INSIGHT

PHYSICIAN'S CONSULTATION KIT

Recognizing recurring patterns that may be relevant when women present with exhaustion, relational strain, over-responsibility, or loss of connection to self

For physicians and primary-care professionals

A brief, practical companion for conversations about mental health and relational patterns. The Insight Pattern Frameworks are psychoeducational formulations, not diagnoses, screening instruments, or treatment protocols.

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Virtual psychotherapy for women across Ontario

Created August 2026 | Version 1.0

1. Why this kit exists

Women may arrive in primary care describing fatigue, overwhelm, anxiety, relationship stress, difficulty setting limits, or a sense that they have lost touch with themselves. Sometimes medical assessment identifies a clear contributor. Sometimes it does not. Either way, psychological, relational, occupational, social, and structural factors may also be relevant.

The Insight Pattern Frameworks offer plain-language ways to open those conversations. They grew from more than twenty-five years of work with women and synthesize recurring clinical observations with established ideas from feminist and relational perspectives, behavioural learning, attachment and schema concepts, self-silencing research, burnout and recovery research, emotional and unpaid labour, and values-based work.

> **Important**
>
> These frameworks should never be used to explain away physical symptoms or replace appropriate medical assessment. They are optional lenses for exploration when the patient's presentation and preferences make them relevant.

How a physician might use the kit

- Use the presentation language on the next pages as conversation prompts, not diagnostic criteria.
- Offer a one-page handout or mini guide when a patient recognizes herself in a pattern.
- Invite the patient to explore a free educational resource or Pattern Assessment if she wants language for what she is experiencing.
- Refer for psychotherapy when the patient wants deeper exploration or when the pattern is significantly affecting well-being, relationships, or functioning.
- Continue to assess medical, psychiatric, safety, and social determinants of health as clinically indicated.

2. The four Insight Pattern Frameworks

The frameworks can overlap, but there is no required sequence and no assumption that every woman will identify with any of them.

The Good Girl Contract™

Explores often-unspoken rules some women learn about approval, self-sacrifice, conflict avoidance, emotional caretaking, and achievement.

Possible presentation language: “I can’t say no.” • “Everyone depends on me.” • “I feel guilty when I put myself first.”

Useful question: “What do you imagine would happen if you said no?”

The Pattern Loop™

Explores repetitive responses and relationship dynamics influenced by prior learning, expectations, reinforcement, and present context.

Possible presentation language: “I keep ending up in the same situation.” • “I know I do this, but I can’t seem to stop.”

Useful question: “When this happens, what usually happens next?”

The Self-Abandonment Trade™

Explores what a woman may have learned to put aside, such as voice, needs, desires, connection to her body, or aspects of identity, in exchange for belonging, approval, safety, stability, or keeping the peace.

Possible presentation language: “I don’t know what I want anymore.” • “I don’t feel like myself.” • “I’m always adapting to everyone else.”

Useful question: “When you consider what you need, is there an answer that comes up before you dismiss it?”

The Exhaustion Cycle™

Explores a recurring pattern of responsibility, guilt, overdoing, resentment, and exhaustion, while keeping medical, occupational, caregiving, socioeconomic, and other contributors in view.

Possible presentation language: “I’m tired all the time.” • “I can’t switch off.” • “I keep pushing until I crash.”

Useful question: “What happens when you try to step back or rest?”

3. When a patient says…

These are conversation starters. Similar language can arise from many different medical, psychiatric, relational, social, or situational causes.

“I’m just so tired all the time.”

Consider the Exhaustion Cycle as one possible lens after appropriate medical assessment and alongside other relevant contributors.

Possible follow-up questions

- What are you responsible for right now?
- What happens when you try to rest or delegate?
- Do guilt or worry show up when you stop?

“I’m doing everything for everyone.”

The Good Girl Contract may help explore learned expectations around responsibility, approval, conflict, and worth.

Possible follow-up questions

- Who expects this of you now?
- Which expectations come from other people and which feel internal?
- What feels risky about doing less?

“I keep ending up in the same kind of relationship.”

The Pattern Loop may help the patient observe a recurring sequence without assuming that past learning is the only explanation.

Possible follow-up questions

- What tends to trigger the pattern?
- What do you usually do next?
- What outcome tends to follow?

“I feel like I’ve lost myself.”

The Self-Abandonment Trade may help explore whether voice, needs, desires, body cues, or identity have been repeatedly set aside in particular contexts.

Possible follow-up questions

- What have you become very good at accommodating?
- What feels hardest to ask for?
- What part of yourself do you miss?

4. Keep the context wide

A pattern formulation is most useful when it expands inquiry rather than narrows it. Fatigue, anxiety, irritability, relationship distress, or diminished sense of self can have multiple and interacting causes.

Before attributing a presentation to a pattern

- Consider medical contributors and medication effects as clinically indicated.
- Consider depression, anxiety, trauma-related symptoms, sleep problems, substance use, and other mental-health concerns when relevant.
- Ask about caregiving, parenting, employment, finances, housing, discrimination, intimate relationships, violence, and other social determinants.
- Attend to culture, race, disability, sexuality, gender identity, immigration experience, faith/community context, and other factors that may shape both expectations and available choices.
- Avoid assuming that self-sacrifice, relational accommodation, or overwork has the same meaning across women or contexts.

Clinical stance

The question is not “Which framework does she have?” It is “Does any of this language help us understand her experience, and does she find it useful?”

5. When a psychotherapy referral may be useful

A referral may be worth discussing when the patient wants additional support and recurring patterns are contributing to distress, relationship difficulties, reduced quality of life, or difficulty making changes she wants to make.

