [ ] A familiar texture, scent, or comfort item

Add your own:

4

IF SUICIDAL THOUGHTS SHOW UP

During a meltdown, thoughts like “I can’t do this” or “Make it stop” often mean overwhelm, not intent. What I need in those moments:

- [ ] Less sensory input
- [ ] Time
- [ ] Zero demands
- [ ] Quiet presence

Add your own grounding reminder(s):

5

WHAT I NEED FROM OTHERS

If someone is with me, here's what helps:

- [ ] Please don't ask open-ended questions
- [ ] Use yes/no questions only
- [ ] Stay nearby but don't touch unless I ask
- [ ] Reduce sensory input (lights, noise, demands)
- [ ] No problem-solving yet, just presence

Add one personal request:

6

HOW I KNOW I'M COMING BACK

Signs I'm re-regulating:

- [ ] The world feels less sharp
- [ ] I can speak a few words
- [ ] My thinking feels a little clearer

Add your own:

7

RECOVERY SUPPORTS

Once I'm through the peak, these help me reconnect:

- [ ] Water, food, and rest
- [ ] A grounding or sensory comfort ritual
- [ ] A quick check-in with someone I trust

Add your own:

A little feelings check-in... what emotions are coming up for you?

5

Chapter Five:

External Support Resources

If you're in crisis, or even just unsure how to stay safe, please reach out for support. You don't have to go through this alone. There are people and services available to help you find steadiness and safety right now.

A Note About Crisis Lines and Consent

Many crisis hotlines in the U.S. use **non-consensual intervention** when they determine a caller is at "imminent risk," often involving police or emergency services. While this is intended to save lives, research shows that forced interventions can also cause additional trauma, especially for **people of color, trans people, minors, undocumented individuals, and those living with mental health disabilities**. For some, the fear of police involvement becomes a barrier to seeking help.

This doesn't mean crisis lines can't be helpful, many people have positive and life-saving experiences, but it's important to know the risks and make the choice that feels safest for you.

If you're unsure about calling a hotline, you can start with a warm line or peer support space where consent is centered. The resource page also lists lines that do not use non-consensual intervention.

Warm Lines vs. Hotlines

Warm Lines

For when you're struggling but not in immediate danger. They're staffed by peers or volunteers who offer understanding, conversation, and emotional support. Warm lines can help you process feelings early, before things reach a crisis point.

Hotlines

For immediate crisis support, when you feel unsafe, at risk, or in acute distress. These lines connect you quickly with trained crisis counselors who can help you stay safe in the moment.

Both are helpful forms of reaching out: one helps you **survive the moment**, the other helps you **stay connected** through the harder days.

United States

- **988 Suicide & Crisis Lifeline**
  - Call or text 988, or chat via 988lifeline.org
  - *May initiate non-consensual intervention (e.g., police or EMS) if imminent risk is assessed.*

- **TEEN LINE**
  - Call 1 (800) 852-8336 or text TEEN to 839863 (6PM–10PM PST)
  - *May involve mandated reporting for minors in danger.*

- **LGBT National Help Center**
  - Find all hotline numbers at lgbthotline.org
  - *Peer-based support; does not contact emergency services without your consent (except in cases of credible threats to others).*

- **Trans Lifeline Hotline**
  - Call U.S. (877) 565-8860 or Canada (877) 330-6366
  - *Run by trans peers*
  - *Does not contact emergency services without consent.*

United States (Continued)

- **BlackLine**
  - Call 1 (800) 604-5841 or visit callblackline.com
  - *Run by BIPOC and LGBTQ+ peers*
  - *Does not involve police or non-consensual intervention.*

- **HopeLine**
  - Call (919) 231-4525 or (877) 235-4525 or visit hopeline-nc.org
  - *Available 24/7*
  - *May contact emergency services if imminent risk is identified*

- **Crisis Text Line**
  - Text "HOME" to 741741
  - *Available 24/7 via text. May involve emergency responders.*

- **Trevor Project (LGBTQ+ Youth Support)**
  - Call 1-866-488-7386 or Text ‘START’ to 678678
  - *Affirming crisis support, but may call emergency services if deemed necessary.*

International

- **U.K. – Samaritans**
  - Call 116 123 or chat online at samaritans.org
- **U.K. – Give Us A Shout**
  - Text “shout” to 85258 or visit giveusashout.org
  - *Available 24/7*
- **Canada – 988 or Talk Suicide Canada**
  - Call or text 988, or Talk Suicide Canada at 1 (833) 456-4566
  - *May involve emergency services if imminent risk is determined.*
- **Australia – Lifeline**
  - Call 13 11 14 or visit lifeline.org.au
- **Global Directory**
  - findahelpline.com
- **IASP (International Association for Suicide Prevention)**
  - iasp.info/suicidalthoughts

