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Autism Self-Care Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Identifying Your Sensory Profile

2 · Identifying My Strengths and Interests

3 · Practicing Self-Attunement

4 · Coping with Meltdowns and Shutdowns

5 · Practicing Self-Advocacy

6 · Creating a Nervous System Regulation Plan

7 · Improving Sleep Habits

8 · Setting Emotional Boundaries

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10 · Social Self-Care: Balancing Connection and Isolation

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13 · Discovering Your Love Language

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

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Identifying Your Sensory Profile

Sensory Triggers:

1. List things in your environment that commonly cause discomfort or distress. The following are some common examples. Check off the ones that apply or add more to the list:

- ☐ Loud, sudden noises (e.g., sirens, alarms).
- ☐ High-pitched or shrill sounds (e.g., baby cries, whistles).
- ☐ Constant background noise (e.g., chatter, music, white noise).
- ☐ Overlapping conversations in crowded spaces.
- ☐ Repetitive sounds (e.g., tapping, clicking).
- ☐ Appliances running (e.g., vacuum cleaners, dishwasher).
- ☐ Bright or flickering lights (e.g., strobe lights, fluorescent lights).
- ☐ Overwhelming visual patterns (e.g., busy wallpapers or clothing).
- ☐ Cluttered environments that feel visually chaotic.
- ☐ Certain textures of fabrics (e.g., wool, synthetic materials).
- ☐ Unexpected physical touch, even from loved ones.
- ☐ Strong smells (e.g., perfumes, cleaning products, certain foods).
- ☐ Temperature changes or drafts (e.g., cold air-conditioning, sudden heat).

☐ _____

☐ _____

☐ _____

☐ _____

2. What situations make you feel uneasy or irritable?

3. How does your body react to discomfort (e.g., headache, muscle tension)?

4. How do these triggers impact your daily life?

Sensory Preferences:

5. List sensory inputs that bring you comfort or joy. The following are some common examples. Check off the ones that apply or add more to the list:

- ☐ Soft, soothing music or instrumentals.
- ☐ The sound of rain or water (e.g., rivers, waves, fountains).
- ☐ White noise or gentle background hums (e.g., fans).
- ☐ Nature sounds (e.g., birds chirping, wind in trees).
- ☐ Quiet, peaceful environments.
- ☐ Humming or singing softly to oneself.
- ☐ Dim lighting or soft, warm-toned lights.
- ☐ Watching slow movements (e.g., lava lamps, gentle waves).
- ☐ Soft, comfortable fabrics (e.g., fleece, cotton).
- ☐ Weighted blankets or lap pads.
- ☐ Hugging a pillow or stuffed animal.
- ☐ Smooth or cool surfaces (e.g., polished stones, glass).
- ☐ Familiar, mild scents (e.g., lavender, vanilla, fresh laundry).
- ☐ _____
- ☐ _____
- ☐ _____

6. How do these preferences help you feel calm or grounded?

7. How can you create a daily ritual incorporating these preferences?

8. Identify safe spaces where you can retreat when feeling overwhelmed.

9. What changes can you make in your surroundings to minimize sensory triggers? (e.g., Adjusting lighting, using earplugs, organizing cluttered spaces.)

Identifying My Strengths and Interests

1. What are some activities or tasks that you excel at?

(e.g., solving puzzles, organizing spaces, remembering facts, being creative)

2. What do others often compliment you on or ask for your help with?

(e.g., attention to detail, kindness, artistic talent, computer skills)

3. What personal qualities are you most proud of?

(e.g., determination, honesty, creativity, patience)

4. How do your unique traits positively impact those around you? (e.g., being a loyal friend, providing new perspectives, offering consistent support)

5. What activities or hobbies bring you joy?

(e.g., drawing, playing games, learning about science, exploring nature)

6. What topics do you love learning or talking about? (e.g., technology, history)

7. How do you approach problem-solving?
(e.g., thinking logically, brainstorming multiple options, seeking patterns)

8. What is your favorite way to learn new information? (e.g., watching videos, reading books, hands-on practice, listening to explanations)

9. What types of environments do you feel most comfortable in?
(e.g., quiet spaces, organized settings, natural surroundings, familiar places)

Practicing Self-Attunement

Self-attunement is the practice of deeply tuning into your own emotions, needs, and physical sensations to increase self-awareness.

