



UNODC

United Nations Office on Drugs and Crime

INTERVISION GUIDELINES

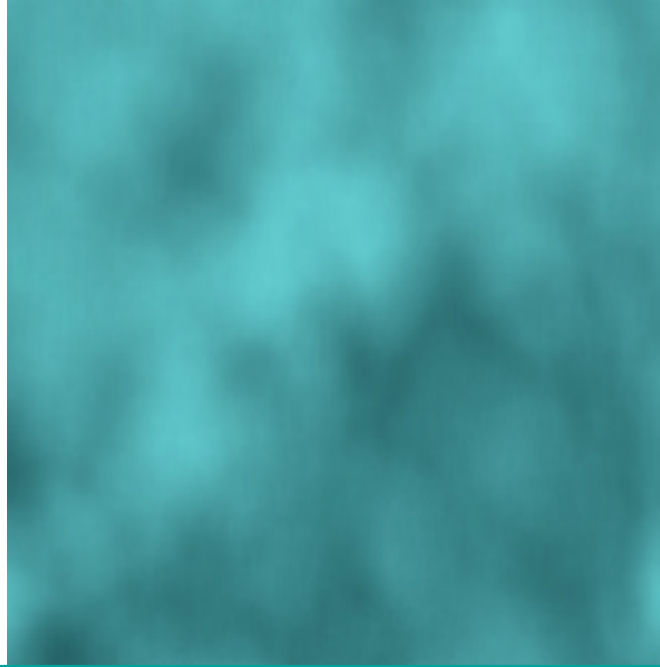


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Foreword

These guidelines have been developed within the framework of United Nations Office on Drugs and Crime (UNODC) project „HIV prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania“. The project was started in 2006 with the funding provided by the government of the Netherlands. Its overarching goal is to establish a favourable environment in all three countries to better implement HIV/AIDS prevention and care among injecting drug users and in prisons. The project addresses normative, capacity building and programmatic aspects of national HIV/AIDS prevention activities.

Within UNODC project new methadone maintenance programmes have been launched, treatment protocols have been developed and training for treatment providers has been provided. To support the staff working in methadone maintenance centres intervision approach was introduced in all three Baltic States. Intervision is an “intercollegial” learning method in a group of equals for increasing knowledge, improving skills and personal functioning of staff. Following the initial training of personnel and drafting of guidelines, intervision was field-tested in Estonia, Latvia and Lithuania among staff of different methadone maintenance programmes. This demonstrated the effectiveness and appropriateness of this approach in dealing with treatment issues and learning from other colleagues.

Intervision can be applied not only for the teams of methadone maintenance therapy but also other services for drug users, like drug rehabilitation centres, needle and syringe programmes and services in prisons. These guidelines, therefore, is a practical tool for individuals and organizations that want to use intervision for enhancing quality of services for drug users, as well as personal functioning and skills of staff.

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1. Introduction

These guidelines have been written to support the work of staff working in pharmacotherapy services in Estonia, Latvia and Lithuania. They are primarily meant as practical guidance how intervision can be used in a multi-disciplinary team or in meetings of experts from different teams. Intervision offers the possibility to efficiently use the expertise available in a team or a group of experts. The guidelines start with a short explanation of the different forms to discuss treatment work, defining the place and role of intervision (chapter 2), followed by a description of characteristics of intervision (chapter 3) and a summary of the advantages of this approach (chapter 4). Then the focus is on practical guidance, starting with a set of rules and guidelines for intervision sessions (chapter 5). This is followed by specifying the selection, the profile, the tasks and the role of a chairperson (chapter 6). The final chapter gives a step by step description of the process of an intervision session (chapter 7).

2. Definitions of concepts: different forms of treatment work discussions

Intervision is one of the formats that can be used to discuss treatment and care work in a team besides **supervision**, **team meetings** and **case discussions**.

Team meetings generally cover two themes, i.e. management issues (organising/creating conditions for the work of the team) and facilitating the treatment and care work with clients.

Case discussions are focussing on an individual treatment case including the staff involved in this case, e.g. to reach agreement on the treatment plan or to evaluate progress in this individual plan.

Intervision and supervision are forms of work related learning, aiming at improving the (quality of) work of professionals. Supervision and intervision have a number of shared/common characteristics. Both focus on learning, on development of staff. They aim at increasing knowledge, improving skills, increasing self-reflection and insight in personal functioning and on learning how to deal with emotions related to work situations.

