Psychotherapist interview questions

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What to expect

Psychotherapy interviews are usually a mix of clinical reasoning, reflective practice and practical administration. Employers want evidence you can formulate a case, hold boundaries, manage risk and document your work properly, and they will often check your peak body registration or eligibility and your supervision arrangements.

- **Clinical reasoning and technical:** Questions about your modality, how you formulate a case and how you choose between approaches such as cognitive behavioural, psychodynamic or systemic work.
- **Process and administration:** How you run an initial assessment, write case notes, manage consent, handle referrals and use practice management software.
- **Behavioural:** Past examples of working with a stalled client, a challenging boundary issue or a disagreement about treatment direction.
- **Scenario and risk:** Vignettes testing your judgement under pressure, especially disclosure of suicidal ideation, escalation and duty of care.
- **Reflective and self-management:** How you use supervision, manage your own reactions to complex trauma work and sustain yourself in the role.
- **Client-facing communication:** How you explain therapy, negotiate goals and work with clients who are ambivalent or resistant.

Most processes start with a short phone or video screening, then a panel interview of around 45 to 60 minutes with a clinical lead and a manager or practice owner. You may be given a written case vignette to discuss, and in private practice interviews the conversation often turns to your referral network, caseload expectations, session fees and how you handle your own supervision and insurance. Expect time at the end to ask questions about the client group and the service model.

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

Why they ask

This is the core of the job. The panel wants to see a repeatable structure that covers history, risk, goals and consent, not just a friendly chat.

How to structure your answer

A chronological walk-through with decision points: what you do before the session, how you open, what areas you cover, where you pause to check risk, and how you close with an agreed plan and next step. Name the tools or measures you use and say why.

Example answer

“Before the first session I review the referral information and any intake form the client has completed, and I note anything that suggests I need a risk conversation early rather than at the end. I open by explaining how the session will run, what confidentiality covers and its limits, and I check the client is comfortable to continue. I then take a history: presenting concern, how long it has been there, what has been tried, family and relationship context, health and medication, substance use, and current supports. Risk comes in deliberately rather than incidentally, so I ask directly about self-harm and suicidal thoughts and document the response. Toward the end I summarise what I have heard, offer a provisional formulation in plain language, and propose a focus and a review point. If the client needs something outside my scope, I say so and outline a referral. I write the note the same day so the assessment is on file before the next session.”

2. How do you decide between a cognitive behavioural approach and a psychodynamic approach for a particular client?

Why they ask

Employers want modality flexibility plus the clinical reasoning behind it, rather than a therapist who applies one model to everyone.

How to structure your answer

Explain your decision criteria first (presenting problem, client preference, history, time frame), then illustrate with a brief concrete example, and finish by noting how you review the choice.

Example answer

"I start with the presenting problem and what the client wants to change, then weigh that against their history and their own preference. If someone comes in with a recent onset of panic and clear avoidance, a structured cognitive behavioural approach with between-session tasks gives them something practical to work with quickly, and they can see movement within a few weeks. If the difficulty is long-standing and shows up in most relationships, and the client is curious about where it comes from, a more exploratory psychodynamic frame tends to fit better, even though it takes longer to show results. I also consider what the client can commit to, because weekly homework suits some people and alienates others. I set a review point at around the sixth session and ask the client directly whether the approach is helping, and I am willing to change direction if the evidence in the room says otherwise."

3. Tell me about a time you worked with a client whose progress had stalled.

Why they ask

This probes self-awareness, honesty about your own work and whether you bring cases to supervision rather than pushing on alone.

How to structure your answer

Use STAR: situation, task, action, result. Keep the clinical detail de-identified and make the action section the longest part, showing what you actually changed.

Example answer

"I had been seeing a client for several months for long-standing low mood and relationship difficulties. Sessions were pleasant but nothing was shifting, and I noticed I was working hard in the room while the client was quite passive. I brought it to supervision and we looked at what I might be avoiding. I decided to name the pattern directly with the client, that we seemed to be circling the same material and that I wondered whether something about the therapy itself was worth looking at. It was uncomfortable, but it opened up a conversation about her fear of being a burden. From there we shifted the focus to how she asked for things outside the room, and she started setting small boundaries at work and with her family. The stall turned out to be the most useful part of the work, and it changed how I name process issues early rather than waiting."

4. A client discloses suicidal thoughts during a telehealth session. What do you do?

Why they ask

This is a safety-critical question. The panel is checking that you have a framework, that you act rather than freeze, and that you know the limits of what telehealth can handle.

How to structure your answer

A stepwise judgement-under-pressure structure: stay present and assess, establish immediate safety, involve agreed supports, escalate to crisis or emergency services if needed, document, and follow up. Say clearly where your duty of care overrides confidentiality.

Example answer

“First I stay with the client and ask directly about intent, plan, means and timeframe, because a vague concern is not enough to act on. I confirm where they physically are and who is with them, since telehealth means I cannot control the environment. If there is imminent risk, I explain that I need to involve emergency services or a crisis team, and I stay on the line while that happens, or ask the client to keep the call open while I contact their nominated support person with their knowledge. If the risk is present but not immediate, I work through a safety plan with them, confirm they can remove or hand over means, identify who they will contact tonight, and book a follow-up within a day or two, usually sooner and often face to face. I document the whole conversation, including the questions I asked and the advice I gave, and I inform my supervisor. I also follow up to confirm the client attended any referral, because a plan that was never actioned is not a plan.”

5. How do you keep case notes that are useful clinically while meeting privacy and record keeping obligations?

Why they ask

This is the unglamorous part of the role that employers rely on. They want someone whose files would survive a records request or an audit.

How to structure your answer

Describe your system rather than your intentions: what you record, when, what you deliberately leave out, and how the software supports it. Finish with how you handle access requests.

Example answer

“I write my note the same day, while the session is fresh. I record the client's presentation, the themes we worked with, any risk information, the interventions I used and the plan for next time. I keep it factual and clinically relevant rather than a transcript of feelings, and I avoid quoting material that does not affect the treatment plan. I use Cliniko for file storage and appointment management, so consent forms, notes and correspondence sit in one record and access is password protected. I keep audio and video recordings only if the client has consented in writing and I delete them once supervision is done. If a client asks for their file, I follow the practice's process, which usually means the request goes to the manager and we consider whether anything in the notes could harm the client before release. I also review notes before supervision so I am bringing accurate material rather than a reconstruction.”

6. How do you look after yourself when several clients are presenting with complex trauma at once?

Why they ask

This role carries a real emotional load, and employers want to know you have sustainable habits rather than bravado about coping.

How to structure your answer

A reflective structure: name the warning signs you notice in yourself, then describe the concrete practices and supports you use, and finish with an honest limit you set.

Example answer

“I notice it first in my body and my sleep, and then in my notes getting vaguer and sessions running over. When that starts happening I take it as information rather than something to push through. I keep fortnightly supervision no matter how full my calendar is, and I bring the cases that are sitting with me rather than the ones that are going well. I limit how many complex trauma clients I see in a single day and I leave gaps between them rather than stacking back-to-back appointments. I take a proper break between sessions and I do not answer client messages after hours outside the agreed arrangements. I also have my own therapist, which I see as a professional requirement rather than a luxury. If a particular client's material is staying with me between sessions, that is a signal to take it to supervision and look at what it is touching in my own history.”