



From Scratch to Match:

Russ & Noah's Guide to Internship *Interviews* in Clinical and Counseling Psychology

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How to Approach the Interviews

Congratulations on making it to this stage of the internship process! This section provides a condensed overview on interviewing for internships. Whether this is your first time interviewing in a professional setting or a seasoned pro, we hope this section will help you quickly develop the skills you need to succeed. Remember, you will invariably refine your interview skills as you go through the process, and the first interview is not a good predictor of your last one—or even your second one. So, if you stumble a bit early on, try not to worry (or ‘thank your mind for that worry,’ if you prefer). Remember, anxiety is just your body reminding you that you care. Point being – these skills are not mastered, but refined at each stage of the process.

We recommend taking a professional but personable stance in which you can be yourself and convey what you know, while also being present and human. Some interviews are conducted with a prescriptive list of interview questions, whereas others are more casual and freer flowing. Whatever situation you find yourself in, we recommend, if possible and appropriate, that you strive to turn it into a conversation. This will facilitate a dialogue where you can highlight your strengths and allows you to shape how you discuss your growth edges. It also provides insight into how you are as a clinician (e.g., how quickly you can establish rapport, defuse a tense situation, think on your feet). Similarly, it is an opportunity to get a feel for what it would be like to work together for both you and your interviewer. People don’t always remember what you said but they will remember how you made them feel. Thus, skillfully turning the interview, into a conversation, when appropriate, lets you to lean into this.

Aside from making it conversational, there are two components to successful interviews that we call “The What” and the “The How.” “The What” refers to communication of content knowledge (e.g., clinical cases you’ve encountered, research experiences, your dissertation, training goals for internship). “The How” refers to how you organize, present, and deliver your content.

The “What”

Below we describe some specific content areas you should be ready to launch into at a moment’s notice. Some of the best and most paradoxical advice one of us received was to know your “script” forwards and backwards and then forget it. We offer this adage as a means of saying you should readily know the meaningful points that you want to get across, but remain flexible and not overly scripted.

- **Dissertation/Program of Research.** Whether you are planning for a research career or preparing for an early retirement from research after your dissertation, you should be prepared to speak about your research and demonstrate your scientific acumen. Clinical work and research are interwoven processes; hence, this is a wonderful opportunity to demonstrate what that means to you.
 - o We recommend preparing two versions of your research talk:
 - 1) An elevator speech (i.e., a 2 to 3-minute spiel that works when your first interviewer is taking you down the hall to your second interviewer (in non-COVID-19 times) or perhaps, say, even in a brief elevator jaunt) and...
 - 2) A more detailed discussion for conversations with potential research preceptors.

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- **Clinical Approach/Theoretical Orientation.** No need to reinvent the wheel. Refer back to your theoretical orientation essay. What matters is conveying this in a succinct and accessible way. We discuss this further in “The How” section that follows.
- **Specific Cases**
 - **Cases where you believe you were effective.** You are likely to get asked this question, so be ready. This is an opportunity to demonstrate your skills as clinician, approach to case conceptualization, and how you think about etiology and treatment together. Consider the metrics you used (e.g., BDI, increases in X behavior as evidence by...) that were linked to the mechanisms of treatment.
 - **Cases where you learned a lot along the way (i.e., cases you struggled with).** Few things are more uncomfortable than trying to answer this question on the fly. Do yourself a solid and give this one some serious thought so you can answer it skillfully. Some areas to consider: blind spots, ruptures, missteps, things you didn't know when you started treatment but learned along the way. These are all indicators of your thoughtfulness as a clinician and your clinical communication skills. It's a fair assumption that your ability to respond to these questions skillfully maps on to your ability to respond as a clinician. At the same time, it's important to know that this question can come in many forms. One of us, in our first interview to boot, was asked about a case where we delivered an intervention we weren't sold on. This wasn't a question that had been anticipated, and so we gave the first answer that came to mind from a very distant case. Throwing out an answer where details were hard to recall, especially given the early nerves of the interview, did not create an avenue to effectively discuss this case. Point being: having a short litany of cases to draw from can go a long way.
 - **Cases related to individuals with diverse identities.** Being a culturally responsive clinician is tantamount to providing effective care. Some sites will ask you about culture and diversity specifically, but even if they don't, demonstrating how you think about and integrate aspects of diversity into your clinical care is very important. Things to consider could include culturally responsive adaptations you made to an intervention, working with a client whose identity differed from your own in an important way, outside learning to inform your work with diverse populations, models you've drawn from (e.g., the ADDRESSING model, MECA model). You may remember writing an essay about this very topic, so draw from it.
 - **Times you disagreed with a supervisor/how you handled this.** As with all of these questions, there is a delicate balance required to show up the way you want to. We have found that, whether professionally, in research, or special cases like interviews, it is best to maintain a stance of diplomacy as you describe differing views. In our experience, ones that land well here are cases where you advocated for a client or addressed an ethical dilemma. In our personal experience, one of us spoke to an issue that involved requesting that a supervisor use person-first language rather than pejorative terminology (“alcoholic”).

