Internet Safety Plan

Section One: WHAT Are You Doing Online?

Activities

- How has the internet been involved in your past offending behavior?
- What did you do online that was harmful to you in other ways?
- What types of things do you typically do online (e.g., chatting, social media, streaming, research, gaming, forums)?
- Are these activities intentional or habit-based?
- Do you notice if you behave differently online than you would face-to-face?
- What behaviors would be best to avoid entirely?

Specific Websites & Apps

- What specific websites or apps do you visit most often?
- Do you assume certain sites are "safe" or "harmless"? Why?
- Have any of these sites ever led you to content or behavior that was risky, illegal, harmful or triggering?
- Do you find it easier to share or do things online that you wouldn't in person because you feel anonymous or less visible?
- Are there any sites or apps you're prohibited from using? (Supervision conditions)
- Do you have any reporting responsibilities related to using certain sites or apps? (SORA)
- What sites/apps would be best to avoid entirely?

Patterns of Computer Use

- Do you notice any trends in what you're doing online?
- Are there times when your use increases or becomes less mindful?
- Do you sometimes act impulsively online in ways you wouldn't offline?
- Have you ever surprised yourself with things you said or did online that you later regretted?

Compulsive Research

- Do you find yourself searching for the same topics repeatedly, even when it doesn't feel helpful?
- Are there certain subjects or themes you research compulsively?
- How does it affect your mood, mindset, or behavior afterward?

Media Multitasking

- Do you often use multiple devices or platforms at once (e.g., texting while watching videos or scrolling during phone calls)?
- How does multitasking affect your attention, focus, or emotional state?
- Is it helping you feel more connected or more distracted?

Using the Internet for Sexual Purposes:

- Do you feel in control of your choices when using the internet sexually, or do you sometimes feel compulsive or impulsive?
- How does your sexual internet use affect your offline life and relationships?
- How does anonymity or disinhibition online impact your sexual behavior or feelings?
- Are there times when sexual internet use helps you feel good, and times when it causes distress or regret? What's different in those moments?

SECTION 2: WHERE Are You When You Access the Internet? Environment & Privacy Considerations

- What physical location are you usually in when you go online?
- Is this space private, semi-private, or public?
- Does the level of privacy affect what you view or how long you stay online?
- Does being in a private or anonymous space make it easier to say or do things online that you wouldn't otherwise?
- Do you ever feel more uninhibited or less accountable because of your physical environment when online?

Common Locations (Check all that apply or write in specifics):

- \square Bedroom Door Open
- \square Bedroom Door Closed
- □ Basement
- \square Home Office
- □ Bathroom
- □ Car
- \square On the Bus or Public Transport
- \square Living Room or Shared Space
- □ At Work
- Other: _____

How does this environment influence your online behavior (positively or negatively)?

SECTION 3: WHO Are You Around When You're Online?

Social Context & Accountability

- Has anyone in your life expressed concern about your internet use?
- Are you alone when using the internet, or are others nearby?
- If others are present, are they in the same room or just in the house?
- Are these people aware of what you're doing online?
- Do you feel freer to say or do things online when you are alone or when others are not watching?
- Do you ever share things online that you wouldn't want people physically near you to see? Why or why not?
- Do you feel like you're hiding anything?

Who is typically around?

- □ Alone
- \square Alone in a room Others in the house
- \square Friends
- □ Family Members/ Spouse
- \square Roommate(s)
- D Other Supports (e.g., mentor, sponsor, neighbor, residence staff)
 - Other: _____

Is the person nearby:

- Supportive of your goals and healthy habits?
- Unaware of what you're doing?
- Someone you feel the need to hide things from?

Do you behave differently online depending on who is nearby or whether you're alone?

SECTION 4: WHY Are You Going Online?

Emotional Triggers & Motivation

- Are you using the internet to cope with something? If so, what?
- Are you using the internet to maintain positive feelings?
- What thoughts or urges come up before you go online?
- What is your emotional state right before logging on?
- How do you feel after using the internet?
- Are there certain times you feel freer or less inhibited online? How does that feel?

• Are you using the internet out of habit, boredom, or a need to escape?

HALT Check-In (Check any that apply before going online):

- □ Hungry
- □ Angry
- □ Lonely
- □ Tired

Cognitive Distortions & Thought Patterns

- Do you notice any "all-or-nothing" thinking about your internet use? (e.g., "If I don't check my socials, I'm completely out of touch," or "I can only get my sexual needs met if I view content online.")
- Are there times when you assume the worst about something you see or experience online?
- Do you find yourself comparing your experience with the internet to others? (eg. "its not fair that others can go online without restrictions and I can't")
- Are you aware of any "should" or "must" statements influencing your decisions about going online? (e.g., "I must look this up right away,")
- How might these thinking patterns affect how and why you go online?