1. What sensations are you noticing in your body right now?

2. Are there any areas of tension or discomfort?

3. What does your body seem to need at this moment (e.g., rest, hydration, movement)?

4. What is happening in your surroundings?

5. Are there any sights, sounds, or smells contributing to your discomfort?

6. What immediate steps can you take to reduce the sensory impact?

Coping with Meltdowns and Shutdowns

1. What physical or emotional signals indicate you are nearing a meltdown or shutdown? The following are some common examples. Check off the ones that apply or add more to the list:

- ☐ Feeling physically tense or tight, especially in the shoulders, neck, or jaw.
- ☐ Clenching fists or grinding teeth unconsciously.
- ☐ Rapid or shallow breathing.
- ☐ A racing or pounding heart.
- ☐ Sweating, particularly in the palms or face.
- ☐ Sudden feelings of exhaustion or physical fatigue.
- ☐ Trembling or shaking hands or limbs.
- ☐ Restlessness, such as pacing or fidgeting.
- ☐ Feeling overly hot or cold without explanation.
- ☐ A headache or migraine starting to build.
- ☐ Uncontrollable repetitive movements (e.g., rocking, tapping).
- ☐ Difficulty speaking or finding words, as if your body is "shutting down."
- ☐ Sudden irritability or snapping at small things.
- ☐ Intense frustration or a sense of being overwhelmed.
- ☐ Feeling trapped or claustrophobic in your current situation.
- ☐ Becoming unresponsive or non-verbal.
- ☐ _____
- ☐ _____

2. Are there specific times of day or places where you are more likely to experience a meltdown or shutdown? (e.g., "After a long day," "In crowded spaces," "During social events.")

3. List three self-soothing techniques you can use during or after a meltdown or shutdown. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ **Deep Pressure:** Use a weighted blanket, hug a pillow, or wrap yourself tightly in a blanket.
- ☐ **Rocking:** Gently rock back and forth to regulate your nervous system.
- ☐ **Deep Breathing:** Inhale deeply for 4 seconds, hold for 4 seconds, and exhale for 6 seconds.
- ☐ **Progressive Muscle Relaxation:** Tense and release each muscle group, starting from your toes to your head.
- ☐ **Cooling Down:** Use a cold compress or splash cold water on your face to lower physical stress.
- ☐ **Grounding Touch:** Hold a smooth, comforting object like a stress ball or a favorite item.
- ☐ **Movement:** Engage in repetitive, calming motions like pacing or swaying.
- ☐ **Hydrate:** Drink water slowly to reset and rehydrate.
- ☐ **Self-Talk:** Remind yourself that meltdowns are temporary and it's okay to feel overwhelmed.
- ☐ **Visualization:** Imagine yourself in a safe, calming place, like a beach or forest.
- ☐ **Journaling:** Write down your feelings to process and release them.
- ☐ **Counting Backwards:** Count backward from 50 to focus and distract your mind.
- ☐ **Post-Shutdown Ritual:** Engage in an activity that feels restorative, like drawing, watching a favorite show, or cuddling with a pet.
- ☐ _____
- ☐ _____

4. How can you adjust your daily routine or environment to reduce triggers?
(e.g., “Take regular breaks,” “Limit time in noisy or crowded spaces,” “Use
sensory aids proactively.”)

5. How can you communicate your needs to others to prevent or manage
meltdowns and shutdowns? (e.g., “Explain my triggers to coworkers,” “Ask
for quiet time at home,” “Use a visual or written communication method.”)

6. What self-compassionate statements can you use to remind yourself that
meltdowns and shutdowns are a natural part of managing sensory and
emotional overload?

Examples:

- “It’s okay to need a break.”
- “I am doing my best in a challenging situation.”
- “This is a temporary feeling, and I will recover.”

Practicing Self-Advocacy

Self-advocacy is speaking up for your needs, rights, and preferences. It helps you build independence, confidence, and better relationships.

1. What challenges do you currently face when advocating for yourself?
(e.g., difficulty expressing needs, fear of rejection, feeling misunderstood.)

2. What are your most important needs in daily life?
(e.g., sensory accommodations, clear communication, routine, quiet time.)

3. What specific situations make you feel uncomfortable or unsupported?
(e.g., loud environments, unclear instructions, unexpected changes.)

4. What strategies or accommodations help you feel more comfortable and successful? (e.g., noise-canceling headphones, visual schedules, written instructions.)

5. What are your preferred methods of communication? (e.g., verbal, written, using visuals, having time to process before responding.)

6. What past experiences have you successfully advocated for yourself?
(e.g., asking for extra time on a task, explaining your needs to a teacher or
coworker.)

