Values and Moral Distress - Clinician dialogue

Guide a collaborative conversation about values and moral distress while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Noah feels guilt and is unsure whether it reflects personal values or feared judgment.

Invite and obtain permission

Offer: "Would it be useful to explore values and moral distress using an ordinary or fictional example? We can adapt it, observe, or stop." Ask what the person wants from the conversation.

Elicit before teaching

Ask: "How does this show up, if at all, in your own words?" Offer this idea tentatively: Values conflict and impaired control can overlap but are not the same concern. Ask what fits and what does not.

Guide the task

Separate chosen beliefs, messages from others, distress about values, and difficulties controlling behavior; discuss the distinctions with a qualified clinician. Ask for permission before giving an example. Use this fictional illustration if useful: Noah feels guilt and is unsure whether it reflects personal values or feared judgment.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: Which part of the distress needs a values conversation, and which needs behavioral assessment? Avoid assigning motives or interpreting silence as agreement.

Respond to a mismatch

If the person rejects the frame, say: "Thank you for correcting it. What would be more useful?" Return to their language or choose a different approach.

Close with agency

Ask which observation, question, or support request the person wants to keep. Confirm a manageable ending and appropriate follow-up; do not turn a tentative possibility into a homework obligation.

Reflection

What would tell me to adapt, stop, or seek supervision?

Scope and adaptation

Adult-only, non-explicit educational resources. The searchable phrase pornography addiction is not used here as an established diagnosis. Frequency, high desire, or moral distress alone does not establish a disorder; assess impaired control, functioning, distress, consent, and context with a qualified clinician. Respect consensual sexuality and chosen goals; no explicit media, aversion exercises, forced disclosure, or coercive monitoring.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: AASECT Position on Sex Addiction. Full source links and scope: library.morethantherapy.org/recovery/resources/PPU-A03-3