A simple way to introduce the option

Sample language

"You've described carrying a lot and finding it difficult to step back even when you're exhausted. If you'd like, therapy could be one place to explore that pattern more fully. I can give you information about a therapist who works specifically with women and these kinds of concerns."

Referral should remain a collaborative option. The patient may prefer another therapist, another form of support, self-directed resources, or no referral at this time.

About therapy with Susan Taylor, MSW, RSW

- Virtual psychotherapy for women across Ontario.
- Areas of focus include exhaustion and overwhelm, recurring relationship patterns, boundaries and self-advocacy, identity and reconnection with self.
- A Discovery Session is a full 60-minute first therapy appointment with no requirement to continue.
- Social work services may be covered by extended health benefits. Patients should confirm coverage with their individual plan.

6. Referral process and privacy

Professionals may direct a patient to Insight Therapy & Consulting or use the practitioner referral pathway when the patient has agreed to be contacted.

Please keep web and email referrals minimal

Detailed or sensitive clinical information should not be sent through a general website form or ordinary business email. Provide only the information needed to identify the referral source, contact the patient, and understand the broad reason for referral. Additional information can be shared through an appropriate secure method when needed.

Consent

Before sharing a patient's identifying or health information, follow your own professional and organizational privacy obligations and ensure that the disclosure is appropriately authorized. In Ontario, PHIPA establishes rules for collection, use, and disclosure of personal health information.

Suggested referral information

- Practitioner name and contact information
- Patient name or initials, as appropriate
- Patient's preferred contact information
- Broad reason for referral, using minimal detail
- Confirmation that the referral has been discussed with the patient and that the patient has agreed to the contact/information sharing

7. One-page patient handout

Sometimes the problem is hard to name.

You may be functioning, working, caring for people, and getting through the day while still knowing something doesn't feel right.

I'm exhausted, but I keep pushing.

You might explore what happens around responsibility, guilt, overdoing, resentment, and rest.

I can't say no without feeling guilty.

You might explore the rules you've learned about being helpful, agreeable, responsible, or easy to be around.

I keep repeating the same relationship pattern.

You might look at what tends to trigger the pattern, how you respond, and what happens next.

I don't feel like myself anymore.

You might explore what you've been putting aside to maintain belonging, safety, stability, or connection.

These are not diagnoses. They are simply possible ways of understanding patterns. You may recognize yourself in one, several, or none of them.

Want to explore further?

Visit Insight Therapy & Consulting to explore free resources, the Pattern Assessment, the Insight Pattern Frameworks, or information about therapy.

8. Clinical and theoretical foundations

The Insight Pattern Frameworks are original clinical and psychoeducational formulations. They are not new psychological theories, diagnoses, validated screening tools, or independently established treatment models.

Their purpose is to translate recurring experiences into accessible language that can support reflection and clinical conversation. The formulations draw conceptually from several established areas:

Good Girl Contract™: Feminist and relational perspectives, gender-role expectations, self-silencing research, and schema concepts.

Exhaustion Cycle™: Burnout and recovery research, emotional labour, unpaid and cognitive labour, role overload, and contextual influences on well-being.

Pattern Loop™: Behavioural learning and reinforcement, habit research, attachment-related patterns, schemas, and psychological flexibility.

Self-Abandonment Trade™: Self-silencing, agency and identity, relational adaptation, attachment-related concepts, and values-based work including ACT.

Evidence-informed, not evidence-claimed

The presence of supporting research for related constructs does not establish the Insight frameworks themselves as validated constructs. They should be presented as integrative, plain-language formulations whose usefulness depends on the individual patient, clinical context, and ongoing professional judgment.

9. Physician quick reference

Patient language	Possible lens	Ask	Possible next step
“I’m tired all the time.”	Exhaustion Cycle™	What happens when you try to rest or do less?	Medical/contextual assessment + optional guide/referral
“I can’t say no.”	Good Girl Contract™	What feels risky about saying no?	Explore expectations + optional guide/referral
“This keeps happening.”	Pattern Loop™	What usually triggers it, and what happens next?	Map sequence + optional guide/referral
“I don’t know what I want.”	Self-Abandonment Trade™	What have you learned to put aside?	Explore voice/needs/identity + optional guide/referral

Remember

These lenses do not establish cause, diagnosis, or treatment need. If the language helps the patient understand her experience, use it. If it does not, leave it.

10. About Susan Taylor

Susan Taylor, MSW, RSW, is a Registered Social Worker and therapist providing virtual psychotherapy to women across Ontario. The Insight Pattern Frameworks grew from patterns she began noticing across more than twenty-five years of work with women in counselling and community settings.

She developed the frameworks to give women and the professionals supporting them accessible language for experiences that can otherwise be difficult to name. Her work integrates evidence-informed psychotherapy with relational, contextual, feminist, behavioural, and values-based perspectives.

Insight Therapy & Consulting

Website: www.insighttherapyandconsulting.ca

Professional referrals: Use the practitioner referral form on the website.

Service: Virtual psychotherapy for women across Ontario

Professional notice

This kit is for educational and professional-resource purposes. It is not a diagnostic instrument, clinical practice guideline, or substitute for individualized medical or mental-health assessment. Clinicians remain responsible for their own assessment, documentation, consent, privacy, referral, and scope-of-practice obligations.

Selected regulatory and privacy resources

Ontario College of Social Workers and Social Service Workers: Code of Ethics and Standards of Practice, Third Edition.

Information and Privacy Commissioner of Ontario: PHIPA guidance on consent and safeguarding personal health information.