Psychologist interview questions

careertips.com.au: common questions and what they're really testing

What to expect

Interviews for psychologist roles combine standard behavioural questions with clinical scenario discussions, since employers need to assess both your therapeutic approach and your judgement in situations involving risk or ethical complexity. Expect the panel to include a senior psychologist or clinical director who will probe your reasoning as much as your answers.

- **Behavioural:** Questions about past clinical experience, framed around specific clients or situations you have managed (without breaching confidentiality).
- **Scenario / clinical judgement:** Hypothetical situations testing how you'd assess and respond to risk, disclosure, or ethical dilemmas in session.
- **Technical:** Questions on assessment tools, therapeutic modalities and when you'd select one approach over another.
- **Safety and compliance:** Questions on confidentiality, mandatory reporting, duty of care and record-keeping obligations under AHPRA and privacy law.
- **Client-facing / communication:** Questions on how you explain diagnoses, treatment plans or difficult feedback to clients and their families.

Most panels open with background and motivation questions, move into two or three clinical scenarios or case-based discussions, then close with questions about supervision needs, professional development and availability. Some services also ask for a short written case formulation or file review as part of the process.

1. Tell me about a time you worked with a client who was at risk of self-harm. How did you manage the situation?

Why they ask

This tests your risk assessment skills and whether you follow appropriate safety protocols under pressure, which is central to safe clinical practice.

How to structure your answer

Use STAR: describe the situation and the specific risk indicators you identified, the task or clinical responsibility you held, the action you took including any escalation or safety planning, and the result including follow-up care.

> **Example answer**
>
> *“I was working with a client who disclosed increasing suicidal ideation during a routine CBT session. I paused the planned session content and conducted a structured risk assessment, asking directly about intent, plan and access to means. Based on what I found, I developed a safety plan with the client, contacted their GP with consent to arrange a same-week review, and documented the assessment and actions in detail in our patient management system. I also increased the frequency of sessions for the following fortnight. The client remained safe and we were able to step the risk level back down over the following weeks.”*

2. A client tells you, during a session, that they intend to harm someone else. What do you do?

Why they ask

This probes your understanding of duty of care, confidentiality limits and your ability to make a sound decision in a high-stakes moment.

How to structure your answer

Walk through your judgement process: what information you'd gather first, what legal and ethical obligations you'd weigh, who you'd consult or notify, and how you'd manage the therapeutic relationship afterwards.

Example answer

"I would stay calm and gather more detail before reacting, asking about the specific person, the plan and how serious or imminent the threat seems. If I assessed a genuine and identifiable risk to a third party, I know that confidentiality can be overridden under duty-of-care obligations, so I would consult my clinical supervisor immediately and, if warranted, notify the relevant authorities or the person at risk. I would document every step of my reasoning and actions. I would also address the disclosure directly with the client, explaining what I'm required to do and why, so the therapeutic relationship isn't damaged by a decision they didn't understand."

3. How do you decide which assessment tool to use for a new client, for example choosing between WISC and WAIS, or using a screening tool like the PHQ-9?

Why they ask

This checks your practical knowledge of assessment selection and whether you match tools to the referral question and client's age or presentation.

How to structure your answer

Walk through your decision process step by step: what you'd check first (referral question, client age, presenting concern), how you'd narrow down the options, and how you'd confirm the choice is appropriate.

Example answer

"I start with the referral question and the client's age. WISC is appropriate for children and adolescents up to 16, while WAIS covers adults from 16 upward, so age narrows the choice immediately. If the referral is about general functioning or mood rather than cognitive ability, I'd use a screening tool like the PHQ-9 or GAD-7 first to establish severity and track change over time, reserving full cognitive batteries for cases where there's a specific question about intellectual functioning, learning difficulties or neuropsychological concerns. I also check whether the client has had recent testing elsewhere to avoid unnecessary repeat assessment."

4. Describe a time you worked with a multidisciplinary team on a client's care plan.

Why they ask

Psychologists rarely work in isolation, so employers want evidence you can communicate clearly with GPs, educators or social workers and adjust your input to fit a shared plan.

How to structure your answer

Use STAR: outline the situation and who was involved, your specific role in the team, the actions you took to coordinate care, and the outcome for the client.

Example answer

"I worked with a school-aged client who had both learning difficulties and anxiety symptoms affecting attendance. I coordinated with the school counsellor, the client's GP and an occupational therapist to align our approaches. I contributed the psychological assessment findings and therapy progress notes, adjusted my session focus to reinforce strategies the OT was building around sensory regulation, and joined a case conference to agree on a consistent return-to-school plan. Attendance improved steadily over the following term, and the shared plan meant the client wasn't getting conflicting messages from different practitioners."

5. How do you maintain client confidentiality and secure record-keeping in your day-to-day practice?

Why they ask

This checks your understanding of AHPRA's code of conduct and privacy obligations, which are non-negotiable in this profession.

How to structure your answer

Describe your standard process for handling records and confidential information, then note how you handle exceptions or higher-risk situations.

Example answer

“I keep all clinical notes in a secure patient management system like Best Practice or Clinician, with access limited to authorised staff, and I write notes promptly after each session so nothing is left in temporary or informal records. When sharing information with other practitioners, I confirm client consent first unless there's a safety exception, and I only share what's clinically relevant rather than full file access. For telehealth sessions, I check the platform is compliant and confirm the client is in a private space before starting. I also review my documentation practices periodically against AHPRA's guidelines to make sure I'm not falling into shortcuts.”

6. How would you explain a diagnosis or treatment plan to a client who seems anxious or resistant to hearing it?

Why they ask

This tests your communication skills and empathy, since how you deliver information affects whether a client engages with treatment at all.

How to structure your answer

Describe your general approach to this kind of conversation: how you'd read the client's reaction, adjust your language, and check understanding before moving forward.

Example answer

“I'd slow down and check in with how the client is feeling before pushing through more information. Rather than leading with clinical terminology, I'd describe what I've observed in plain language and connect it to what they've told me about their own experience, so the diagnosis feels like it matches their reality rather than being imposed on them. I'd pause for questions and watch for signs of overwhelm, and if resistance continued, I'd explore what specifically concerns them about the diagnosis or plan, whether that's stigma, past experiences with treatment, or fear of what it means for their life. Only once they felt heard would I move into discussing next steps.”