Supervision can be defined as an individual learning method, guided by a supervisor. It aims at improving personal functioning of individual staff in the work setting, focussing in particular on personal problems of the supervised individual staff member in the work with clients and with other staff members. These problems frequently concern emotions, as for instance feeling insecure in certain situations or feelings of failure or depression related to lack of success in treatment efforts.

Intervision is an 'intercolleagial' learning method in a group of equals guided by a chairperson, focusing either on improving personal functioning of staff or on improving treatment/care work.

3. What is intervision

Intervision is a discussion in a group of treatment/care workers – usually professionals but possibly also including trainees and volunteers. Intervision can be described as exchange between/mutual consultation of colleagues¹. Intervision is generally used to address general treatment/care work issues which need clarification or are perceived as problematic by team staff.

Improving personal functioning

With regards to improving personal functioning of staff the focus of intervision is on how to deal with common, shared problems or issues of treatment/care staff. A key element is discussing behaviour options of staff dealing with

- problematic behaviour of clients (e.g. aggressive behaviour)
- difficult work situations (e.g. high work load or bringing 'bad news')
- work-related emotional problems/stress (e.g. fear of aggressive behaviour, feeling threatened).

Intervision allows staff to check if colleagues face the same problems, how colleagues deal with these problems, and if and what they can learn from the way colleagues are dealing with these issues. Staff can also discuss and consider alternatives how to deal with these issues. An intervision session can also include role play in order to experiment with or exercise behaviour alternatives.

Improving treatment/care work

Intervision also can be client or case oriented. In contrast to case discussions dealing with individual cases in meetings of the staff involved in the actual treatment of a particular client, intervision deals with individual treatment cases with the sole purpose to get additional input from other persons than the involved treatment staff. This contribution is generally called for in complex individual cases where the treatment team faces problems in formulating an appropriate treatment response. Input from other colleagues can be useful to come to a successful approach. The focus is on finding a shared view/consensus on general issues of treatment and care, e.g. on how to deal with dual diagnosis clients rather than on an individual treatment plan.

Other issues to be discussed in intervision are monitoring or evaluating the treatment approach of a team and how to improve its results. Exchange on expertise and tasks of the different disciplines in a team to create understanding for and consensus on tasks and responsibilities of the different disciplines – e.g. which profession can contribute what – can also be an item on the agenda. However, formal decisions on the treatment/care approach and on the division of tasks and responsibilities – as laid down in job profiles and job descriptions – are management issues to be

¹ Intervision sometimes has been called group supervision. To emphasise the aspect of multilateral exchange between equals – unlike the bilateral exchange between supervisor and supervised – we prefer the term intervision.

discussed in team meetings. Still, discussions in intervision sessions can be the basis for dividing tasks.

There are different reasons to use intervision. Intervision is not a replacement of supervision. The latter offers individual staff the possibility to learn how to deal effectively with particular problems they encounter in their work. Through its focus on more general issues of personal functioning of staff, intervision offers the possibility to learn in an exchange between colleagues how problems can be tackled in a more effective way.

Encouraging/improving multidisciplinary teamwork

Intervision is frequently used as a learning approach for staff working within one team. It has proven to be a powerful instrument to encourage multidisciplinary work, making use of the expertise and skills available in a team. It facilitates exchange and agreement between the different professions in a team on treatment issues and on the contribution of each profession to the treatment provided.

Facilitating learning from other teams

Intervision has also proved useful in training sessions for staff of different teams. Staff of one team can learn from their colleagues from other teams how to tackle certain problems. They can exchange on different possible approaches and weigh the advantages and disadvantages of different options. Intervision sessions of staff of different teams are usually exchanges within the same discipline rather than between different disciplines. The aim is not to support the work in a multidisciplinary team but to find a shared view/understanding among staff of the same profession working in different teams.

In short, intervision is a tool that can contribute substantially to enhancing the quality of pharmacotherapy as well as other forms of treatment. In many countries it is used as such. Slovenia, for example, has successfully introduced intervision as standard element of the monthly Pharmacotherapy Coordination Committee meetings. It is therefore worth considering having intervision established as standard element of quality assurance in pharmacotherapy.

