

CATEGORY IS: INTERVIEWING SKILLS



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THE INTERVIEW BEGINS THE MOMENT YOU . . .

- Click SEND on your email



- Begin to leave a Voicemail



- And does NOT end until you are finalized

PREP STEPS



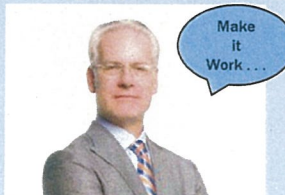
PRACTICE
MAKES
PERFECT

- Access multiple sources of information about the placement and field instructor, if available, and discern accordingly
- Access literature about the population served, the setting, and/or the intervention model
- Prepare for frequently asked questions and have a few solid examples in mind
- Make sure you know how to get there, where to park, how to find the office, and that you account for traffic and getting lost . . .

INTERVIEW FASHION



- Choose an outfit that respects the organization, supervisor and colleagues, the clients, and your identities, too
- When in doubt, err up one level of formality
- Wear long sleeves and **button up/cover up**
- Recommended colors include dark blue, black, or neutral-colored pants or knee length skirt, with a simple, long-sleeved shirt (pastel, simple prints)
- Dress shoes recommended and socks or stockings; please, no sneakers
- Avoid distracting jewelry if possible
- Hair styled simply, away from face



WHAT ARE THEY ASSESSING?

- Your Level of Preparation (Motivation)
- Your Interests and Passions (Desire)
- Your Prior Experience (Sufficient Experience)
- The Content of Your Answers (Knowledge)
- The Delivery of Your Answers (Communication)
- Your Personality and Fit with the Organization and the communities it serves (Interpersonal Fit)
- The way it feels to be in the room with you ("The Sit Factor")



REMINDER

- Smart interviewers *value your overall potential and ability to learn* more than your current level knowledge and skill

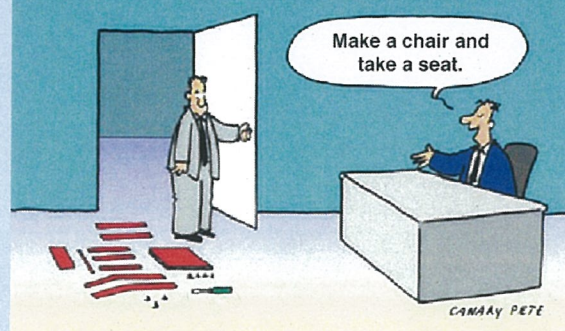
FREQUENTLY ASKED QUESTIONS



- Tell us about your qualifications and experiences.
- Tell us why this internship interests you.
- What are your strengths and weaknesses?
- How do you handle stress?
- Describe a time when you experienced cultural conflict.

BEHAVIORALLY BASED INTERVIEWING: SHOWING WHAT YOU CAN DO

Applying for a job at IKEA



FREQUENTLY ASKED JOB INTERVIEW QUESTIONS

RELEVANT QUALIFICATIONS (Choose One)

1. Tell us about your most relevant qualifications and experiences.
2. Walk us through your resume so we can get a sense of your experience.

INTEREST IN THE POSITION OR ORGANIZATION (Choose One)

1. What interests you in an internship with our agency?
2. How would this internship fit some of your career goals?
3. Why did you become a social worker?

STRENGTHS AND WEAKNESSES (Choose One)

1. What would you say are your greatest strengths and weaknesses?
2. If we were talk to your last two supervisors, what would they say you most needed to improve?
3. What have you learned from your mistakes?

MANAGING STRESS AND CONFLICT (Choose One)

1. When you feel overwhelmed or stressed, how do you handle that?
2. How do you handle disagreement or conflict in a professional setting?
3. How do you take care of yourself?