7. Write about a recent situation where you struggled to communicate your
needs.

8. Write script or plan for advocating for your needs next time (e.g.,
requesting a quieter seating area).

9. What challenges might arise when advocating for yourself, and how can
you handle them?(e.g., “Someone might not understand—Solution: explain
calmly and provide examples.”)

Creating a Nervous System Regulation Plan

Nervous system regulation refers to helping your body and mind return to a state of calm after being overstimulated or overwhelmed.

1. What signs tell you that your nervous system is dysregulated?

Physical: (e.g., rapid heartbeat, tension, headaches, fidgeting.)

Emotional: (e.g., irritability, frustration, anxiety.)

Behavioral: (e.g., withdrawal, pacing, repetitive movements.)

2. What situations or environments tend to dysregulate your nervous system?
(e.g., loud noises, bright lights, sudden changes in plans, crowded spaces.)

3. What helps you feel calm and grounded? (e.g., quiet spaces, dim lighting, deep breathing, familiar routines, noise-canceling headphones, weighted blankets, fidget toys, calming music.)

4. What are your go-to strategies for calming your nervous system during moments of stress? The following are some exercises to try:

Building a Movement Routine

Write down three types of movement you find enjoyable or soothing (e.g., walking, dancing, swimming).

Choose one activity to try this week.

Breathwork for Relaxation

Spend 5 minutes noticing your natural breathing. Where do you feel your breath (chest, stomach)? Is your breath shallow or deep? Write down any observations.

Follow these steps:

- Inhale for 4 counts.
- Hold your breath for 1 second.
- Exhale for 6 counts.
- Hold for 1 second.
- Repeat for five cycles and note how you feel afterward.

Progressive Muscle Relaxation

Practice tensing and releasing each muscle group for 3–5 seconds, starting with your feet and working up to your head. Follow these steps:

- Sit or lie down in a quiet, comfortable place.
- Inhale deeply through your nose and exhale slowly through your mouth to relax your body.
- Start at your feet and work your way up to your head, or vice versa.
- Tightly contract the muscles in the group (e.g., feet, hands, shoulders) for 5–10 seconds.
- Gradually relax the muscles and feel the tension melt away.
- After completing all muscle groups, take a few deep breaths to enjoy the overall relaxation.

Write down which muscle groups felt most tense and how your body felt after completing the exercise.

Guided Visualization

Close your eyes and imagine a calming place. What do you see, hear, smell, taste, and feel? Write down the sensory details of your imagined space.

Improving Sleep Habits

1. Write down your current bedtime routine.

2. Identify one habit to change or add for better sleep. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Establish a consistent bedtime and wake-up time, even on weekends.
- ☐ Create a relaxing pre-sleep routine (e.g., reading, light stretching).
- ☐ Avoid screens (TV, phone, tablet) at least 1 hour before bed.
- ☐ Use dim lighting in the evening to signal to your body that it's time to wind down.
- ☐ Take a warm bath or shower to relax muscles before bedtime.
- ☐ Listen to calming music, white noise, or nature sounds.
- ☐ Write down thoughts or worries in a journal to clear your mind.
- ☐ Use blackout curtains or a sleep mask to block out light.
- ☐ Remove clutter from the bedroom to create a calming space.
- ☐ Limit caffeine intake in the afternoon and evening.
- ☐ Avoid heavy meals or spicy foods close to bedtime.
- ☐ Stay hydrated, but limit liquids before bed to avoid waking up to use the bathroom.
- ☐ _____
- ☐ _____
- ☐ _____

Setting Emotional Boundaries

Emotional boundaries are limits you set to protect your feelings, energy, and well-being.

1. What situations make you feel emotionally drained or overwhelmed?
(e.g., long social interactions, unsolicited advice, being around overly emotional people.)

2. What physical or behavioral signs indicate your emotional boundaries are being crossed? (e.g., feeling tense, avoiding the person or situation, shutting down emotionally.)

3. Who or what tends to test your emotional boundaries the most?
(e.g., certain family members, coworkers, social events.)

4. What do you need to feel emotionally safe and respected in your interactions with others? (e.g., clear communication, time alone, understanding of sensory sensitivities.)

5. What specific boundaries do you want to set?

Examples:

- “I need time to process before responding to emotional situations.”
- “I prefer text communication over phone calls.”
- “I can’t participate in long social gatherings without breaks.”

6. How can you clearly and kindly communicate these boundaries to others?

Examples:

- “I appreciate your concern, but I need some space right now.”
- “I can’t handle this discussion right now, but I’d be happy to revisit it later.”