- **Ethical dilemmas.** This is another question that comes up very frequently. As with the other interview questions, this question is meant for you to illustrate how you navigated a difficult situation as well as your knowledge of ethics. This is less about showing that you know the entire ethics code; rather, this is about your consideration, thoughtfulness, approach to ethical issues. It is critical to be diplomatic during these conversations. There is no need to dunk on anyone here. In our personal experience, one of us described a situation where a client asked us to attend an art exhibit, which was the final step needed for their fine arts degree. This person had been depressed for a long time and avoided completing this step, rendering them credits away from graduating for the better part of a decade. Their progress in treatment allowed them to complete this final assignment, which made it appear relevant to the treatment. In the interview, this facilitated a discussion issues of multiple relationships, privacy, and the logistics of interacting with a client in nonclinical situations.
- **Training Goals/why their site.** Everyone wants to match. However, matching anywhere and matching to the site that will round out your years of training are two very different things. Be specific! Link your goals to their specific rotations. Make it clear as day why you fit there. Don't leave anything the imagination.

The "How"

This section provides tips to help on the mechanics of interviewing. For many, these types of professional interviews may be very new and, though also quite enjoyable, they can be stressful. This is why it's important to have a few skills to fall back on.

- **Discussing cases.** In general, when discussing cases, we recommend beginning with a brief descriptor of client demographics (e.g., age, race, ethnicity, sex, gender, sexuality, etc.) followed by their presenting concerns. From here, it can be useful to briefly describe your conceptualization, what factors informed this, any models you incorporated, and how this informed your treatment approach. You might also discuss treatment course, challenges you encountered, as well as outcomes and their measurement. This isn't meant to be a checklist, but it can give you some scaffolding around how to discuss cases, consistent with supervisors' expectations. Having laid all of these wonderful topics out, it is also important to...
- **Be concise.** Much like this bullet point, try to be succinct. It can be easy to meander, especially when nerves kick in, so, draw from your clinical skills; read the room, and recalibrate if you start to go afield.
- **Don't bury the lede.** (First of all, yes, it is spelled lede—not lead. The More You Know...) However you spell it, what we mean here is don't bury the main idea so far into your spiel that you run the risk of being cut off and never arriving at your point. Come in with strong topic sentences that organize your thoughts and show the direction you are heading. Slow down. Find your middle ground to convey what is necessary to know and what is superfluous.
- **Discussing your research.** This is a matter of knowing your audience; meaning, is this a conversation where you get into the weeds of your work or do you provide a quick-and-dirty

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of your area. Depending the site and their interest in research, sometimes these questions are a euphemism for whether your dissertation is on track, while others will be conversations designed to determine your fit in a specific lab (kinda like grad school).

- **Asking Questions.** It is important to demonstrate your familiarity with the site and questions are a wonderful vehicle for this. You want to ask questions that you cannot easily find in the sites' materials, but that may reference to the materials (e.g., "I read about the XYZ clinic in your materials. How do they approach issues of...?). This can be challenging because sites begin to blend together after a while. If you have used the materials from the *Scratch to Match* guide, we've provided to this point though, you will have a great trail of breadcrumbs to draw from when it's time to interview. We think it is important for you to know that you *should* ask multiple staff/interviewers the same question. This will provide convergent or discriminant answers to your questions, both of which are telling, while not putting you in a position to come up with unique sets of questions for each person. With that said, it can be helpful to have a standard list that apply to all sites and a few questions specific to your interviewer (assuming that information is provided in advance). There are great resource guides that offer a starting place for questions, but we suggest you treat them as just that: a starting place. Interviewers meet with dozens of applicants every year and have come to know these well-worn, but sometimes hollow, lines of inquiry. If you find items from a list of recommended questions that are particularly relevant to you, personalize them.
- **Asking Questions Part II.** Per above, there will likely be designated times when you meet with faculty/staff members and interns. The sites will usually communicate explicitly who is *evaluative*, meaning, they have a voice in ranking you, and who is *non-evaluative*. We note this distinction because there are some questions that are more appropriate for non-evaluative interviewers, like cost of living on the sites' salary. Considering this in advance will help you focus your questions to make the most use of your time with evaluative personnel.
- **Practice These Skills!** This is important. As with clinical work, there's a big difference between reading about skills and *cultivating* them. So, practice. Record yourself, think through questions in advance, have someone who has gone through the process interview you, workshop your responses as you go through the process. You don't want to find yourself in a situation where you're asked a question of a topic that you've never considered. You might not get these exact questions as we've laid them out above, but at least you will be able to discuss a similar topic from an adjacent area. That is what we are trying to help you with here: preparing the palette of prepared topics to draw from as needed when the situation presents itself.

Continuing with the above metaphor, interviewing is like painting a picture. You have a palette with a select number of individual colors organized neatly (i.e., prepared cases/topics – "The What"). To paint the picture you want though, it's up to you to place the colors on the canvas where you see fit and you might need to mix some colors together on the fly ("The How"). Interviewing for internship isn't paint-by-numbers. It's about considering which paints are likely to be most useful to help you paint the picture you want, while knowing how to mix red and blue together on the fly if you need purple. Channel your inner Bob Ross!