CULTURAL COMPETENCE (Choose One)

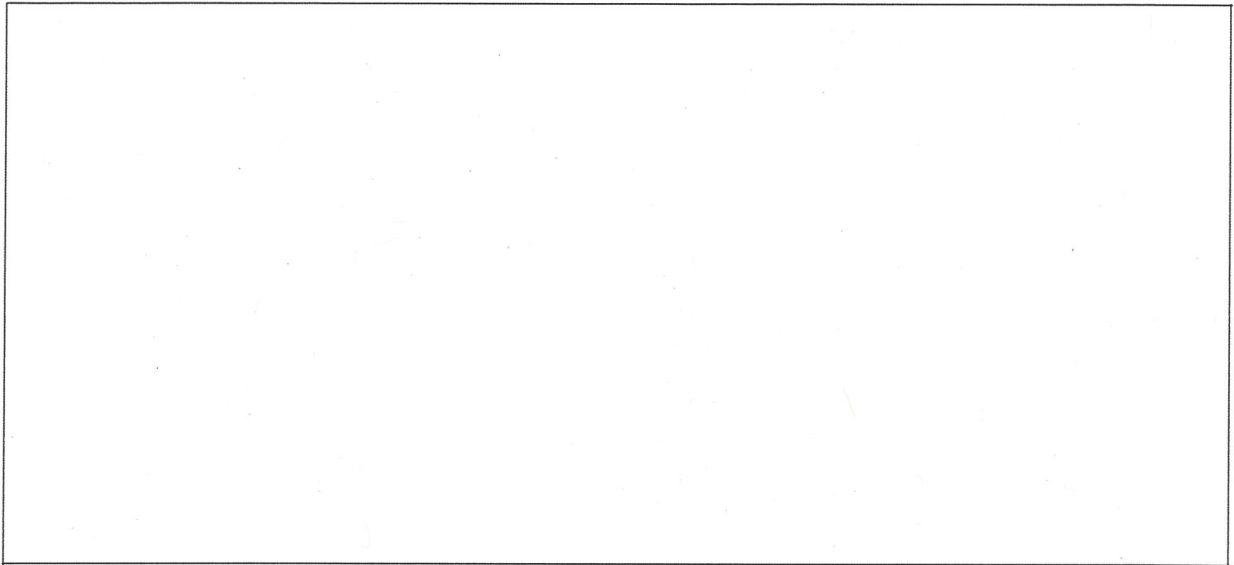
1. Describe a time when your cultural assumptions were challenged by someone and how you handled this.
2. Tell us about your experience working with . . . (a specific population that this agency serves.)
3. Describe a time when you challenged someone who made an insensitive comment that may have offended others.

UNEXPECTED QUESTION (Choose One)

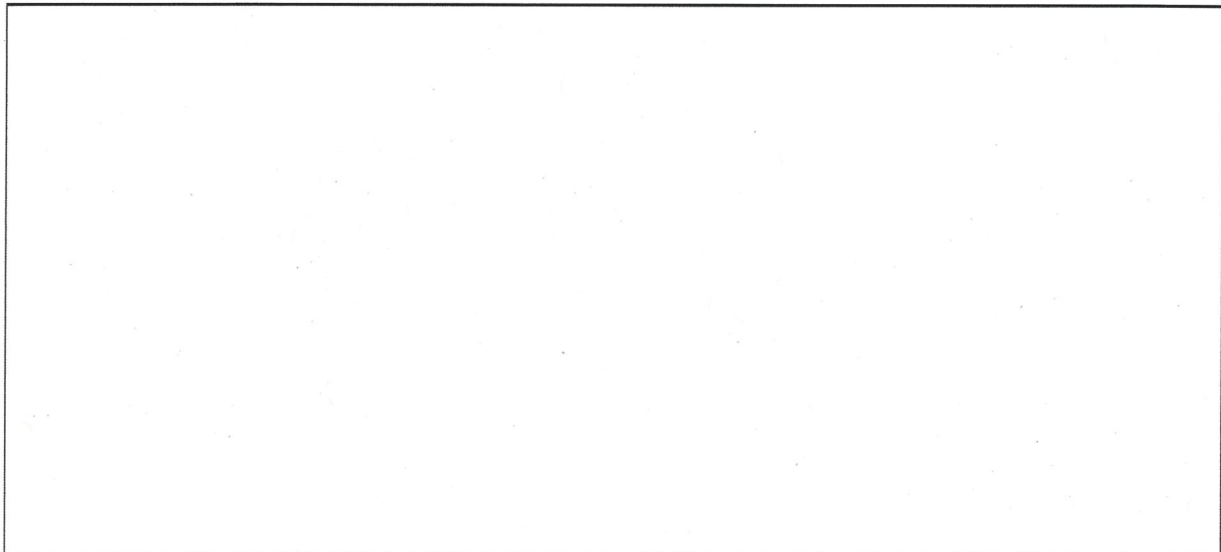
1. If you had to describe yourself using only one word, what would it be?
2. We have monthly potlucks here for staff. What would you bring?
3. What has your personal experience, if any, been with . . . (trauma, grief, addiction etc.)?

