JORDAN SCRIPT WITHOUT ADLERIAN APPROACH:

Age: *22*
Presenting Concern:
Three weeks ago, his partner ended a two-year relationship. Since then, he has become increasingly withdrawn and hopeless.

Counselor: Hi Jordan, thanks for meeting with me today. I understand you've been having a difficult few weeks. Can you tell me what's been going on?

Jordan: It's just been rough since my girlfriend and I broke up. I don't really feel like doing much anymore.

Counselor: That sounds really painful. A breakup can be a significant loss. What have these past few weeks been like for you?

Jordan: Mostly staying in my apartment. I've missed classes and stopped hanging out with friends.

Counselor: It sounds like you've been feeling pretty isolated.

Jordan: Yeah, I guess so.

Counselor: How have you been feeling emotionally?

Jordan: Empty, mostly. I don't really enjoy anything anymore.

Counselor: That sounds exhausting. When people feel overwhelmed, hopeless, or disconnected, they sometimes have thoughts about hurting themselves or ending their life. Have you had any thoughts like that?

Jordan: Yeah... I've thought about it.

Counselor: Thank you for telling me. Can you tell me more about those thoughts?

Jordan: Sometimes I think it would be easier if I just wasn't here.

Counselor: How often do those thoughts happen?

Jordan: A few times a week.

Counselor: Have you thought about how you might end your life?

Jordan: I've thought about taking a bunch of pills.

Counselor: Do you currently have access to pills?

Jordan: Yeah. I have prescription medication in my apartment.

Counselor: Have you taken any steps toward acting on those thoughts, such as gathering pills or preparing in some way?

Jordan: No, I haven't done anything like that.

Counselor: On a scale from 0 to 10, where 0 means no intention of acting on these thoughts and 10 means you're certain you will act, where would you place yourself today?

Jordan: Maybe a 3.

Counselor: What keeps it from being higher than a 3?

Jordan: My little sister. She really looks up to me.

Counselor: She sounds very important to you.

Jordan: She is. I don't want to hurt her or my family.

Counselor: Those connections sound like strong reasons to stay safe. Is there any part of you that believes things could get better?

Jordan: A little. I guess I still hope they could.

Counselor: I'm glad to hear that. Thank you for being honest with me today. Based on what you've shared, I'd like us to work together on a safety plan and identify people and resources you can reach out to when these thoughts come up. Would that be okay?

Jordan: Yeah, I'd be okay with that.

Counselor: Great. Let's start by talking about who you can contact when you're struggling and what steps we can take to help keep you safe.

An Adlerian approach would focus less on diagnosis and more on understanding Jordan's feelings of belonging, significance, social connection, and life goals. The counselor would still assess suicide risk directly, but within a framework of encouragement, connection, and exploring how Jordan interprets the breakup and its impact on their sense of worth.

The Primary Adlerian Themes are:

1. **Social Interest (Gemeinschaftsgefühl):** Exploring Jordan's connection to family and community.
2. **Belonging and Significance:** Identifying how the breakup damaged Jordan's sense of mattering.
3. **Encouragement:** Highlighting strengths, resilience, and existing relationships.
4. **Subjective Perception:** Exploring Jordan's belief that the breakup means "I'm not good enough."
5. **Purpose and Meaning:** Helping Jordan reconnect with goals, relationships, and contribution to others.
6. **Risk Assessment:** Directly assessing suicide while maintaining an Adlerian focus on connection and encouragement.

MARIA SCRIPT WITHOUT ADLERIAN APPROACH:

Age: *41*

Presenting Concerns:

- *Maria is a single parent of two children.*
- *Three months ago, her work hours were reduced. Since then, she has fallen behind on bills and is worried about losing her apartment.*
- *She is exhausted, irritable, and ashamed about needing help.*
- *She came to counseling because her sister insisted.*
- *She does not immediately mention suicidal thoughts. She is guarded and frustrated.*

Counselor: Thank you for meeting with me today, Maria. What brought you in?

Maria: My sister thought I should come.

Counselor: What was she concerned about?

Maria: She thinks I'm stressed out.

Counselor: What has been going on lately?

Maria: Everything is falling apart.

Counselor: Tell me more about that.

Maria: My work hours got cut a few months ago. Since then, I've been struggling to pay bills and keep up with everything.

Counselor: That sounds very difficult.