7. Choose a specific situation where you want to set an emotional boundary. Write a script or key points for how you will communicate this boundary. (e.g., “I feel overwhelmed during loud gatherings. Can we find a quieter space or take a break?”)

Self-Compassion Practice

Self-compassion is treating yourself with kindness, understanding, and care, especially during challenging times.

1. How do you currently treat yourself when you're struggling or feeling overwhelmed? (e.g., "I criticize myself," "I try to ignore my feelings," "I withdraw and isolate.")

2. What self-critical thoughts do you notice when you're struggling?

Examples:

- "Why can't I handle this better?"
- "I'm so different from everyone else."
- "I'll never be good enough."

3. How do these thoughts affect your emotions and behavior? (e.g., "They make me feel anxious," "I avoid asking for help," "I stop trying new things.")

4. How can you reframe these self-critical thoughts into self-compassionate statements?

Example:

- Critical Thought: “I should be able to handle sensory overload better.”
- Reframe: “It’s okay to struggle—sensory overload is challenging, and I’m doing my best.”

5. What would you say to a friend who was feeling the same way you are? (e.g., “It’s okay to feel this way,” “You’re doing your best,” “You’re not alone.”)

6. How can you apply this same kindness to yourself? (e.g., Instead of saying, “I’m failing,” try, “I’m learning, and it’s okay to take my time.”)

7. What small acts of kindness can you show yourself when you’re feeling overwhelmed or upset? (e.g., taking a break, listening to calming music, using a sensory tool like a weighted blanket.)

Social Self-Care: Balancing Connection and Isolation

Social self-care is maintaining a balance between connecting with others and having alone time to recharge.

1. What do you enjoy about social interactions? (e.g., sharing interests, spending time with close friends or family, feeling connected.)

2. What do you find challenging about social interactions? (e.g., sensory overload, difficulty reading social cues, fatigue from long conversations.)

3. How do you feel after spending time with others? (e.g., “Energized when it’s meaningful,” “Overwhelmed after too much interaction.”)

4. How much social interaction do you feel comfortable with in a typical week? (e.g., “A couple of hours with close friends,” “One or two group activities,” “Short conversations rather than long events.”)

5. What signs tell you that you need more connection?
(e.g., feeling lonely, wanting to share experiences, feeling disconnected.)

6. What signs tell you that you need more alone time?
(e.g., feeling irritable, physically tense, or mentally drained.)

7. Who are the people you feel most comfortable spending time with?
(e.g., close friends, family, coworkers, support groups.)

8. What types of social activities do you enjoy the most? (e.g., one-on-one conversations, small group gatherings, online communities.)

9. What steps can you take to plan meaningful social connections? (e.g., Schedule a coffee date with a friend, reach out to someone you haven't talked to in a while.)

10. What activities help you recharge when you're alone?
(e.g., reading, listening to music, journaling, engaging in a hobby.)

11. What boundaries can you set to ensure you get the alone time you need?
(e.g., letting others know when you're unavailable, setting quiet hours,
turning off notifications.)

12. What can you do if you feel lonely but don't have the energy for social
interaction? (e.g., sending a quick text to a friend, watching a comforting
video, engaging in online communities.)

Decoding Social Rules

Social rules are unwritten expectations for how to behave in social situations. They can be challenging because they are often implicit, vary by context, and may feel overwhelming or confusing.

1. What social situations feel most confusing or difficult for you?

(e.g., starting conversations, understanding jokes, responding to body language, knowing when to speak or listen.)

2. What unwritten social rules have you noticed but don't fully understand?

(e.g., how close to stand to someone during a conversation, how to know if someone is being sarcastic.)

3. Choose one specific social situation where the rules feel unclear. What is it?

(e.g., greeting someone new, participating in a group discussion, ending a conversation.)

4. What steps or actions are typically expected in this situation?

Example: Greeting someone new:

- Smile or make eye contact if comfortable.
- Say “Hi” or introduce yourself.
- Ask a polite question or make a simple comment.

5. What strategies can help you identify the right behavior for each context?
(e.g., observing others, asking trusted people for advice, noticing cues like tone of voice or dress.)

6. How can you adapt if you make a mistake or misunderstand a social rule?
(e.g., “Apologize politely,” “Ask for clarification,” “Remind myself that it’s okay to learn from mistakes.”)