Example Reflection Prompts:

- "Right before going online, I usually feel: _____."
- "After I'm online, I typically feel: _____."

SECTION 5: WHEN Are You Going Online?

Timing, Duration & Routine Patterns

- What time of day do you usually use the internet?
 - Typical Time(s) of Use: ______
- How long do your online sessions usually last?
 - o Average Session Duration:
- How often are you logging on per day or per week?
 - o Frequency (Per Day/Week): _____
- Is your internet use tied to specific triggers, routines, or events (e.g., after work, before bed, when a spouse leaves for work)?
- Are there moments when you feel less control over your online behavior because of the time or setting?

Example Reflection Prompt:

"My internet use tends to increase when _____, and decrease when

"I usually go online after _____ or when _____ happens."

SECTION 6: Setting intentions

Examples of Approach Goals for Healthy Internet Use:

 \square I will use the internet to stay connected with supportive friends and family in ways that feel meaningful to me.

 \square I will spend time online engaging in activities that promote my learning, creativity, or relaxation.

 \square I will set clear time limits for my media use to ensure I have time for offline hobbies and self-care.

 \square I will practice being my authentic self online while maintaining healthy boundaries.

 \square I will use online resources to support my mental health, such as guided meditation apps or educational videos.

 \square I will be mindful of how I feel during and after internet use, adjusting my habits to prioritize my well-being.

 \square I will practice digital mindfulness by taking breaks and noticing when my use shifts from intentional to automatic.

 \square I will invite accountability by sharing my internet use goals with a trusted person and checking in regularly.

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SECTION 7: Tools and Strategies to Supplement Plan

Tools to Use or Consider for Healthy Internet Use:

- \square Screen time tracking apps
- \square Limiting number of devices
- □ Placing screensavers of important people
- □ Shutting off data plan during certain periods
- \square Website blockers or filters
- □ Accountability software
- □ Content monitoring or check-ins with therapist/PO
- □ Journaling or digital use logs
- \square Other:

 \square Other:

- □ Other: _____
- \square Other:

SECTION 8: Alternatives to Internet Use/ Nervous System Regulation/ Distress Tolerance Coping Skills

Activities

What activities help you shift your focus or manage your mood?

(Choose all that apply or write in your own.)

- □ Exercise (walking, running, dancing, yoga)
- □ Hobbies (crafts, gaming, puzzles, reading)
- \Box Cooking or baking
- \Box Cleaning or organizing
- \Box Going outside / being in nature
- \Box Going to a public place
- \Box Playing with pets
- \Box Calling or texting someone
- □ Other:

Contributing / Doing Something Positive

What can you do for others that shifts your focus outside yourself? What positive actions help you feel purposeful or better about yourself?

- □ Helping someone (small favor, kind word, volunteer work)
- \Box Sending a thank-you or encouragement message
- \Box Donating items or money
- \Box Writing a supportive message or online comment
- □ Sending a thoughtful text or message to a loved one
- \Box Volunteering
- □ Other: _____

${f C}$ omparisons / Perspective-Taking

How do you remind yourself that things can change or improve?

- \Box Comparing how I feel now vs. how I felt before
- □ Reminding myself of past wins or strengths
- □ Looking at gratitude lists or making a new one
- □ Talking to someone who has been through something similar
- □ Looking at progress photos or journal entries

Emotional Expression

How do you express or process emotions in healthy ways?

- \Box Watching a funny or heartwarming video
- \Box Listening to uplifting or calming music
- \Box Creating or viewing art
- \Box Reading something inspirational

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 \Box Coregulating with a calm social support

□ Writing out positive affirmations	
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Other:	

Pushing Away / Mindfulness Techniques

What helps you create mental distance from the distressing situation or thought?

\Box Putting the problem	on a mental shelf
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 \Box Urge surfing

□ Breathing exercises (box breathing, 4-7-8, etc.)

□ Thought-stopping: "Not helpful right now"

□ Putting the thought/problem on a mental shelf

□ Visualizing placing it in a box, safe, or envelope

 \Box Scheduling time to return to the issue later

□ 5-4-3-2-1 Grounding (name 5 things you can see, 4 you can touch...)

Deep breathing (inhale for 4, hold for 4, exhale for 4)

□ Name your current emotion and observe it like a passing cloud

□ Observing your thoughts in the third person: "Michael is thinking a lot about the computer right now"

☐ Mindful hand-washing, eating, or walking (focus fully on the sensations)

□ "Leaves on a stream" visualization (watch thoughts float by on leaves)

□ Listen mindfully to a song, noticing one instrument at a time

□ Other: _____

Thought-Based Coping

How can you occupy your mind with neutral or positive thoughts?

