Repairing a Broken Agreement - Clinician dialogue

Guide a collaborative conversation about repairing a broken agreement while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Noah did not follow a mutually stated device-use agreement.

Invite and obtain permission

Offer: "Would it be useful to explore repairing a broken agreement 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: Repair can acknowledge actual impact while avoiding stigmatizing labels. Ask what fits and what does not.

Guide the task

Draft an accountable statement, a consent-based next step, and a realistic review plan when an agreed boundary was breached. Ask for permission before giving an example. Use this fictional illustration if useful: Noah did not follow a mutually stated device-use agreement.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What action addresses the breach without demanding immediate trust? 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-A14-3