Building Healthy Friendships

1. What does a healthy friendship mean to you? (e.g., “A relationship based on trust, respect, and mutual understanding where both people feel supported.”)

2. What qualities do you value in a friend?
(e.g., kindness, honesty, shared interests, reliability.)

3. What behaviors or actions make you feel supported by a friend?
(e.g., listening without judgment, remembering important details, respecting your boundaries.)

4. What are signs of an unhealthy friendship? (e.g., disrespecting your boundaries, making you feel guilty or bad about yourself, not being there when you need support.)

5. What shared interests or activities can help strengthen a new friendship?
(e.g., playing games, crafting, attending events, discussing books or movies.)

6. Where can you meet people who share your interests or values?
(e.g., hobby groups, online communities, volunteering, workplace or school.)

7. How can you stay connected with friends even when life gets busy?
(e.g., scheduling regular check-ins, sending quick updates or greetings,
planning occasional meetups.)

Discovering Your Love Language

Introduced by Dr. Gary Chapman, Love Languages include Words of Affirmation, Acts of Service, Receiving Gifts, Quality Time, and Physical Touch.

1. For each traditional love language, rate how much it resonates with you on a scale from 1 (Not at all) to 5 (Very much).

Words of Affirmation: _____

Do verbal compliments make you feel loved, or do they feel overwhelming?

Acts of Service: _____

Do you feel loved when someone does something helpful for you?

Receiving Gifts: _____

Do meaningful gifts make you feel appreciated, or do they create pressure to respond appropriately?

Quality Time: _____

Do you value spending undivided attention with someone, balancing it with your need for alone time?

Physical Touch: _____

Does physical affection make you feel loved, or do sensory sensitivities make it uncomfortable?

2. Read through the alternative love languages and check any that resonate with you. Feel free to add your own!

- Info Sharing: Expressing love by exchanging knowledge, discussing passions, or teaching each other about favorite topics.
- Silent Connection: Spending quiet, uninterrupted time together without needing conversation to feel connected.
- Predictable Affection Rituals: Finding comfort in established routines for affection, such as always saying goodnight or specific weekly traditions.
- Written Expressions: Preferring written notes, texts, or emails to express and receive affection.

Other (please specify): _____

Creating a Daily Schedule

1. What parts of your day feel most stressful without a schedule?
(e.g., mornings, transitioning between activities, bedtime)

2. What are some activities or tasks you do every day that could go on your schedule? (e.g., eating meals, going to school or work, taking breaks, brushing teeth)

3. What times of day do you feel most focused or energized?
(e.g., morning, mid-afternoon, evening)

4. What times of day do you need more breaks or downtime?
(e.g., after lunch, after school or work, before bedtime)

5. What are your most important tasks or responsibilities during the day?
(e.g., schoolwork, job tasks, household chores, therapy appointments)

6. What are the activities you need to include in your schedule every day?
(e.g., meals, hygiene routines, school or work, relaxation time, hobbies)

7. What are some fun activities you'd like to include in your schedule more often? (e.g., watching a favorite show, going to the park, baking)

8. What time should you schedule breaks during the day?
(e.g., 10:30 AM, 3:00 PM, after dinner)

9. What tasks or activities do you prefer to do in the morning?
(e.g., eating breakfast, working on harder tasks, going to appointments)

10. What tasks or activities do you prefer to do in the evening?
(e.g., relaxing, reading, spending time with family, preparing for the next day)

11. What are some signs that you need to take a break during the day?
(e.g., feeling tired, losing focus, feeling overwhelmed)

12. What tools can you use to create your schedule?
(e.g., a whiteboard, sticky notes, a timer, a scheduling app)

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Autism spectrum disorder · recognized neurodevelopmental diagnosis
- ICD-11 CDDR: 6A02 Autism spectrum disorder · recognized neurodevelopmental diagnosis
- A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 2, 15, 21, 27, 29, 30, 32. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Use the current formal classification identified for Autism Self-Care; avoid treating the workbook title, a checklist, or a total score as sufficient to establish that diagnosis.
- Where Autism Self-Care discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [2, 30]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Clinically review medical or treatment statements on pages [15]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [2] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [2, 30] contain named, implied, or author-created screening/rating content. These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- Use Autism Self-Care activities as psychoeducation and structured reflection, not diagnosis or a stand-alone treatment plan. Adapt or stop any exercise that worsens distress, functioning, conflict, pain, or dissociation, and escalate care according to the actual presentation.

Crisis and current resources

- For Autism Self-Care, use: · If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services. · Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://988lifeline.org/>