	Counting	backward	by	7s
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□ Naming categories (e.g., animals, cities, foods)

□ Saying affirmations or a calming mantra

□ Repeating grounding statements ("This will pass")

□ Reading or listening to something absorbing

□ Practicing "urge surfing" — ride it like a wave

Sensory Coping (5 Senses)

What physical sensations help calm or ground you?

□ Touch: warm blanket, lotion, soft fabric, splashing cold water on face or hands

□ Taste: tea, mints, flavored gum, favorite snack

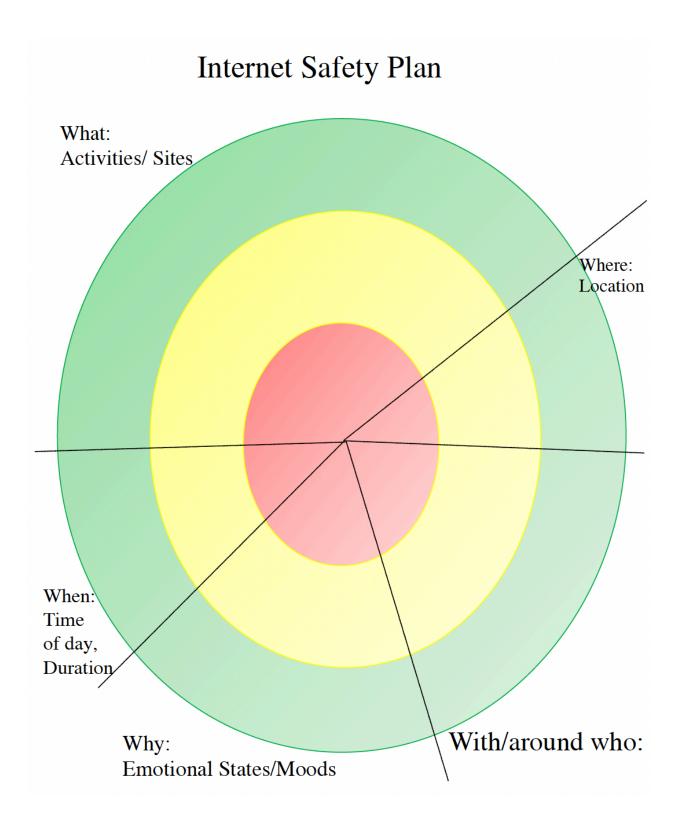
□ Sight: looking at nature, art, or calming visuals

 \Box Sound: music, white noise, nature sounds

- \Box Smell: candles, essential oils, favorite soap
- □ Movement: rocking, stretching, squeezing a stress ball

□ Bilateral stimulation /Tapping exercises

□ Other:_____



Red: Unacceptable, unhealthy, harmful behaviors/sites, moves the clients away from their goals **Yellow:** It depends, proceed with caution

Green: Acceptable, healthy behaviors/sites - moves client in the direction of their goals

SECTION 9: Lapse/Relapse Management

1. Pause and Reflect Without Shame

- Acknowledge what happened without judgment.
- Take a few deep breaths, using grounding techniques
- Avoid spiraling into shame or isolation.
- Write down what triggered the lapse and how you were feeling before it happened.

2. Reach Out Immediately for Support

- Contact your therapist.
- Talk to your treatment group
- Talk to a trusted accountability partner (sponsor, friend, or support group member).
- Send a check-in message to someone in your support network, even if it's just, "Hey, I had a rough day and could use some support."

3. If No Longer in Treatment, Re-engage with Treatment or Structured Support

- Consider re-entering treatment if the relapse is severe or recurring (e.g., outpatient therapy, intensive outpatient programs, or support groups).
- Update your safety plan with your therapist. Identify what worked and what needs strengthening.
- Reflect with a professional on any underlying emotional triggers (e.g., loneliness, anger, boredom, trauma flashbacks).
- Reconnect with your recovery community: SAA, SLAA, or another group that fits your needs.
- Commit to attending meetings regularly over the next week or more.

5. Rebuild Boundaries and Remove Triggers

- Talk to your supervision/Probation officer about what happened
- Block or delete any triggering websites, apps, or accounts. (Perhaps ask probation for help with this)
- Reinstall internet filters or accountability software.
- Re-establish physical boundaries (e.g., no devices in bed, use devices only in shared spaces).
- Consider a short digital fast or tech-free period to reset.

6. Recommit to Daily Recovery Habits

- Reengage in nervous system regulation techniques (breathwork, grounding, journaling).
- Practice daily check-ins: "How am I feeling? What do I need?"
- Use a recovery tracker or journal to rebuild consistency and reflect on progress.
- Refresh your motivations: Why is this recovery journey important to you?