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# Download: Clinical Worksheet — Working with Unfinished Business

## 1) Marker Identification

Attachment figure (name/role):

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Is emotional activation live in-session when this person is contacted?

- ☐ Yes (clear affect/somatic shift)
- ☐ Partial (muted but accessible)
- ☐ No (primarily narrative/analysis)

If “No,” what may be more appropriate first (e.g., evocative unfolding, empathic exploration, regulation work)?

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## 2) Emotional Activation Tracking

Primary emotion (if accessible):

- ☐ Hurt
- ☐ Grief
- ☐ Longing
- ☐ Fear
- ☐ Shame
- ☐ Other: \_\_\_\_\_

Secondary emotion/protection (if present):

- ☐ Anger / resentment
- ☐ Contempt
- ☐ Numbness / shutdown
- ☐ Intellectualisation
- ☐ Minimisation
- ☐ Other: \_\_\_\_\_

Somatic markers observed (breath, chest, throat, posture, etc.):

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### 3) Attachment Need Clarification

What was needed and not received?

- ☐ Protection
- ☐ Comfort
- ☐ Recognition / being seen
- ☐ Validation
- ☐ Emotional presence / attunement
- ☐ Encouragement / support
- ☐ Guidance
- ☐ Repair after rupture
- ☐ Other: \_\_\_\_\_

Complete: “What I needed from you was...”

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### 4) Task Direction

Where is the work right now?

- ☐ Accessing secondary anger
- ☐ Deepening into primary hurt/longing/shame
- ☐ Clarifying unmet need
- ☐ Grieving what was not received
- ☐ Reclaiming dignity / self-worth (adaptive anger, self-validation)
- ☐ Consolidation / integration

Next micro-step (one small process move):

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### 5) Differentiation Check

Confirm this is unfinished business and not primarily:

- ☐ Two-chair self-criticism / intrapsychic conflict split
- ☐ Evocative unfolding of memory episode
- ☐ Systematic evocative unfolding

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- ☐ Empathic exploration only

**What makes this specifically unfinished business (internalised other + unresolved attachment injury)?**

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## 6) Indicators of Completion

Evidence of reorganisation (check all that apply):

- ☐ Softer affect / wider emotional range
- ☐ Reduced physiological activation when contacting the figure
- ☐ Clear articulation of unmet need
- ☐ Grief that feels metabolised (not flooding/collapse)
- ☐ Adaptive anger (bounded, self-protective)
- ☐ Increased self-compassion / dignity
- ☐ Greater relational flexibility (more choice, less reactivity)

**What suggests reorganisation rather than discharge/catharsis?**

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## 7) Therapist Reflection

Where did I possibly:

- move too quickly? \_\_\_\_\_
- avoid intensity? \_\_\_\_\_
- over-focus on anger? \_\_\_\_\_
- miss primary emotion/need? \_\_\_\_\_
- stay with process effectively? \_\_\_\_\_