Warm Lines

(Peer Support When You're Struggling but Not in Crisis)

- **SeekHealing**
  - Peer support and connection by phone or online
  - Call or text (828) 547-4547, or visit seekhealing.org

- **The Friendship Line**
  - Emotional support for older adults, caregivers, and adults with disabilities
  - Call 1 (800) 971-0016 or visit www.ioaging.org/friendship-line

- **LGBT National Help Center**
  - Warm line support for LGBTQ+ adults and youth
  - Visit lgbthotline.org

- **Find More**
  - Directory of warm lines by state
  - Visit warmlines.org

Navigating Safety and Consent

If you decide to reach out to a crisis line, you can ask questions up front to understand how they handle confidentiality and intervention. This helps you stay informed and retain as much autonomy as possible.

Examples of what you might ask:

- *"Can you tell me what situations would lead to contacting emergency services?"*
- *"Do you use location tracking if I call or text?"*
- *"I want to talk about suicidal thoughts but not be hospitalized. Can you support me in that?"*
- *"If you ever felt worried about my safety, would you tell me before taking action?"*

You have a right to ask how a line operates and to choose the level of support that feels safe for you.

Tips for Accessing Support from Friends & Family

When thinking about external resources, also consider who in your personal community you can reach out to.

If possible, check in with your support people ahead of time about what kind of contact feels okay for both of you (text, phone, in-person) and whether they're open to you reaching out during distress. Clarifying this ahead of time can make it easier to ask for help when you need it.

You might also:

- Let them know what kind of support helps (listening, distraction, staying with you, helping you access resources).
- Offer them a few example phrases for how to respond if you reach out ("Can you remind me to use my safety plan?" "Can you just sit with me while I ride this wave?").
- Identify a few people for different kinds of support, one for practical help, one for emotional grounding, one who just "gets it."

Support helps us stay connected through the hardest moments. Reaching out can feel hardest when we most need it, which is why pre-planning matters. Thinking ahead about who and how to reach out helps make connection possible when it feels least accessible.

Sometimes finding the words can be the hardest part. You can copy, modify, or pre-save messages like these to make reaching out a little easier:

Sample Texts for Reaching Out

- *"Hey, I'm not okay right now. Do you have space for a call or text check-in?"*
- *"I don't need you to fix anything, I just need some company while I ride this out. Is that okay?"*
- *"Can I text you when things feel heavy, even if I don't know what to say?"*
- *"I'm struggling and not sure what I need. Are you up for just being here with me for a bit?"*

These kinds of messages help you ask for support and give the other person clear consent boundaries.

A Note About Reaching Out

Sometimes when we reach out, the person we contact might not be available right away, physically or emotionally. For many neurodivergent people, this can trigger shame, rejection sensitivity, or more distress.

If waiting for a reply might feel too hard or risky in the moment, it may be safer to reach out to a hotline, warm line, or online peer space where someone is available immediately.

You deserve support that helps you feel more safe, not less.

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Chapter Six:

Creating a Hope Box

What Is A Hope Box?

A hope box (sometimes called a “comfort box” or “stay box”) is a collection of reminders, sensory supports, and grounding tools that help you reconnect to reasons for living when your mind is flooded with pain or hopelessness. It’s a way to hold onto your future self by giving you something tangible you can reach for when everything feels too heavy.

You can make a physical box, a digital folder, or both. The goal is to gather things that remind you why you want to stay, what helps you feel connected, and what brings small sparks of relief or meaning.

How to Create a Physical Hope Box

1 Find a container.

A small box, shoebox, basket, or pouch you can easily access. Decorate it if that feels grounding or personal.

2 Add reminders of why you want to stay.

- Photos of loved ones, pets, favorite places
- Letters, cards, or affirmations from people who care about you
- Notes to your future self ("You've survived hard things before")

3 Include sensory anchors.

- Items that soothe or ground you: a soft fabric, essential oil, smooth stone, small fidget, or weighted object
- Something that engages smell, touch, or sound to help you ground and come back to your senses

4 Add grounding and coping tools.

- A printed copy of your safety plan or grounding exercises
- Breathing cards, affirmations, or regulation prompts
- A small reminder card with hotline or peer support numbers

5 Include "proof" that your depressed mind can't see clearly.

- Notes of encouragement from others
- A list of past coping strategies that helped
- Quotes or phrases that have anchored you before

How to Create a Digital Hope Box

1 **Create a folder or album.**

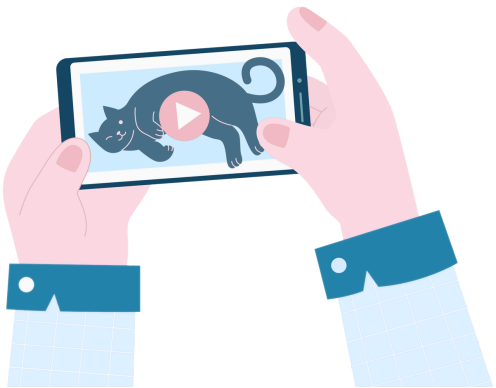
Either on your phone or computer, and title it something like “Hope Box” or “Stay File.”