PREPARATION WORKSHEET FOR BEHAVIORALLY BASED INTERVIEWING

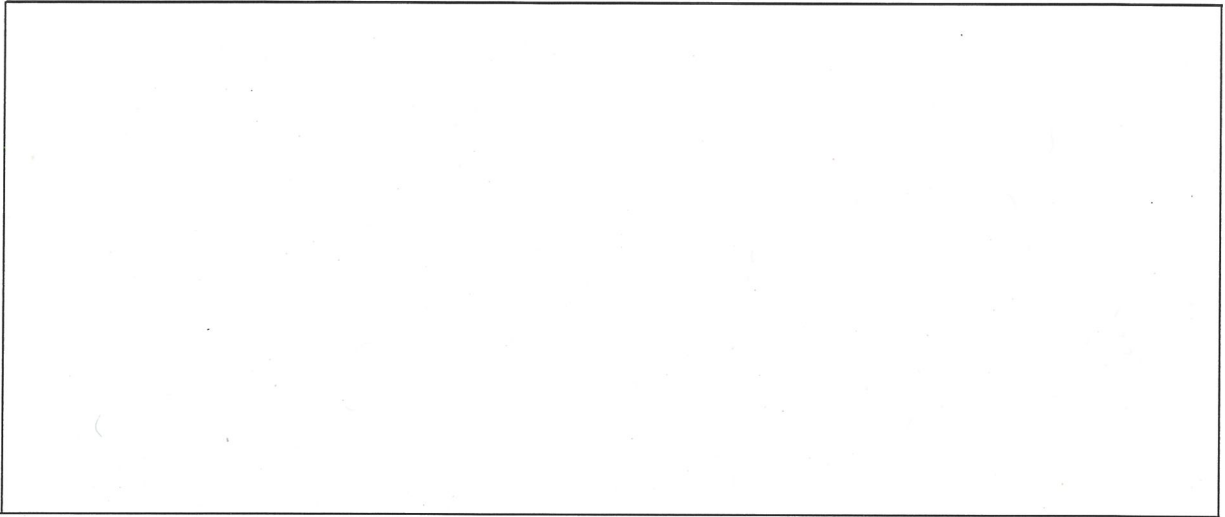
Example of a conflict with a colleague or in an organization and how you resolved it:



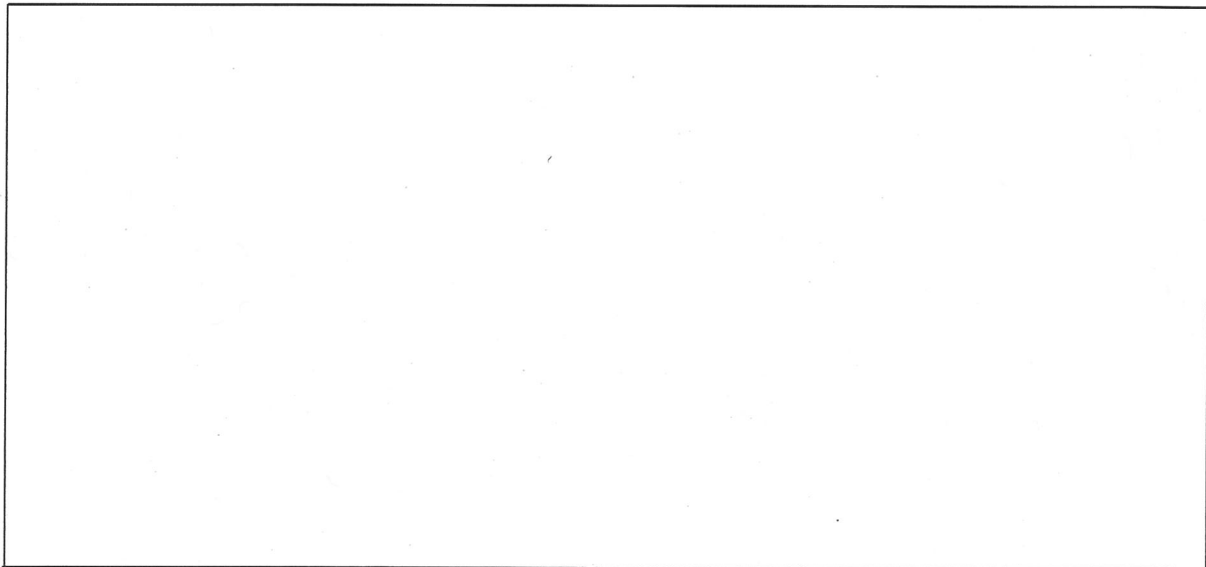
Example of how a weakness impacted your effectiveness:



Example of a cultural or diversity-related difference in understanding and/or approach and how you resolved it:



Example of something you did that showed initiative or creativity:



BEHAVIORALLY-BASED INTERVIEW QUESTIONS

1. Give me an example of a colleague/or a client who was hard to communicate with and tell me how you handled it.
2. Tell me about a time you found a policy, procedure, or decision unjust and how you handled that.
3. Sometimes organizational change takes much longer than we think it should. Describe a time when you have been frustrated about something but have exercised patience. Describe a time when you have been frustrated about something and were not patient.
4. Tell me about a time when you've stuck to agency policy or procedure, when it might have been easier and more effective not to.
5. Give me an example of a time in which you had to be relatively quick in coming to a decision.
6. Describe a time in which you had to arrive at a compromise.
7. Give an example where you used persuasion to successfully convince a client or colleague to see things your way.
8. Describe a time when you realized your level of frustration led to unprofessional behaviors and how you handled that.
9. We can sometimes identify a small problem and fix it before it becomes a major problem. Given an example or examples of how you have done this.

UNEXPECTEDS



■ Curveball Questions

- Describe yourself using only one word.
- What's on your playlist?
- What's the most important thing that has ever happened to you?
- Describe the most difficult client you've ever worked with.

■ Scenarios

- Your client is in the waiting room yelling at another client. The receptionist pages you, you go there immediately. What do you do?

■ Vignettes

- Often written and detailed
- Think through the intervention cycle: Engagement, Assessment (RISK), Intervention, and Evaluation.

COMMON INTERVIEWING ERRORS

- Arriving Late without apologizing
- Forgetting instructions
- Dressing and behaving in an overly casual, informal, or disinterested manner
- Addressing only one person in the room and not varying eye contact to all persons present
- Appearing too fixed, stiff, mechanical, or scripted
- Appearing too anxious and uncomfortable with uncertainty
- Answers that are disorganized and/or RUSHED and/or go on and on and on and on and/or "overshare" (TMI). . .
- Answers that are too perfect, too pat, short, incomplete, clipped, superficial . . .
- Talking badly about a former employer or internship (blaming others without emphasizing your part)
- Significantly over-selling or under-selling yourself

