



The Behavior Lists Workbook

Identifying Qualifying, Dangerous, and Recovery Behaviors

Table of Contents

(click to jump to that section)

How to Begin.....	2
During the Process.....	3
Other OSPA Tools.....	3
Considerations.....	4
The Qualifying Behaviors List Questions.....	5
The Dangerous Behaviors List Questions.....	7
The Recovery Behaviors List Questions.....	9
Sample Behaviors List Worksheet.....	11
Index of Qualifying Behaviors.....	12

How to Begin

Start by reading *The Behavior Lists: Defining Abstinence in Obsessive Skin Pickers Anonymous*. This will give you an overview of the Behavior Lists, explain each list in detail, and provide important information on how to create them.

Next, find an OSPA member who has completed their Behavior Lists with an OSPA sponsor. Ask them if they are willing to sponsor you through this process. Each OSPA sponsor may have a slightly different approach to creating the Behavior Lists. Before beginning the work together, ask what theirs is like.

If no OSPA sponsor is available, you may answer the Behavior List questions and share your answers with another OSPA member. However, it is vital that you review your Behavior Lists with an OSPA sponsor before committing to them.

★ **We define our Behavior Lists with an OSPA sponsor**, not by ourselves.

During the Process

Be sure to answer the Behavior Lists questions honestly. Try to give at least one or two specific examples for each one. If a question doesn't apply, write about any other thoughts or feelings that come to mind.

Work with your sponsor to determine a pace that is consistent and reasonable. To prevent overwhelm, you may begin by answering only one question a day.

? **While answering the questions**, thoughts may arise such as, "How will I ever wash my face?" or "Can I still blow my nose?" or "What do I do when I get a bug bite?" As these come up, write them down on a separate piece of paper. These will be answered as part of your Self-Care Plan, which you will create after completing your Behavior Lists.

⚠ **It may be tempting to skip the questions** and just copy behaviors from the Index or other OSPA members, but your answers reveal how these behaviors affect you. This context brings clarity and meaning to both your abstinence and your recovery.

Other OSPA Tools

Using other OSPA tools while answering the Behavior List questions can be helpful. These may include:

- ❖ **Sponsorship:** scheduling time with your OSPA sponsor (ex: daily, weekly, etc.)
- ❖ **Literature:** reading to support your recovery

- ❖ **Bookending:** checking in with your OSPA sponsor or another OSPA member (ex: before and after answering the Behavior Lists questions)
- ❖ **Telephone and Outreach:** calling other OSPA members to hear their experience, strength, and hope
- ❖ **Meetings:** connecting with other OSPA members as a group

Considerations

Knowing your Behavior Lists may help you get abstinent, but it may not keep you abstinent.

Our experience has shown that the Behavior Lists are most effective when used alongside the other Tools, the Twelve Steps, and the Twelve Traditions of OSPA. Together, they help us gain access to a Power that grants us a new way of living.

