Counsellor interview questions

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What to expect

Interviews for counsellor roles combine questions about your therapeutic approach with scenario-based questions that test judgement around risk, confidentiality and ethics. Panels typically include a senior counsellor or clinical lead and someone from management or HR, and may ask you to talk through a de-identified case example.

- **Behavioural:** Questions about past client interactions, using specific examples to demonstrate your therapeutic style and professional conduct.
- **Scenario/judgement:** Hypothetical client situations, often involving risk or ethical tension, to assess how you'd respond under pressure.
- **Process:** Questions about how you structure assessments, treatment plans and case documentation in practice.
- **Client-facing:** Questions probing how you build rapport and manage difficult conversations with clients from diverse backgrounds.

Expect an opening conversation about your qualifications and accreditation status, followed by scenario and behavioural questions that make up the bulk of the interview, then a discussion of your approach to supervision and self-care, with time at the end for your questions about caseload and clinical support structures.

1. Walk me through how you conduct an initial assessment with a new client.

Why they ask

This tests whether you have a structured, professional approach to intake that covers risk, background and goal-setting, rather than an ad hoc conversation.

How to structure your answer

Describe your process step by step: how you open the session, what information you gather, how you assess risk, and how you use this to inform a treatment plan.

Example answer

“I start by explaining confidentiality and the limits around it, then spend most of the first session building rapport and understanding what's brought the client in. I ask about their background, current supports and any risk factors, using a structured but conversational approach rather than a rigid checklist. By the end of the session I aim to have a working understanding of their needs, which I document and use to draft an initial treatment plan that we review together in the following session.”

2. Tell me about a time you worked with a client whose progress stalled or reversed.

Why they ask

Counselling outcomes aren't always linear, and this checks how you handle setbacks without losing therapeutic rapport or clinical judgement.

How to structure your answer

Use STAR: describe the situation, the specific task or challenge, the action you took to reassess or adjust, and the result for the client.

Example answer

“I was working with a client managing anxiety who had been making steady progress until a change in their personal circumstances caused a relapse. Rather than continuing with the existing plan, I brought it back to supervision, reassessed with the client what had changed, and we agreed to revisit

some earlier grounding techniques alongside new strategies for the current stressor. Over the following sessions the client regained stability and reported feeling more equipped to handle future setbacks."

3. A client discloses something during a session that raises immediate safety concerns. How do you handle it?

Why they ask

This is a core scenario question that probes your understanding of duty of care, mandatory reporting obligations and how you balance client trust with safety.

How to structure your answer

Talk through your judgement process: how you'd assess the immediate risk, what you'd say to the client, and who you'd involve, referencing professional and legal obligations without overstating certainty.

Example answer

"My first priority is the client's immediate safety, so I'd calmly assess the level of risk within the session, staying present with the client rather than reacting abruptly. Depending on what's disclosed, I'd explain to the client that I have a duty of care and may need to involve others, and I'd follow my organisation's protocols, which usually means contacting a supervisor or relevant service straight away. Afterwards I'd document the disclosure and my response thoroughly and debrief with my supervisor."

4. How do you manage clinical documentation and confidentiality in your day-to-day practice?

Why they ask

Given the emphasis on detailed case records and strict confidentiality in this role, panels want to know you take privacy obligations seriously and have practical habits, not just good intentions.

How to structure your answer

Describe your process for writing and storing notes, and how you handle situations where confidentiality might be tested.

Example answer

"I write case notes as soon as possible after each session, focusing on factual observations, interventions used and next steps, stored securely in the client management system rather than on personal devices. I'm careful about what I discuss and where, and if a colleague or family member asks about a client outside a formal referral process, I explain that I can't share that information without consent. I also keep in mind my professional body's standards when documenting anything sensitive."

5. How do you use supervision and self-care to manage the emotional demands of this work?

Why they ask

Given the emotionally intensive nature of counselling and the risk of burnout, employers want evidence you have sustainable habits and take supervision seriously rather than treating it as a formality.

How to structure your answer

Answer in two parts: what you do practically for supervision, and what you do personally to manage the emotional load of client work.

Example answer

"I treat clinical supervision as a genuine space to reflect on cases, not just tick a box, and I bring specific clients or dilemmas I'm finding difficult rather than only routine updates. Outside of that, I keep clear boundaries around my caseload and make sure I have downtime between sessions where

possible. I've found that being upfront with my supervisor early, before something becomes overwhelming, makes a real difference to how sustainable the work feels."

6. How would you approach working with a client from a background quite different from your own?

Why they ask

This checks cultural competence and self-awareness, both important given the diversity of clients across community health, schools and private practice settings.

How to structure your answer

Describe your approach to building rapport across difference, including how you'd handle any gaps in your own knowledge or assumptions.

Example answer

"I'd go in with curiosity rather than assumptions, asking the client to help me understand their context rather than relying on what I think I know. If there were cultural or language considerations I wasn't confident with, I'd raise this with my supervisor and look into appropriate resources or, where relevant, involve an interpreter or cultural consultant. Ultimately I see it as my job to adapt my approach to the client, not the other way around."