4. Advantages of intervision

A major strong point of intervision is that it helps to use all the potential of expertise, experience and skill available in a team or in a group of experts. It is an effective and cost-effective training method. Its core feature is mutual support and consultation of equals.

Used within a team it also contributes to a well-functioning multi-disciplinary team. It offers a platform for exchange between the different professions and to create a shared understanding of the value of the input by different disciplines in the treatment work.

With regards to personal functioning intervision can contribute to:

- Learning different behaviour alternatives;
- Dealing with problematic issues and situations and – by this – contribute to burn-out prevention;
- Insight in personal 'habits and patterns' which influence the work with patients;
- Clarifying the personal drive of staff;
- Clarifying strong and weak points of staff;
- (Mutual) Support and recognition for the work done.

Intervision can improve treatment/care work by:

- Enhancing the quality and efficiency of treatment/care;
- Training of staff to deal more effectively with problematic issues, situations or cases;
- Enhancing consensus and cooperation between the different professions;
- Contributing to team cohesion through a shared understanding.

5. Rules and guidelines

As with supervision there should be ***no hierarchical relationship*** between the participants and the chairperson. This means that a team leader/coordinator cannot be participant or chairperson of intervision sessions. For he/she is also responsible for the management of the team, including monitoring the quality of the (treatment) work done by individual staff and evaluating and judging the performance and work results of individual staff.

Improving personal functioning through intervision requires ***openness and sincerity***. Participants have to be prepared to share their choices for a certain approach, personal issues and emotions in a group. They might be reluctant to do so in the presence of their manager, because what they say e.g. about their weak points might be used against them. Equivalence of participants is a prerequisite for valuable intervision outcomes.

Reflecting openly on one's personal functioning also requires ***trust and confidentiality*** among the participants of intervision. It has to be guaranteed that the information shared in intervision is treated as confidential.

Transparency of scope and structure of intervision sessions

Participants should know in advance what they can expect from intervision sessions, not only so they will be able to prepare themselves, but also to avoid confusion and negative surprises. The following issues of an intervision session should be clarified and communicated in advance to the participants:

- The scope of intervision (personal functioning of staff and/or treatment cases);
- The maximum number of participants (e.g. in case of a bigger team: not more than eight participants);
- The frequency of intervision sessions (e.g. once per month);
- Duration of the session (not more than three hours);
- Eventually maximum number of cases to be discussed (e.g. two).

Behavioural rules and guidelines for participants

There are a number of behavioural rules which have to be observed by participants and chairperson. Important rules are the following:

- **Do not be judgemental**, e.g. judgemental or disapproving behaviour or statements from other participants will not result in positive changes.
- This also means, **do not ask why questions**. The question 'why' often simply shows that you don't understand 'why' and therefore judge. Open questions for clarification, inviting people to tell **their** arguments/motives (e.g. 'can you tell me more about this?') will provide more important information and will contribute to a cooperative atmosphere.
- **Do not patronize**, so avoid offering advice or prescribing what to do or how to behave ('If I were you I would ...'), but try to offer relevant information, tentative suggestions and discuss alternatives. Try to connect your input to the experience of the other. To be allowed to make one's own decision will be more adequate and effective than copying someone else's view.
- **Do not take over responsibility** for your colleagues' problems; try to motivate and support them in solving their own problems.
- **Listen carefully**, this means: do not talk too much, do not interpret, but make sure that you have understood correctly by recapitulating shortly what someone has said according to you and by asking if this is what he or she meant.
- **Stick preferably to the 'here and now'**: what do people feel or think now, what do things/emotions mean to people now, what do they see as perspective, etc. This gives generally more relevant information for changing behaviour than discussing what happened in the past.
- **Pay attention to emotions**: how and what do people feel, what is the impact of certain events on them, etc. This can give people insight into the reason for their behaviour.
- **Show that you understand and care, show interest**: ask people how they are feeling, how things are going.
- **Treat people with respect**: for instance show appreciation for people's input, apologise in case of misunderstanding, etc.
- **Do not play the therapist or the 'shrink'**. Carefully listening and paying attention are important, but one should be careful to avoid taking on the role of therapist. Questions like 'Tell me, how does it feel?', 'What does this mean to you?' can raise feelings of aversion, especially when asked in response to questions for suggestions how to tackle a problem.

