# Rehabilitation Counsellor interview questions

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## What to expect

Interviews for Rehabilitation Counsellor roles typically combine behavioural questions with scenario-based exercises and knowledge checks, because the work requires both empathy and practical judgement under regulatory frameworks.

- **Behavioural:** Questions that ask you to describe past experience supporting clients, coordinating stakeholders or managing a caseload.
- **Scenario or case study:** Hypothetical client situations where you explain how you would assess, plan and respond.
- **Technical or knowledge:** Questions about return-to-work frameworks, functional capacity assessment and relevant Australian schemes such as Comcare and workers compensation.
- **Client-facing or communication:** Questions that assess how you explain plans, build rapport and handle difficult conversations.
- **Risk and safety:** Questions about identifying deterioration in mental health and managing risk, including referral pathways.

The interview is usually a panel format with a hiring manager and sometimes a senior clinician. It often starts with introductions and a role overview, then moves through behavioural and scenario questions, with time for your questions at the end. Some employers include a written case scenario or a short presentation.

## 1. Walk me through how you would complete a functional capacity assessment and develop a return-to-work plan for a new client.

**Why they ask**

This tests your process knowledge and whether you can translate assessment into a practical plan.

**How to structure your answer**

A walk-through structure: start with referral and background, then assessment, then goal setting, then plan development, then coordination and review.

**Example answer**

*“First, I review the referral and any medical or allied health reports to understand the injury, restrictions and expected recovery. I then meet the client, explain my role and build rapport. The functional capacity assessment covers physical and psychological factors, workplace demands and the client's own goals. I also speak with the employer to understand available duties and any constraints. After that, I draft a return-to-work plan with clear, achievable steps, including suitable duties, hours and review points. I share the draft with the client, treating doctor, insurer and employer to make sure everyone agrees. Finally, I set a review schedule and adjust the plan as the client progresses. I document everything in our case management system, such as Civica or Mastercare, so the record is clear for all parties.”*

## 2. Tell me about a time you supported a client who was reluctant to engage with rehabilitation.

**Why they ask**

This probes your counselling skills, persistence and ability to build trust without pushing too hard.

**How to structure your answer**

STAR: situation, task, action, result.

**Example answer**

*“A client I worked with had been off work for several months after a back injury and was convinced he would never return to his old job. He was withdrawn and missed appointments. My task was to re-engage him and explore what a realistic return might look like. I started by acknowledging his frustration and asking what mattered to him outside work. Over a few sessions, we broke the idea of work into small steps, like visiting the workplace for a coffee and talking to his supervisor about modified duties. I also arranged a joint meeting with his doctor and employer to clarify what was medically safe. He agreed to a gradual return with lighter tasks and shorter hours. He stuck with the plan, and within a few months he was back to full-time hours in a different role that suited his restrictions. The experience reminded me that engagement comes from listening first.”*

## 3. A client's employer says there are no suitable duties available, but the client is keen to return. How would you handle this?

**Why they ask**

This assesses your problem-solving and stakeholder management when there is a conflict.

**How to structure your answer**

Judgement under pressure: clarify the facts, explore options, escalate if needed, keep the client informed.

**Example answer**

*“I would first thank the employer for their position and ask for more detail: what duties exist, what physical or psychological demands they involve, and whether any could be modified temporarily. I would also check whether the client's restrictions could be accommodated with equipment, changed hours or a different team. If the employer remains firm, I would look at alternative options such as a different worksite, a gradual return in another role, or support from a vocational provider. I would keep the client informed at every step, because uncertainty can worsen their recovery. If the impasse continued, I would escalate to the insurer or scheme manager with a clear summary of what has been tried and what is needed. My goal is to find a safe, realistic path back to work, even if it is not the original job.”*

## 4. What do you know about the workers compensation and Comcare frameworks in Australia, and how do they affect your work?

**Why they ask**

This checks your technical knowledge and ability to work within regulatory schemes.

**How to structure your answer**

Knowledge summary: name key schemes, explain their purpose, then describe how you apply them in practice.

**Example answer**

*“Workers compensation schemes operate in each state and territory, with regulators such as WorkSafe in Victoria or SIRA in New South Wales, while Comcare covers Commonwealth employees and some others. These frameworks set out entitlements, obligations for employers and insurers, and the process for return-to-work plans. In practice, this means I need to understand the specific scheme rules for each client, including timeframes for assessments and reporting, and the roles of the treating doctor, insurer and employer. I also need to know when to involve a workplace rehabilitation consultant or an approved provider. Comcare, for example, has its own return-to-work requirements and reporting standards. I keep up to date through the relevant regulator websites and my professional network, and I apply that knowledge to make sure plans are compliant and realistic.”*

## 5. How would you explain a rehabilitation plan to a client who is feeling overwhelmed?

**Why they ask**

This looks at your communication style, empathy and ability to make complex information manageable.

**How to structure your answer**

Empathy first, then plain-language explanation, then check understanding, then next steps.

**Example answer**

*“I would start by acknowledging how they feel. It is completely normal to feel overwhelmed when you are recovering from an injury and facing decisions about work. I would then explain the plan in plain language, focusing on the first one or two steps rather than the whole document. I might say, 'For now, we are just looking at a short visit to your workplace and a chat with your supervisor. We do not need to solve everything today.' I would ask them to tell me in their own words what they understand, and I would invite questions. If they still felt anxious, I would offer a follow-up session or a support person in the room. I would also make sure they have a written summary with my contact details. The goal is to leave them feeling clearer and more in control, not more worried.”*

## 6. How do you identify and manage risk when a client's mental health is deteriorating?

**Why they ask**

This is a safety and risk question, assessing your ability to recognise warning signs and take appropriate action.

**How to structure your answer**

Risk assessment structure: notice signs, ask directly, assess severity, refer or escalate, document and follow up.

**Example answer**

*“I would notice changes such as missed appointments, withdrawal, irritability, expressed hopelessness or talk of self-harm. I would ask directly but gently about their safety, because asking does not create risk. If they indicated any risk, I would follow my organisation's risk protocol, which might include contacting a crisis team, their treating doctor or emergency services if there was immediate danger. I would also consider whether the rehabilitation plan needs to pause or change, because pushing return-to-work goals when someone is acutely unwell can be harmful. I would document the conversation and actions clearly, and I would follow up within a short timeframe. Throughout, I would maintain a calm, non-judgemental approach and remind them of the support available. My priority is the client's safety, and return-to-work planning can resume when they are ready.”*