When Specialist Assessment May Help - Clinician dialogue

Guide a collaborative conversation about when specialist assessment may help while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Noah reports repeated unsuccessful attempts to change a pattern affecting work.

Invite and obtain permission

Offer: "Would it be useful to explore when specialist assessment may help 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: Persistent impaired control or significant functional effects deserve individualized assessment. Ask what fits and what does not.

Guide the task

Prepare a concise account of concern, duration, effects, attempts to change, mental health context, and questions for a sexuality-informed clinician; do not self-diagnose. Ask for permission before giving an example. Use this fictional illustration if useful: Noah reports repeated unsuccessful attempts to change a pattern affecting work.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What would you want a clinician to understand before offering an explanation? 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-A18-3