There are some more general guidelines for giving input into the discussions:

- Ask questions for clarification to explain what and how (and not why);
- Give suggestions how to change or improve approach, addressing the case or problem presented instead of focussing on the person presenting;
- Connect input to experience of other participants;
- Focus on reaching a shared understanding and consensus on how to approach the presented case or problem.

When introducing intervision in a team or in meetings of staff from different teams an introductory meeting should be organised in which the basic issues of intervision and the above-mentioned behavioural rules are presented and discussed. Since the

behavioural rules are based on the principles of motivational counselling, it might be considered to organise training on the basics of motivational counselling and how this can be used in intervision sessions.

6. The chairperson

Selecting a chairperson

In case of intervision in one team one can choose between appointing a team member or a direct colleague as chairperson or an external expert. An internal chairperson is of course less expensive and he/she will be acquainted with the issues playing a role in the work of the team. Informal intervision sessions can profit from this. However, this familiarity can also be a disadvantage. An internal chairperson has developed a position and established relationships within the team (having personal likes and dislikes). He/she may lack the distance to be able to reflect objectively on the group processes in the team. An external chairperson is no party in these processes. Moreover, for him/her it will be easier to think 'out of the box', to come up with suggestions off the beaten tracks. Overall, there are good reasons to choose for an external chairperson in case of a more formal intervision programme.

Another general rule is that the chairperson does not participate in the discussions during an intervision session. This is another reason for choose an external chairperson. The chairperson has to guide the meeting, i.e. see to it that the agenda is followed, that all participants can have their say, that participants obey the agreed behavioural rules, etc. A chairperson also can come up with tentative suggestions for behaviour alternatives.

Profile of a chairperson

For selecting a chairperson one should take into account the following requirements with regards to knowledge, skills and attitude:

- A chairperson should be an expert with relevant education / training (e.g. psychology or social work);
- He/she should have knowledge of / experience with motivational interviewing and group dynamics (processes);
- Preferably he/she should have work experience in p or related fields (understanding the issues discussed, familiar with chairing group sessions);
- He/she should have and show a positive/supportive attitude (as described in the behavioural rules mentioned above) is an important feature. Other important issues here are ability to listen, a non-judgemental and motivating attitude. Finally, he/she should be able to find an appropriate balance between directive and non-directive behaviour.

Tasks/role of a chairperson

A chairperson has the following tasks in an intervision session:

- Seeing to it that the group for the intervision session is composed;

- Collecting information about the educational and professional background and interests of participants;
- In case of conducting a series or programme of intervision sessions: ensuring that the plan for the series/programme is well-described and communicated with the participants;
- Ensuring that appropriate accommodation and all practicalities (flipchart, marker pens, refreshments, etc.) are arranged;
- Taking care of/managing the process described above, making sure that all steps in the process are taken;
- Informing participants in time about intervision session (date, time, agenda);
- Taking care that all have a shared understanding of the agenda;
- Seeing to it that the agreed agenda is followed;
- Ensuring that all issues are dealt with to a satisfying degree;
- Asking for clarifications when necessary and checking if the clarifications are understood correctly by all participants;
- Checking regularly if there is agreement by summarising the input of the participants;
- Confining him/herself to chairing the session, refraining from participating in the discussion;
- Seeing to it that all participants have their say/are involved, i.e. keeping under control dominant participants and motivating silent participants. Making a round along the participants asking them for their view on a certain issue can sometimes be helpful.
- Seeing to it that the behavioural rules described above are observed by the participants.

7. The process

Introducing intervision

When launching intervision in a team or a group of teams one should carefully introduce the concept, the purposes and the expected results to the involved staff. To facilitate acceptance, it is important to inform the staff of the involved organisations in time, i.e. at least some weeks before the first intervision session.

Generally a personal introduction is more effective than just sending written information. The first step could be an e-mail or letter to all staff involved, explaining the concept and plan, including the guidelines as attachment. In this e-mail or letter one can announce a personal introduction at a later stage to the team, which can be done either by an external expert or by the team leader. In this introduction the aims and the approach of intervision can be explained and discussed. Finally, before the start of the first intervision session the participants should receive a notification – preferably in writing, i.e. by e-mail or letter – with detailed information on the first session, covering the scope of the session (e.g. personal functioning of staff and/or treatment cases), the number and/or names of participants, the envisaged frequency of intervision sessions (e.g. once per month), the duration of the session (not more than three hours), etc.