The Qualifying Behaviors List Questions

1. In what ways have you tried to control your skin-picking behaviors after promising yourself or others that you would stop? Did these attempts become more frequent or more severe over time?
2. Are there times when you have been preoccupied with your skin-picking behaviors? (For example, obsessively thinking about them, sneaking off to engage in them, or missing out on time spent with friends, family, significant others, or pets.)
3. Have you ever been drawn to your skin-picking behaviors or found yourself engaging in them after an encounter with a person, place, or thing, even though you had intended to do something else?
4. Have you ever lied to cover up your skin picking behaviors? Have you tried to justify, rationalize, or deny your skin-picking behaviors to yourself, your family, friends, or others?
5. Are there times when you put yourself or others in danger (directly or indirectly) as a result of your skin-picking behaviors? (For example, not tending to children's needs, picking other people, picking in public, or picking, scanning, "checking," or obsessing while driving.)
6. Have you found yourself arranging your life around your skin-picking behaviors or their effects, such as scars or wound healing? (For example, leaving an event early when you didn't really want to, or not being able to leave home and canceling at the last minute.)
7. Have you ever experienced euphoric recall (positive feelings or a high) by bringing up memories of past "successful" skin-picking behaviors? Are there times you have engaged in fantasy by planning or imagining future skin-picking behaviors?
8. Have you risked your job, education, relationships, friendships, or personal goals as a result of your skin-picking behaviors? (For example, being repeatedly late or absent, not being fully present, or abandoning them altogether.)
9. How have your skin-picking behaviors affected you or others financially? (Consider money spent on skin-care products, makeup, aestheticians, nail services, dermatologists, cosmetic or surgical procedures, general physicians, and mental health providers. Also consider household items such as clothing, sheets, towels, or repeatedly buying and throwing away skin-picking items or tools.)
10. How have your skin-picking behaviors affected your physical or mental health? (Consider stress-related or physical symptoms such as risk of infection, back or neck pain, eye strain, or dental issues. Also consider your mental or emotional health, such as self-esteem, wholeness, integrity, anxiety, or depression.)

11. Are you able to look back and see a personal history of skin-picking behaviors? Were there any skin-picking behaviors in your youth? Did you ever hear about or notice any skin-picking behaviors among your relatives or in your family of origin?
12. What was your most recent occurrence of skin picking? What circumstances or events happened before? Were you in a specific place or around certain people? Can you remember any thoughts, feelings, or emotions before, during, or after? Did you make any attempt to stop or control it?

* * *

Qualifying Behaviors: picking behaviors that are obsessive, compulsive, addictive, or destructive. We do not need or want these to be a part of our lives in recovery.

- ☐ Review your answers. Underline everything that stands out as a Qualifying Behavior.
- ☐ Write them down as a list. Do not worry about how you will stop them.
- ☐ This is a draft of your Qualifying Behaviors List. Find an OSPA sponsor to review it with you.

 **See if you notice any as you read your answers out loud.** Sometimes the Qualifying Behaviors stand out more when they are spoken.

!! Be sure to answer the questions and write your draft first. Then, use the Index as a guide.

The Dangerous Behaviors List Questions

1. Look through your answers to the Qualifying Behaviors List questions. Are there any essential activities that you can't avoid, but when you do them you sometimes end up in Qualifying Behaviors? (For example, looking in the mirror, being in a car, or using a phone or computer.)
2. Do you find yourself in your Qualifying Behaviors if you do certain things? (For example, staying up late or skipping certain routines.) Can you write these on your Dangerous Behaviors List in a clear and measurable way? (For example, "sleeping less than 6 hours" or "delaying my face-washing routine.")
3. Are there any low-energy or difficult feelings that come before your Qualifying Behaviors, such as depression, shame, loneliness, or guilt? Are there any high-energy states, such as excitement, anxiety, uncertainty, or fear?
4. Do certain thoughts lead to your Qualifying Behaviors? Are they related to any particular topics like body image, comparison, or self-esteem? (For example, "No one likes me" or "Her skin is perfect—mine will never be that clear.")
5. What self-care or skin-related activities have you tried to do in a seemingly healthy way that escalated into Qualifying Behaviors? Could any of these be highlighted as right on the boundary of abstinence? (For example, blowing your nose, showering, personal grooming, or using skin-care products or makeup.)
6. Can you identify any mind-altering or substance-related behaviors that might make you more vulnerable to engaging in your Qualifying Behaviors? (For example, drinking, smoking, overeating, compulsive shopping, or taking certain medications.)
7. Do you find yourself drawn to your Qualifying Behaviors before, during, or after interactions with certain people, such as family members, friends, coworkers, partners, or even pets?
8. What special situations, circumstances, or events can lead to your Qualifying Behaviors? (For example, work deadlines, weddings, hosting guests, or travel.)
9. Are there specific times of the day, days of the month, or months of the year that you find yourself compelled to use your Qualifying Behaviors? (For example, evenings, weekends, being home alone, holiday breaks, or certain seasons.)
10. Have you experienced any physical symptom, illness, or injury that has made you more susceptible to using your Qualifying Behaviors? (For example, fatigue, stress, headaches, body aches, or pain.)

