

Family of Origin Worksheet

Personal information

Name:

Age:

Gender:

Date:

Instructions: This worksheet is designed to help you explore the influence of your family of origin on your personality, beliefs, and behaviors. This is the family you grew up with and likely the family you lived with as a child. By understanding these influences, you can gain insights into your current behavior patterns and make conscious choices about which traits you may want to change. For each family member listed below, consider what you learned from them about each of the emotions and concepts.

Primary parent or caregiver 1

Name:

When you lived with them, what did you learn from this person about the following emotions and concepts? How did they demonstrate these emotions or concepts? Try to recall specific examples or situations that shaped your understanding.

Anger:

Love:

Trust:

Commitment:

Relationships:

Emotional regulation and expression:

Primary parent or caregiver 2

Name:

When you lived with them, what did you learn from this person about the following emotions and concepts? How did they demonstrate these emotions or concepts? Try to recall specific examples or situations that shaped your understanding.

Anger:

Love:

Trust:

Commitment:

Relationships:

Emotional regulation and expression:

Other immediate members of your family of origin

Name(s):

When you lived with them, what did you learn from them about the following emotions and concepts? How did they demonstrate these emotions or concepts? Try to recall specific examples or situations that shaped your understanding.

Anger:

Love:

Trust:

Commitment:

Relationships:

Emotional regulation and expression:

Reflection

What patterns do you notice in what you learned from your family? Think about ways in which different members of your family are similar when it comes to these traits or emotions.

How have these lessons influenced your current behavior and relationships?

Are there any traits or lessons you have identified in this exercise that you would like to change or improve on?

Mental health professional's comments and recommendations

Name of mental health professional:

Signature:



Date: