Be My Neighbor Counseling

Emergency & Crisis Plan

Planning for Safety During and Between Counseling Sessions

Phone: 406-414-7011 | Email: bemyneighborcounseling@gmail.com

Counseling with Be My Neighbor Counseling is not a 24-hour crisis or emergency service. This document helps identify what you can do if a crisis occurs. Please keep a copy somewhere accessible.

If You Are in Immediate Danger

Call 911, go to the nearest emergency department, or contact another immediate emergency resource. Do not wait for a response from your counselor.

988 Suicide & Crisis Lifeline

Call or text 988 for 24/7 crisis support related to suicide, mental health, and substance-use concerns.

Veterans Crisis Line

Call 988 and press 1, or text 838255.

Additional Crisis Resources

The Trevor Project

LGBTQ+ crisis support and resources. Verify the current contact options at the time of use.

National Domestic Violence Hotline

1-800-799-SAFE (7233) or text START to 88788.

SAMHSA National Helpline

1-800-662-HELP (4357) for mental health and substance-use treatment information and referrals.

My Personal Crisis Plan

Early warning signs I notice: _____

Things that help me feel safer: _____

People I can contact: _____

Preferred support person: _____

Safe place / location: _____

Local emergency department: _____

My Preferred Steps During a Crisis

☐ Pause and identify what I am experiencing.

☐ Use my coping or grounding strategies.

☐ Contact a trusted support person.

☐ Contact 988 or another appropriate crisis service.

☐ Call 911 or go to an emergency department if I am in immediate danger.

Communication With My Counselor

You may contact the practice for routine communication at 406-414-7011 or bemyneighborcounseling@gmail.com. The counselor does not provide emergency response outside general working hours and cannot guarantee an immediate response to calls, texts, or emails.

Client Acknowledgment

☐ I understand that my counselor is not an emergency or crisis response provider.

☐ I know how to access 911, 988, and other crisis resources.

☐ I understand that I should seek immediate emergency assistance when needed rather than waiting for a response from my counselor.

☐ I have had an opportunity to discuss questions about this plan.

Client Name: _____

Client Signature: _____

Date: _____

Supervision Information

I am currently a graduate student in a Mental Health Counseling program and provide services under clinical supervision. My supervisor's information is listed below.

Clinical Supervisor:	Onnie Michalsky
Professional License:	MA, EdS, LCPC, NCC
License Number:	LIC#38831
Supervising Organization/Practice:	DBA Mom's Without Capes onnie@momswithoutcapes.com