2 **Add:**

- Photos or short videos of loved ones, pets, nature, or moments of joy
- Screenshots of kind messages, comments, or affirmations
- Audio or playlists that help calm or comfort you
- PDFs or notes of your safety plan and coping tools
- Voice memos from yourself or friends reminding you why you matter

3 **Pin or favorite it.**

So it’s easy to find in SOS moments, consider adding a shortcut to your home screen.



The Value Beneath the Pain

(Flip-the-Coin Practice)

When suicidal thoughts show up, they often point toward something deeply human — a need, a value, or a longing that feels unreachable in the moment. Dr. Steven Hayes, one of the founders of Acceptance and Commitment Therapy (ACT), often says that we hurt where we care. And it's true. Suicidality can narrow our vision until all we can see is the pain, but underneath that pain there is often something meaningful your system is trying to protect or hold onto.

This practice helps you gently "flip the coin" and look for the value underneath the urge.

Naming the value doesn't erase the pain, but it widens the window just enough to breathe.

It can remind you: I feel this much because something in me cares this much.

Let's practice this exercise on the next few pages.

Think about a situation that triggered overwhelming thoughts or the urge to disappear. Then ask yourself:

"What does this thought say about what matters to me?" or: "If I flip this over, what value is underneath it?"

This isn't about silver linings or positive reframes. It's about understanding the function of the thought instead of judging yourself for having it.

FLIP-THE-COIN PRACTICE (EXAMPLE)

THOUGHT	VALUE UNDERNEATH
"I ruined everything. Everyone hates me. I should just disappear."	"I care about my friendships. I want to show up well. I want to belong."
"I can't keep up. I'm failing at everything."	"I want to contribute. I want to matter. I want things to feel manageable."
"No one understands me. What's the point of being here?"	"I long for connection, understanding, and being seen for who I am."
"I don't want to do this anymore."	"I need rest, gentleness, and space. My body is signaling overwhelm."
"I don't see a way out."	"I want options. I want autonomy. I want a life that feels livable for me."

You can use this space anytime a suicidal thought shows up.

FLIP-THE-COIN PRACTICE

THOUGHT	VALUE UNDERNEATH

A Gentle Reminder

Suicidal thoughts don't mean you don't care about life.

Often, they mean you care so much that the pain of disconnection, overwhelm, or failure feels unbearable. Naming the value doesn't fix the moment, but it gives context to your pain, and something to anchor into.

Why This Matters

When we can name the value beneath the distress, the urge to escape often softens. Not because the pain disappears, but because we reconnect, even briefly, with what matters to us. That connection widens the window just enough to breathe, to choose your next step, to stay.

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Chapter Seven:

Building in Friction

Reducing Risk & Access: Practical Tools

(Optional: to complete with a therapist, trusted person, if needed or when you feel ready).

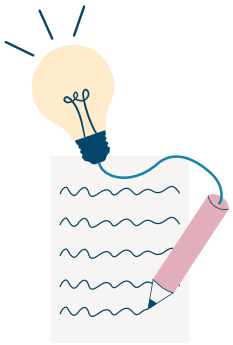
Practical ideas (things you can try)

- *Put medications in a locked pill box or lockable container, or ask your pharmacy about blister packing or timed dispensers.*
- *Ask a trusted person to hold prescription medications, extra pills, or substances for a short period.*
- *Store or temporarily remove firearms or ammunition from the home by transferring them to a trusted person, a licensed storage facility, or a gun shop that offers short-term storage. If you are unsure of local options, ask a clinician or community resource for guidance.*
- *Remove or secure sharp objects and cords. Keep tools and knives in a locked drawer or high place out of easy reach.*

Practical ideas (continued)

- *Limit access to alcohol or other intoxicants by having someone you trust take them temporarily or by removing them from the home.*
- *If a vehicle is part of your means planning, consider giving keys to a trusted person for a short time.*
- *Use multiple small "friction" steps rather than one big action: lockboxes, trusted-holds, and removing convenience all add time.*

Make a short list of who currently has items and how they can return them so you can restore normal access when you are feeling steadier.