Maria: It is.

Counselor: How has all of this affected you emotionally?

Maria: I'm exhausted all the time.

Counselor: What else have you been experiencing?

Maria: I feel like I'm failing my kids.

Counselor: What makes you feel that way?

Maria: I can't give them what they need. I can't keep up financially.

Counselor: That sounds like a heavy burden to carry.

Maria: It is.

Counselor: How have you been coping with all of this stress?

Maria: Mostly I just keep pushing through.

Counselor: Do you have people you can talk to?

Maria: Not really.

Counselor: What about your sister?

Maria: She checks on me, but I usually tell her I'm okay.

Counselor: How have things been feeling lately compared to a few months ago?

Maria: Worse.

Counselor: In what ways?

Maria: I don't see a way out anymore.

Counselor: Can you tell me more about that?

Maria: It feels like no matter what I do, nothing gets better.

Counselor: When people feel overwhelmed and hopeless, they sometimes have thoughts about death or suicide. Have you had thoughts like that?

Maria: Sometimes.

Counselor: What kind of thoughts?

Maria: Sometimes I wish I could just disappear.

Counselor: Have you had thoughts about ending your life?

Maria: Yes.

Counselor: How often do those thoughts occur?

Maria: Mostly at night. A few times a week.

Counselor: Have you thought about how you might end your life?

Maria: I've thought about driving my car into something.

Counselor: Do you drive regularly?

Maria: Every day.

Counselor: Have you ever attempted suicide in the past?

Maria: No.

Counselor: Have you ever come close to acting on these thoughts?

Maria: No.

Counselor: When you have these thoughts, how strong are they on a scale from 1 to 10, with 10 being very strong?

Maria: Maybe a 4 or 5.

Counselor: Do you feel like you might act on these thoughts?

Maria: No, I don't think so.

Counselor: What keeps you from acting on them?

Maria: My kids.

Counselor: Tell me more about that.

Maria: They need me.

Counselor: What other reasons do you have for staying safe?

Maria: My sister. She'd be devastated.

Counselor: Anyone else?

Maria: Part of me still hopes things can improve.

Counselor: I'm glad you shared that with me. It sounds like you've been carrying a lot of pain and stress while trying to take care of your family.

Maria: Yeah.

Counselor: Because you've been having suicidal thoughts and have thought about a way you could harm yourself, I'd like us to work together on a safety plan.

Maria: Okay.

Counselor: Let's identify warning signs, coping strategies, people you can contact, and emergency resources if those thoughts become stronger.

Maria: That sounds good.

Counselor: Who would be the first person you could contact if you began feeling unsafe?

Maria: My sister.

Counselor: Great. Let's start there and build a plan together.

From an Adlerian perspective, the suicidal thoughts are understood not simply as symptoms of depression, but as expressions of profound discouragement, diminished belonging, and a temporary loss of hope and perceived significance. The counselor's task is to assess safety while helping Maria reconnect with her strengths, relationships, and sense of contribution.

The primary Adlerian themes are:

1. **Discouragement** – "I feel like I'm failing."
2. **Inferiority feelings** – self-doubt and inadequacy.
3. **Mistaken beliefs/private logic** – equating hardship with personal failure.
4. **Social interest** – assessing connection to others.
5. **Belonging and significance** – children and sister as protective factors.
6. **Encouragement** – highlighting strengths and courage.
7. **Purpose and meaning** – reasons for living.
8. **Community feeling** – reconnecting with support systems.

Observer Checklist

Mark each skill demonstrated:

☐ Built rapport
☐ Demonstrated empathy
☐ Asked directly about suicide
☐ Assessed frequency of thoughts
☐ Assessed plan
☐ Assessed means/access
☐ Assessed intent
☐ Assessed previous attempts
☐ Explored protective factors
☐ Discussed safety planning
☐ Maintained a calm, nonjudgmental tone

Strengths Observed

Opportunities for Growth

Debrief Questions

1. What warning signs were present before suicide was discussed?
2. How did the counselor transition into asking about suicide?
3. What responses communicated empathy effectively?
4. What additional assessment questions might have been useful?
5. Based on the information provided, what level of risk would you consider and why?

This scenario is particularly useful because many counselors are comfortable recognizing sadness but less comfortable recognizing suicide risk when it presents as stress, anger, shame, or burnout.