BRAVEWORK PSYCHOTHERAPY
Tanya Mavani, RP(Qualifying)
Virtual Ontario | In-Person Thunder Bay

SUBSTANCE USE INTENSIVE

90-Minute Evidence-Based Brief Behavioural Intervention

✓ Single-session model ✓ Harm reduction approach ✓ Rapid access

A structured, evidence-based psychotherapy consultation for adults who want to better understand, reduce, or regain control over their substance use. Designed for individuals seeking practical behavioural strategies without requiring ongoing addiction treatment.

APPROPRIATE REFERRALS

- Mild to moderate substance use concerns
- Alcohol, cannabis, nicotine/vaping, prescription medications, or other substances
- Wants to reduce or stop use
- Difficulty cutting back independently
- Substance use impacting health, sleep, work, or relationships
- Interested in brief behavioural support

NOT APPROPRIATE (SCREEN FIRST)

- Requires medical detox or withdrawal management
- Severe alcohol or benzodiazepine withdrawal history
- Acute intoxication
- Active psychosis or mania
- Acute suicide risk or psychiatric crisis
- Requires inpatient/residential treatment

INTERVENTION OVERVIEW

- Comprehensive substance use and behavioural assessment
- Functional analysis of substance use patterns and triggers
- Evidence-based coping strategies (CBT, ACT, DBT & MI)
- Harm reduction education
- Personalized relapse prevention and safety planning
- Individualized written action plan provided

SCOPE OF SERVICE

- Behavioural intervention only
- No medication prescribing or medication management
- No detoxification services
- Medical management remains with the referring physician or nurse practitioner
- Brief summary available upon request (with client consent)

PROCESS & FOLLOW-UP

- Referral reviewed within 72 hours
- Patient contacted directly
- Brief suitability screening completed prior to booking
- Single-session intervention model
- Optional follow-up psychotherapy available if clinically indicated

REFERRAL — SEE PAGE 2

Fax: 807-789-2120

SUBSTANCE USE INTENSIVE PATIENT REFERRAL FORM

TO: BraveWork Psychotherapy
FAX: 807-789-2120

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Phone: _____

Reason for Referral: _____

COVERAGE

[ ] Private pay
[ ] Third-Party Insurance
[ ] IFHP (Eligible Clients)
[ ] Unknown

PRIMARY SUBSTANCE(S) (Check all that apply)

[ ] Alcohol
[ ] Cannabis
[ ] Nicotine/Vaping
[ ] Prescription Medications
[ ] Opioids
[ ] Stimulants
[ ] Other: _____

REASON FOR REFERRAL (Check all that apply)

[ ] Wants to reduce use
[ ] Wants to stop use
[ ] Difficulty controlling use
[ ] Relapse prevention
[ ] Sleep concerns related to substance use
[ ] Work or relationship concerns
[ ] Stress-related substance use
[ ] Harm reduction
[ ] Other: _____

SAFETY SCREENING (Required)

[ ] No known need for medical detoxification
[ ] No acute psychiatric crisis
[ ] No active psychosis or mania
[ ] Medically appropriate for outpatient psychotherapy

RELEVANT MEDICATIONS (Optional): _____

REFERRER CONFIRMATION

I understand this service provides psychotherapy and behavioural intervention only. Medication management, withdrawal management, and medical care remain the responsibility of the referring physician or nurse practitioner.

I confirm that the information above is accurate and that my patient consents to being contacted by BraveWork Psychotherapy.

Printed Name: _____ **Date:** _____

Signature: _____