Drug and Alcohol Counsellor interview questions

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What to expect

Interviews for drug and alcohol counsellor roles typically assess your clinical judgement, ethical approach and ability to engage clients who may be ambivalent about change. You can expect a mix of behavioural questions, scenario-based questions and discussion of your counselling framework.

- **Motivation and fit:** Questions about why you want to work in alcohol and other drugs, and how you handle the emotional demands of the role.
- **Clinical knowledge and assessment:** Questions that test your understanding of assessment tools, treatment planning and dual diagnosis.
- **Behavioural questions:** Questions asking for examples from your past work, such as how you engaged a resistant client or managed a complex case.
- **Scenario and crisis response:** Hypothetical situations that assess your judgement under pressure, including risk assessment and safety planning.
- **Ethical and boundary questions:** Questions about maintaining professional boundaries, confidentiality and self-care.
- **Interagency collaboration:** Questions about working with other services, such as housing, mental health and medical teams.

The process often begins with a phone screen, followed by a panel interview with a clinical supervisor and a team leader. Some employers include a written scenario or a role play with a simulated client. You may also be asked to discuss a case study and how you would approach it.

1. Tell me about a time you worked with a client who was ambivalent about changing their substance use. How did you engage them?

Why they ask

This assesses your ability to apply motivational interviewing and build rapport with clients who may not be ready to change.

How to structure your answer

Use STAR to structure your response: describe the situation, the task, the actions you took, and the result.

Example answer

“In my previous role, I worked with a man in his 40s who had been referred by his GP for alcohol use but attended sessions only because his wife insisted. He was clear he did not think he had a problem. I started by acknowledging his frustration and asking what was important to him. He mentioned wanting to be more present for his grandchildren. I used reflective listening and open questions to explore how his drinking affected that goal, without pushing him to commit to change. Over several sessions, he began to identify small steps he was willing to take, like not drinking on days he looked after his grandchildren. By the end of our work together, he had reduced his drinking and was considering a referral to a support group. The experience reinforced for me that engagement starts with meeting the client where they are.”

2. How would you assess a new client who presents with both alcohol dependence and symptoms of depression?

Why they ask

This assesses your clinical assessment skills and your understanding of dual diagnosis.

How to structure your answer

Walk through your assessment process step by step, covering rapport building, screening, risk assessment, and coordination.

Example answer

“I would start by building rapport and explaining my role and the limits of confidentiality. Then I would take a thorough history of their alcohol use, including quantity, frequency, and patterns, and use a validated tool like the AUDIT. I would also screen for depression using a tool like the PHQ-9. I would ask about suicidal ideation and any history of self-harm, as risk is higher with both conditions. I would explore the relationship between their drinking and mood, and consider whether they are using alcohol to self-medicate. If there are signs of severe depression or risk, I would refer to a psychiatrist or GP for medical assessment. I would also coordinate with a mental health team to ensure integrated care. Throughout, I would validate their experience and avoid judgment.”

3. What would you do if a client disclosed they were at risk of harming themselves?

Why they ask

This assesses your ability to manage a crisis and follow safety protocols.

How to structure your answer

Prioritise immediate safety, then risk assessment, escalation, safety planning, and follow-up.

Example answer

“First, I would stay calm and thank them for telling me. I would ask directly about their thoughts of self-harm, including whether they have a plan and access to means. If I believed there was an imminent risk, I would not leave them alone and would follow my organisation's crisis protocol. That might involve contacting a crisis team or emergency services. If the risk was not imminent, I would work with them to develop a safety plan, including coping strategies, contacts, and steps to take if things worsen. I would document everything and arrange a follow-up appointment soon after. I would also offer to make a warm referral to a mental health service. My priority is always to keep the client safe while maintaining trust.”

4. Describe your approach to maintaining boundaries with clients who may become overly reliant on you.

Why they ask

This assesses your self-awareness and understanding of professional boundaries.

How to structure your answer

Reflect on your understanding of professional boundaries, then give a specific example of how you maintained them, and finish with strategies you use.

Example answer

“I understand that boundaries are essential for safe and effective practice. I make expectations clear from the first session, such as session length, contact between sessions, and my role. Early in my career, I had a client who started calling me frequently between sessions for advice. I recognised this as a sign of high anxiety and dependency. In our next session, I gently raised the pattern and explained that while I cared about their progress, the calls were not part of our agreed arrangement. We worked on coping strategies they could use instead, and I reinforced their own strengths. I also ensured I was not responding to calls outside work hours. I regularly reflect on my boundaries in supervision to make sure I am maintaining a professional relationship.”

5. How do you work with other services to coordinate care for a client with complex needs?

Why they ask

This assesses your teamwork and ability to navigate interagency systems.

How to structure your answer
Choose a specific case, outline the services involved, explain your communication and coordination role, and describe the outcome.

Example answer

“I once worked with a client who had both substance use issues and unstable housing. I coordinated with a housing support worker, a mental health nurse, and a GP. I organised a case conference where we all shared information and agreed on a unified plan. My role was to ensure the client's treatment goals were central and that everyone understood their responsibilities. I also followed up with each service regularly to track progress. As a result, the client secured stable accommodation and was able to attend appointments consistently. This experience showed me that when services communicate well, clients are more likely to engage and make progress.”

6. What strategies do you use to manage your own wellbeing in a role that involves hearing about trauma and relapse?

Why they ask
This assesses your resilience and understanding of self-care, which is crucial for longevity in this field.

How to structure your answer
Describe your practical strategies, give a real example of putting them into practice, and explain why they work for you.

Example answer

“I use a combination of supervision, peer support, and personal routines. I have regular clinical supervision where I can debrief and reflect on challenging cases. I also check in with trusted colleagues after difficult sessions. Outside work, I make sure I exercise, spend time with family, and switch off from work emails. For example, after a session where a client disclosed significant trauma, I noticed I was carrying it home. I spoke to my supervisor, who helped me separate my feelings from the client's experience. I also took a short walk before going home to transition. These strategies help me stay present and compassionate without burning out.”