

BRAVEWORK PSYCHOTHERAPY

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Virtual Ontario | In-Person Thunder Bay

NOW ACCEPTING NIHB REFERRALS

CBT-I SERVICES COVERED UNDER NIHB

Delivered in collaboration with Good Magpie Psychotherapy (Steve Handy, RSW, MSW)

BRIEF BEHAVIOURAL INTERVENTION FOR CHRONIC INSOMNIA (CBT-I)

✓ **Single-session model** ✓ **Non-pharmacological** ✓ **Rapid access**

Single-session behavioural CBT-I intervention for chronic insomnia when medication is ineffective, declined, or contraindicated.

APPROPRIATE REFERRALS

- Chronic insomnia \geq 3 months
- Sleep onset latency > 30 minutes
- Sleep maintenance insomnia / early morning awakening
- Non-restorative sleep
- Inadequate response to hypnotics
- Preference for non-pharmacologic management

NOT APPROPRIATE (SCREEN FIRST)

- Requires medical sleep assessment or acute psychiatric stabilization
- Suspected untreated obstructive sleep apnea
- Seizure Disorders
- Bipolar disorder with active mania
- Active psychosis
- Acute suicide risk
- Severe, unstable substance use disorder
- Primary circadian rhythm disorders
- Hypersomnia

INTERVENTION OVERVIEW

- Sleep assessment & behavioural analysis
- Individualized sleep window protocol
- Stimulus control & sleep efficiency training
- Cognitive strategies for sleep-related hyperarousal
- Written behavioural plan provided

SCOPE OF SERVICE

- Behavioural treatment only — no medication adjustments
- Medication management remains under the referring physician
- Brief summary available upon request

PROCESS & FOLLOW-UP

- Referral reviewed within 72 business hours
- Patient contacted directly
- Single-session intervention model
- Optional brief follow-up if indicated

REFERRAL — SEE PAGE 2

✓ NIHB referrals accepted

Fax: 807-789-2120

Online referral: <https://nextcollab.square.site/service-referral-page>

This service does not replace medical evaluation or management of underlying sleep, psychiatric, or medical conditions.

CBT-I PATIENT REFERRAL FORM

TO: BraveWork Psychotherapy

FAX: 807-789-2120

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Phone: _____

Reason for Referral: _____

COVERAGE

NIHB

Private pay

Other coverage

Unknown

NIHB patients are seen by an approved collaborating clinician: Good Magpie Psychotherapy

CLINICAL INDICATIONS (Check all that apply)

Chronic insomnia (>3 months)

Sleep onset >30 mins

Sleep maintenance issues

Early awakenings

Non-restorative sleep

Inadequate response to sleep medication

Prefers non-pharmacologic

EXCLUSIONARY SCREENING (Required for Safety)

No untreated sleep apnea

No active mania/psychosis

No seizure disorder

Not in crisis

No medical explanation

CURRENT SLEEP MEDICATIONS (For Information Only): _____

MEDICATION POLICY

Behavioural intervention only. Medication management remains with the referring provider.

REFERRER CONFIRMATION

I understand that this service does not replace medical treatment including medication management and that the client will continue to access my or primary care provider services for these purposes.

I confirm that the above information is accurate and that my patient consents to being contacted by BraveWork Psychotherapy and/or an approved collaborating clinician.

Printed Name: _____

Date: _____

Signature: _____