11. Can you think of any household or personal items you own that might need to be changed, relocated, or used with special care to prevent turning to your Qualifying Behaviors? (For example, mirrors, sharp objects, nail clippers, or tweezers.)
12. Take a moment to look over the Tools of OSPA. Are there any recovery-related activities that, when you imagine skipping them, might set you up for your Qualifying Behaviors? (For example, missing 12-step meetings, avoiding outreach calls, or losing connection with your Higher Power.)

* * *

Dangerous Behaviors: situations, feelings, events, places, or things that may lead to our Qualifying Behaviors.

- ☐ Review your answers. Underline everything that stands out as a Dangerous Behavior.
- ☐ Write them down as a list. Do not worry about how you will continue to do them.
- ☐ This is a draft of your Dangerous Behaviors List. Find an OSPA sponsor to review it with you.

 **See if there are any that sit right on the boundary of abstinence.** Highlight them. Explore the Tools of OSPA to find ways you can seek additional support.

The Recovery Behaviors List Questions

1. Look through your answers to the Dangerous Behaviors List questions. Are there any opposite behaviors that could go on your Recovery Behaviors List? (For example, a Dangerous Behavior might be “sleeping less than 6 hours,” while a Recovery Behavior might be “sleeping 6 or more hours per night.”)
2. Which of the Tools of OSPA have you used to support your recovery? How often could you reasonably continue to use them? (For example, the tool of Meetings: choosing one OSPA meeting to attend each week.)
3. Which of the Tools of OSPA haven’t you used that could support your recovery? How could you gradually start to use them? (For example, the tool of Service: volunteering to be the timerkeeper at the next meeting you attend.)
4. Look through your answers to the Dangerous Behaviors List questions. Are there any Dangerous Behaviors that could also be Recovery Behaviors, depending on the situation? Which OSPA Tools might support you? (For example, visits with family might be a Dangerous Behavior during certain times and a Recovery Behavior during others. Using the tool of Bookending might be helpful in either case.)
5. Are there any hobbies, classes, or workshops—online or in person—that might interest you? What about ones that seem impossible or that you’ve never tried before? (For example, taking a museum tour, exploring the stars, or learning to scuba dive.)
6. Were there any moments of play or fun you enjoyed as a child that could give you insight into some Recovery Behaviors? (For example, drawing with colored pencils, riding a bicycle, or caring for a pet.)
7. What helps you feel comfortable or at ease? (For example, sitting outside, reading a book, or laughing with a friend.) What helps you feel interested or engaged? (For example, practicing a skill, solving a puzzle, or creating something new.)
8. Are there any behaviors that might restore feelings of kindness toward your physical body? (For example, taking short naps, gentle touch, or basic stretching or movement.) What are some small, simple ways you could bring these into your life?
9. Is there anyone you know who you would like to speak to or spend time with more often? What kind of contact would you like to have with family, friends, and others both in and out of recovery?
10. Consider any of your five senses: sight, sound, smell, taste, or touch. What kind of Recovery Behaviors might relate to these areas? (For example, sight: looking at photos of favorite places; sound: listening to inspirational music or speakers; smell: trying scented

candles or fresh flowers; taste: ordering different foods or drinks; touch: crafting or wearing jewelry.)

11. Are there any actions or activities that you can't do at the moment, but you can access in non-traditional ways? (For example, if the Recovery Behavior is visiting the ocean, others could be listening to ocean sounds, watching ocean videos, playing with kinetic sand, or soaking your hands or feet.)
12. Imagine an ideal 24-hour day and night. When would you get up? Where would you go? What would you do? Who would you spend time with? What would make this day and night feel ideal? Are there one or two things from this exercise you could incorporate into your Recovery Behaviors List?

