Stress and Avoidance Alternatives - Clinician dialogue

Guide a collaborative conversation about stress and avoidance alternatives while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Noah uses viewing to postpone a stressful email.

Invite and obtain permission

Offer: "Would it be useful to explore stress and avoidance alternatives 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: Alternative coping should address the actual function and available resources. Ask what fits and what does not.

Guide the task

Identify one stressor, what the current behavior temporarily changes, and two feasible alternatives to try. Ask for permission before giving an example. Use this fictional illustration if useful: Noah uses viewing to postpone a stressful email.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What alternative addresses the underlying task or need? 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-A09-3