Urge Pause without Suppression - Clinician dialogue

Guide a collaborative conversation about urge pause without suppression while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Noah practices delaying a routine phone check before applying the idea to a personal goal.

Invite and obtain permission

Offer: "Would it be useful to explore urge pause without suppression 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: A pause can create room for choice without treating sexual thoughts as dangerous. Ask what fits and what does not.

Guide the task

Practice noticing an ordinary urge, allowing it to be present, and choosing a next action aligned with the current goal. Ask for permission before giving an example. Use this fictional illustration if useful: Noah practices delaying a routine phone check before applying the idea to a personal goal.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What helps create choice without fighting every thought? 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-A06-3