* * *

Recovery Behaviors: connecting, helpful, caring, or fun actions or activities that support our lives and our recovery.

- ☐ Review your answers. Underline everything that stands out as a Recovery Behavior.
- ☐ Write them down as a list. Do not worry about how you will pursue them.
- ☐ This is a draft of your Recovery Behaviors List. Find an OSPA sponsor to review it with you.

 **See if you can group any of them.** Look at the time of day (ex: after 6 p.m. or mornings), length of time (ex: 15 minutes or between appointments), or location (ex: work or home). This may help you find certain Recovery Behaviors as needed.

Sample Behaviors List Worksheet

This worksheet may help you begin to visualize the Behavior Lists. This is only one suggestion. You may also try placing each Behavior List on separate pages, using different colors, or writing or drawing them in other ways. Find what resonates with you.

Qualifying Behaviors

Obsessive, compulsive, addictive, or destructive picking behaviors that we want to stop.

-
- Picking my nails and cuticles
 - Interfering with wound healing
 - Aggressive scratching
 - Self-extraction
 - Intentional obsession about picking, scarring, or healing
 - Picking to change how I feel
 - Picking in the car or while driving
 - Watching picking videos
 - Intentional scanning with eyes or fingers
 - Using tools for picking
 - Picking in the bathroom

Dangerous Behaviors

Situations, feelings, events, places, or things that may lead to our picking behaviors.

-
- Sleeping less than 6 hours
 - Holidays with family
 - Avoiding outreach phone calls
 - Travel or change in my routine
 - Comparing myself to others
 - Hyperfocusing on a task or project
 - Feeling shame, anger, or worry
 - Appointments related to my skin
 - Treating wounds or blemishes
 - (Unintentionally) causing bleeding
 - Washing my face or body

highlight = on the boundary of abstinence; ask for additional support

Recovery Behaviors

Connecting, helpful, caring, or fun actions or activities that support our lives and our recovery.

-
- Sleeping 6 hours or more
 - Holidays with family (using the OSPA tool of Telephone and Outreach)
 - Attending one or more OSPA meeting per week
 - Buying myself flowers once per month
 - Taking my full breaks at work
 - Listening to audio of ocean sounds
 - Visiting the science museum
 - Learning to scuba dive
 - Petting the neighbor's cat
 - Feeling grounded, connected, or calm
 - Reading mystery novels or coloring

Index of Qualifying Behaviors

It may take practice to identify and define Qualifying Behaviors. The following index, drawn from over 30 Qualifying Behaviors Lists, can be used as a guide.

Although many Qualifying Behaviors are similar, these examples show how the wording can vary. For some OSPA members, this is important for their understanding and accountability.

You may adapt, combine, or write a different version—these examples are just a starting point. The most important thing is that they resonate with you.

Aggressive Cleaning/Scratching/Scrubbing.....	13
Animals.....	13
Bleeding.....	13
Bodily Material.....	13
Cutting & Self-Injury.....	13
Extractions.....	13
Fantasy, Euphoric Recall, & Obsession.....	13
Feelings.....	14
Hair Pulling.....	14
Interfering with Wound Healing.....	14
Media & Images.....	14
Other People.....	14
Parts of the Body.....	15
Places, Activities, & Locations.....	16
Scanning.....	16
Supplies & Tools.....	17

Aggressive Cleaning/Scratching/Scrubbing

- Aggressive scratching
- Aggressively cleaning or scrubbing body
- Aggressively scratching my skin or scalp

Animals

- Picking animals
- Picking at animals or others
- Picking others or animals

Bleeding

- Causing bleeding
- Causing bleeding, myself or others

Bodily Material

- Consuming or inspecting bodily material
- Ingesting bodily material
- Inspecting bodily material