SCENARIOS

1. You are working on an administrative project for the agency director involving a consortium of other agencies who have a history of mistrust and competition. A representative from another agency is always vocally critical at consortium meetings and never gets her portions of deliverables in on time or done to the expected standard. What do you do?
2. You have Medi-Cal billing and paperwork that is overdue, a shelter plus care application that you need to submit, an intake evaluation that is overdue, and you have a client who has just dropped in who missed their appointment yesterday. How do you prioritize?
3. You are working in a middle school. A teacher known for being caustic walks a student into the counseling center and says to you sarcastically: "Here's someone else who'd rather be here than focusing on school." The student doesn't look up from the floor." What do you do?
4. You are on a home visit to a case management client you are trying to engage into services who is very fond of their dog. The dog, however, barks aggressively at you and bites your leg although does not break the skin. What do you do?
5. You have been tasked by the Executive Director to staff a tenant advisory committee in the supportive housing unit where you are completing your management and planning internship. On this

particular evening, one of the residents who has been a responsible and constructive member of the advisory committee approaches you after a meeting and asks you out to coffee. How would you handle this?

6. You are assigned to work in partnership with an RN to co-manage patients with complex medical, psychiatric, and psychosocial problems, concerns, and needs. You feel concerned about their boundaries with patients as the RN gives out their personal cell phone and sometimes visits patients after hours and on weekends at their home. What do you do?

HOW TO HIT A CLINICAL VIGNETTE HOMERUN

(or at least get on base . . .)



Greg Merrill, LCSW

- I. **Mindful attitude** (*Read: Anxiety Self-Management, Confidence Shining*)
 - a. *"I've got this."*
 - b. *"There's a lot of right ways to respond here."*

- II. **First sentence is a brief, empathic summary of the client and dilemma**
 - Example: *This is an employed 47 yo Chinese American woman, mother of three children, whose husband just left her for a younger woman*
 - *"The primary issues for this client appear to be to manage the losses associated with a betrayal and to maintain her parental functioning and employment for the sake of her children"*

- III. **Identify the most relevant risks up front and demonstrate that you recognize and respond to risk immediately**
 - a. Suicidality and Homicidality
 - b. Abuse including domestic violence, child abuse/neglect, and if relevant, elder abuse/neglect
 - c. Tertiary risks like substance abuse, HIV/sexual risk etc.
 - d. Use of consultation and emergency services as/if needed

- IV. **Describe specifically how you might go about engaging this client given who they are and the nature of their dilemma**
 - a. *Empathy*: Describe specifically the kinds of reflections you might make
 - b. *Affirmation*: Describe the specifically strengths you see in the client and the kind of supports they might need
 - c. *Diversity Adaptation*: Describe specifically how you would adapt your interpersonal style to match the client's affective, cognitive, cultural, personal and other preferences
 - d. *Patience*: Describe your experience with tolerating the anxiety

throughout the engagement process related to the client's ambivalence or reluctance

- V. **Describe how you would assess the client, the kinds of information you would ideally like to gather organized into categories, and the methods you would use to collect the organization:**
- a. Demographics, Identity, and Ecological Context
 - b. Biological and Medical factors, Present and Historical
 - c. Psychological Factors, Present and Historical
 - d. Social Factors, Present and Historical
 - e. Methods include observation, interview, and with consent, past records and collateral interviews with other providers or family members
 - f. Demonstrate ability to think differentially and hypothetically and to explore 2-3 possible hypothesis simultaneously
- VI. **Depending upon your assessment findings, you would think about treatment goals related to immediate safety, stabilization, and**
- a. Immediate Goal: ***Increase Immediate Safety***
 - i. Crisis intervention
 - ii. Safety planning
 - iii. Auxiliary collateral supports, use of emergency services, psychiatric medications etc.
 - iv. Case management
 - b. Short-Term Goal: ***Increase Stabilization and Coping***
 - i. Helping client access strengths and resources including internal coping and social networks
 - ii. Providing support
 - iii. Teaching and practicing active coping strategies
 - iv. Involving formal and informal family and community supports
 - c. Longer-Term Goal: ***Enhance Adaptation, Insight and Resilience Building***
 - i. Existential questions and meaning making
 1. "Why me?" "What was my part in all this?"
 2. Balancing acceptance and change
 3. The larger lessons ...
 - ii. Strengthening faith, hope, optimism and personal,