Safety Notes and Boundaries

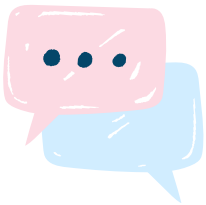
- If you have prescriptions that need to be managed, talk with your prescriber or pharmacist before changing doses or stopping medications. Don't abruptly stop important meds without clinical guidance.

- If handing items to someone else, document: what was given, who has it, and how to return it. This reduces future confusion and supports autonomy.

- If you are concerned about legal issues (for example, firearm storage laws where you live), ask a trusted clinician, legal advisor, or local firearm retailer about safe, lawful options.

- If you are unsure how to reduce access safely, call a clinician, peer support, or a trusted crisis line for collaborative brainstorming.

Sample Scripts To Use or Adapt



To a Friend:

"I'm having a hard time and I would feel safer if you could hold my [meds/keys/other item] for a few days. Can you do that?"

To a Partner or Family Member:

"Can you lock my extra pills in your cupboard for now? I'll pick them up when I'm feeling steadier."

To a Clinician or Prescriber:

"I'm struggling with impulses. Can we talk about safer ways to manage my meds and any short-term storage options?"

To a Gun-Owning Friend or Shop:

"Would you be willing to store my firearm for a short time? I will collect it when I tell you I'm doing better."

A Quick Checklist

- Item(s) removed or secured:
- Who has them / storage location:
- Date / time given:
- Plan for return:

Autonomy Note:

When you intentionally choose to hand over certain items, not as a loss, but as a strategic decision made by your present-day self to support your future self, this can be seen as a form of **radical autonomy.** It's a way of protecting your future self from the kind of **existential autonomy loss** that can happen during moments of severe emotional dysregulation, when the ability to choose freely, act intentionally, or access your own values temporarily shuts down.

If, instead, this feels like something you're being *forced* into, it can trigger a sense of threat or control, which may lead to escalation. That's why it's so helpful to approach this part of the planning process when you're in a grounded state, motivated by care for your future self, not fear.

Final Words

Final Words

If you've known the ache of not wanting to be here, you're not alone in that experience. Many of us have been there, and it's possible to build a life that holds both your pain and your will to stay. Safety planning isn't about restriction or loss of autonomy, it's about caring for every version of yourself, especially the one who's hurting.

This resource was created by the Neurodivergent Insights team as a free offering for the neurodivergent community and for clinicians who want to offer more affirming, autonomy-centered care. It's dedicated to those we've lost to suicide and to all who live with the weight of chronic or acute suicidality.

While we are hopeful that this resource will be meaningful in its impact, we also need to share that we do not provide crisis support. And while we deeply understand the impulse to share your story, we receive a high volume of messages, and reading those can be emotionally difficult for our small, sensitive team. We kindly ask that you refrain from sending personal crisis narratives or seeking direct support through our contact channels, as we are not equipped to provide that level of care.

That said, if you would like to connect with our community or learn from our resources, you'll find a few ways to engage with our work on the next page.

Final Words

Explore

Our library of articles on neurodivergence and mental health

Listen

The *Divergent Conversations* podcast

Connect

Join our online community, *The Learning Nook*

Learn

Browse our clinical trainings (now CPD certified!)

Workbooks

Explore our digital and self-guided resources

Dear Reader,

You did it! You're here. Right now, in this moment, reading these words. That matters.

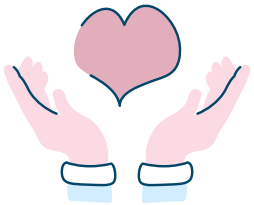
Wherever you are in your life story when this resource found you, I'm glad it found you. And I'm glad you are still here.

If "being glad to be here" feels far away in this moment, that's okay. I've had those moments too. You don't have to hold that feeling today. My hope is simply that you get to stay long enough to have moments that feel a little lighter, a little more possible.

And maybe someday, in your own time, in your own way, you'll be able to look back and think, "I'm glad I stayed."

That's my hope for you.

— Megan Anna



Thank You

Sharing our work helps us empower neurodivergent individuals and create a more neuro-inclusive world. Together, we are making a difference by improving access to neurodivergent-informed mental health resources.

Thank you for your support!
Here are some other ways to connect with us:

- **Website**: neurodivergentinsights.com
- **Instagram**: @Neurodivergent_Insights
- **Community**: neurodivergentinsights.com/membership
- **Youtube**: Neurodivergent Insights TV
- **Email**: hello@neurodivergentinsights.com

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