Cutting & Self-Injury

- Cutting
- Self-injury
- Self-mutilation

Extractions

- Extraction done by friends or family
- Self-extraction

Fantasy, Euphoric Recall, & Obsession

- Intentional euphoric recall about past picking
- Intentional euphoric recall of picking episodes

- Intentional fantasy about future or successful picking
- Intentional fantasy of planned or future picking of myself, others, and animals
- Intentional fantasy of self-harm

- Intentional obsession about picking, healing, scarring, or bodily material
- Intentional obsession over picking, healing, or scars

- Obsessing on the mental map of my skin

- Intentional fantasy or euphoric recall about picking or bodily material
- Intentional fantasy or euphoric recall about successful picking
- Intentional fantasy or obsession about picking
- Intentional fantasy or self-talk about successful picking
- Intentional fantasy to pick or pull, myself or others

- Picking or pulling while engaged in imaginary conversations or scenarios
- Picking while engaging in imaginary conversations
- Picking while processing information

Feelings

- Picking to change how I feel
- Picking to change the way I feel
- Picking to regulate my feelings

Hair Pulling

- Hair pulling (Often noted with other Qualifying Behaviors as “pulling.”)
- Picking or pulling, myself or others

Interfering with Wound Healing

- Interfering with wound healing, myself or others
- Interfering with wound healing or scars
- Manipulating or interfering with wound healing

- Dental intervention as a result of picking
- Medical intervention as a result of picking

Media & Images

- Watching picking videos
- Watching videos about picking or procedures
- Viewing picking images, media, or videos

Other People

- Picking in front of friends, family, or others
- Picking in front of my daughter / son / children
- Picking in front of others

-
- Picking other people
 - Picking other people or animals
 - Picking others

-
- Picking at other people's houses

-
- Picking to control or manipulate others
 - Picking to manipulate people, feelings, and situations
 - Picking while providing care to others

Parts of the Body

- Biting lips or cheeks
- Biting or peeling lips
- Picking my lips

-
- Biting my nails
 - Picking cuticles
 - Biting or picking at nails or cuticles

-
- Picking dry skin
 - Picking dry skin, myself or others

-
- Picking my ears
 - Picking ears or eyes, myself or others

-
- Picking my navel
 - Picking navel, myself or others

-
- Picking my nose
 - Picking nose, myself or others

-
- Picking/Pulling (at) Qualifying areas
[particular areas of the body, identified with a sponsor, usually sensitive in nature, e.g., sexual organs, etc.]

-
- Picking scalp
 - Picking my scalp
 - Picking at my scalp

Places, Activities, & Locations

- Picking in the car
- Picking in the car or while driving
- Picking while in the car or on public transportation

- Picking while on the computer
- Picking at the computer
- Picking while using the computer

- Picking at my desk
- Picking at work
- Picking or pulling at my desk or while working

- Picking in public
- Picking at hotels or during travel
- Picking when traveling

- Picking while on the phone
- Picking or pulling while using the phone

- Picking while scrolling online or using social media
- Picking when reading or studying
- Picking while watching television / TV

- Picking while using the bathroom
- Picking in the shower
- Picking on the toilet
- Picking in bed

Scanning

- Intentional scanning to pick or pull, myself or others
- Intentional scanning or picking others

- Intentional scanning of skin for blemishes, dry skin, or hairs to pick or pull
- Intentional scanning—visually scanning or touching skin for blemishes, dry skin, or hairs to pick or pull

- Intentional scanning with eyes or fingers
- Intentional scanning with eyes or fingers to pick or pull
- Intentional scanning with eyes or fingers for blemishes, dry skin, or hairs to pick or pull

Supplies & Tools

- Buying supplies and tools to pick
- Buying supplies and tools for picking
- Purchasing, collecting, or using items for picking
- Storing items for picking

- Using tools for picking
- Using tools for picking or pulling in Qualifying areas
- Using tools, mine or others, for picking
- Using tools to pick