cultural, and/or spiritual beliefs

- iii. Reconnecting with values, sense of purpose, and future
- d. Evaluation: How could I be more effective?
 - i. Describe how you might improve your effectiveness at stage, goal, and intervention matching to best fit your client's needs
 - ii. Describe how you would involve them and others in thinking about progress and setbacks

VII. Describe how you might handle the termination and/or transition process

- a. Anticipate what the client might think and feel about ending an Important relationship that helped them through a difficult period of time
- b. Reflect upon client's strengths, assets, problem-solving, and coping so as to strengthen
- c. Think about session titration (reducing frequency to every 2 weeks, then once monthly etc.)

ALICIA ALEXIS (Adult Mental Health)

Alicia Alexis is a 42-year-old, African American woman who was recently discharged from the county psychiatric inpatient hospital following a suicide attempt. She reports that she had relapsed on methamphetamine and became suicidal after enduring two years of abuse from her ex-boyfriend, Lenny. She describes incidents to you in which he threw her against a wall, tried to choke her, and sexually assaulted her while laughing maniacally. She goes into great detail, appears to relive the incidents, is very tearful, and tangential. She also reports that angels that she can see that no one else can see are what protect her and that she gets messages from them.

Alicia is supported by SSI and Medi-Cal although it is unclear if her disability is psychiatric, medical or both. She receives primary care at a public health center, and reports she has not had psychiatric care in several years, adding "but I used to be on some heavy-duty medications." Most recently, she lived with Lenny in an SRO hotel. She reports her parents are deceased, becoming quite tearful again while describing her mother's death several years ago, and has no contact with her brother and no close friends. It takes a long time for her to answer these basic questions because her thoughts are so disorganized.

Toward the end of the interview, Alicia looks off to the side, looks confused, and then begins to smile broadly and says: "The angels say you will help me and that I should do what you tell me to do. They're never wrong. What do you want me to do?"

MICHAEL MORALES (School Social Work)

Michael Morales is a 12-year-old Filipino American male who is currently a 7th grader. He was referred by school administration after getting in trouble for destruction of property just outside school grounds. You are also informed that his mother recently experienced a traumatic event. While trying to prevent her best friend from committing suicide, Mrs. Morales was accidentally shot in the jaw, requiring major reconstructive surgery that has prevented her from being able to speak for weeks and has greatly changed her appearance and emotional status. According to Michael, his father is "the strong silent type," appears detached, and spends most evenings drinking.

When you meet Michael for the first time, he is quiet and reserved, answers your questions with minimal responses, and has a relatively unexpressive face. He admits that he and three friends smashed out some windows of cars parked near the school but reports that it was "a dare." He has no prior history of violence, is generally a "B" student, and is involved with the school chorus. When asked about his mother, he replies: "She helps out anyone in need. My mom always puts other people first."

Michael's current support system at school are his friends, Tito, Ramon, and Jose, all of whom are also Filipino, and the chorus teacher, Mrs. Griffin. According to some of his teachers, his grades have been slipping into the "C" and "D" range and he appears angry and withdrawn in the classroom. Mrs. Griffin fears he may be using alcohol and drugs.

JOSEPH O'MALLEY (Medical/Aging)

Joseph O'Malley is a 66-year-old Irish American male who was recently referred for progressive memory loss noticed by his primary care physician. He spent his life working as a bus driver, has small pension, and Medicare.

Mr. O'Malley reports he is an only child, that his parents are deceased, and that distant relatives reside in Northern Ireland. His primary support has been an 86-year-old woman, Goldie, whom he refers to as "Mom." Although Goldie originally was his landlord, a year ago, after her husband died, she offered him free rent in exchange for his home health aide and personal care services. Given the size of Mr. Malley's pension and their warm relationship, he gladly took her offer. He reports Goldie has been very "depressed" and "even suicidal" since her husband's death and that he worries about her.

Mr. O'Malley continues to suffer memory loss and other neurological symptoms. The neurologists report that he will never regain his former level of functioning. He insists that he needs to be cured immediately because he is both concerned about Goldie and afraid of losing his apartment and home health aide position. He asks you: "Please don't tell, Mom. She doesn't know and I don't want to worry her." He is irritable, agitated, distressed, and repeats himself over and over and over again during your interview with him.

LAURIE MACY (Child Welfare)

Laurie Macy is a European-American 22-year old single mother of a biracial (African and European American) first grader, Janelle, age 6. You received a report of suspected child abuse and neglect from the elementary after school program. Allegedly, Laurie has picked up her daughter a few times well after 6 pm when the afterschool program closes, and the staff has smelled alcohol on her breath. Since she is known to drive to and from the school, there is a concern not only about the late pick-ups but also about the possibility of driving intoxicated while her daughter is in the car. They report that Janelle also misses one day of school each week and is routinely late on other days.

Laurie lives with her elderly grandmother, Nana Macy, who is 75 years old, in a small and somewhat dilapidated home which you are visiting. She reports that Nana Macy supports her and her daughter financially in exchange for in-home assistance. She reports no contact with Janelle's father who she reports was incarcerated on drug-related charges and "was very violent to us." While you are sitting in the family home, you notice a recycle bin full of large, empty liquor bottles. You also smell alcohol on Laurie's breath. You also observe Janelle to be very mature. Laurie begins to cry during the interview and you observe Janelle to comfort her and offer to make her a sandwich. Nana Macy remains very quiet and detached; she does not share much and it is hard to get a sense of what she is thinking and feeling.

AFTER THE INTERVIEW: THANK, THINK

- Send a personal Thank You note (Mr./Ms./Mx. Manners insists)



- Think about what you did well, what you'd like to improve
- Given what you observed, heard, and felt after being on-site, are you more or less interested? Why? What would be the benefits and risks?

ROLLING OFFERS



- Offers of internship will begin as soon as agencies complete their interviews, usually in their rank-order
- Some people will receive offers before others
- Some people will receive offers before they have completed all of their interviews
- It is appropriate to ask for more time to complete your interviews or, if you have completed them, to ask for 1-2 business days to consider your other offers
- It is appropriate to check on your status at agencies of highest interest as long as you are not being intrusive
- Please consult with your field consultant and allow them to help you manage this process

WHAT SUPERVISORS REALLY WANT FROM INTERNS AND SUPERVISEES

- Forms **collaborative relationships** with clients, systems of colleagues, supervisors, and communities served; perceived as genuine, authentic, empathic, and capable
- Approaches others with **cultural humility**, strength-based lens, curiosity, and awareness of authority, power, and privilege
- Cultivates **self-awareness and self-reflectiveness**, open and receptive, continuously seeking new knowledge and skill and refinement; views feedback as helpful, not personal attack; tolerates being anxious, frustrated, or disappointed and other feelings, exploring their meaning
- Demonstrates **good judgment** related to clinical safety, boundaries, and contextual communication; able to be diplomatic and assertive; appears “self-regulated”
- Demonstrates **organization and attentiveness to administrative demands**; positive work ethic and high level of professionalism in conduct; takes initiative for finding answers and solutions; prioritizes and manages time well; engenders sense of dependability so others have confidence in her/him
- Demonstrates **analytical and critical thinking** and excellent problem-solving; asks the right questions; looks at things from all perspectives and weighs factors; selects the right strategies or methods for each context and situation; can step back and see the big picture.
- Achieves **results** related to the most desired program outcomes (markers may include percentage of clients engaged, client attendance at sessions, client improvement on pre and post-measures, discharge timelines etc.)