Preparing the intervision session: agenda and problem/case description

The first step is to compose the group of participants for the intervision session, either members from one team or members from different teams. When choosing for the first option and working with a small team one can simply include the whole team. In case of bigger teams one will have to compose a group by selecting participants from the team, preferably not more than eight and from different professional disciplines. When working with participants from different teams one will have to define selection criteria e.g. the same professional background and a shared interest in certain cases or issues. To ensure meaningful participation the chairperson should take into account the language skills of participants.

The agenda of an intervision session can be prepared in advance or in a brainstorm at the start of the session. The latter option should only be considered for rather informal intervision sessions. For a more regular, formal intervision programme planning and circulating the agenda should preferably be prepared in advance. This can be done during a team meeting, getting input from staff which problem or case is worthwhile or urgent to be put on the agenda. In case of a regular intervision programme one can also choose for setting the agenda of the next session at the end of the previous session. To make sure that the selected problems/cases are still relevant the agenda should not be defined too long in advance. Moreover, the problems or cases selected should be interesting for all or at least most of the participants. The intervision programme should be well-adapted to the level of expertise of the participants.

One staff member – in general this will be the person who has proposed the problem or case – will prepare a short presentation describing the issue or case, its core elements and the relevant questions (what answers is he/she looking for).

Starting the problem/case discussion

The chairperson will start the session with introducing the session programme and him/herself. If necessary, e.g. in case of intervision for staff from different teams the chairperson will invite participants to introduce themselves. The next step will be reviewing and, if needed, adapting the agenda.

One participant will present the issue or case. In general this will be the person who prepared the presentation. Following this presentation the chairperson gives participants the opportunity to ask questions for clarification, aiming to reach a general agreement what the core of the problem is. After these questions have been answered and discussed, the chairperson will summarise the problem or case, indicating core elements. The latter can be:

- Personal factors of staff concerning knowledge, skills, attitude (emotions, beliefs, values), personal state (relaxed, tired, emotional attached, worried, etc.);
- Personal factors of client concerning knowledge, skills, attitude (emotions, beliefs, values), personal state;
- Interaction between client and outreach worker (content, relationship, ...);
- Situation/conditions (quiet – crowded/noisy, ...);
- Interpretation/experience of situation (threatening, ...).

Discussing the problem/case

The chairperson asks the participants for clues and suggestions how to deal effectively with the problem or case, how to change/improve behaviour or how to change the approach to it. He/she will also ask for arguments and motives for the clues and suggestions presented by participants. He/she will check if the clarifications are understood correctly, e.g. by giving short summaries.

Other participants (including the person who presented the problem or case) will be invited to come up with suggestions and clues tips how, possibly together, the issue or case could be dealt with and to reflect on these clues and suggestions. Are the suggestions made useful to address the problem or case more successfully? Again participants will be asked to present arguments for their suggestions. The staff who presented the case will be asked if in his/her opinion a given suggestion is useful for him/her. By summarising and presenting tentative conclusions the chairperson will try to distil an agreement based on the input of the participants. The chairperson, will use a non-directive approach as much as he possibly can, facilitating/supporting the process, summarising what has been said rather than formulating new proposals. In case of ongoing differences between opinions/points of view, it is advisable to focus more on the arguments/motives behind these differences. The chairperson should then put emphasis on getting explanations for the reasons why participants differ in opinion. The best approach for doing this is to use the so-called 'Socratic' approach: inviting/asking participants to explain their point of view and the arguments for taking a different position than other participants without the chairperson taking any standpoint in the discussion. In very rare cases where the participants find it difficult to reach an agreement the chairperson might choose for a more directive approach, formulating proposals on his/her own. When choosing for this option he/she will as much as possible build on / combine and explicitly refer to input given by participants.

Finalising the problem/case discussion

To round up the problem/case discussion the chairperson will try to formulate/propose a general agreement on conclusions regarding the way how the presented problem/case should be dealt with. In most of the cases this will be summarising the outcomes of the discussion rather than formulating a new-found solution to the problem/case presented. As stated above, in rare cases the chairperson will take a more directive attitude.

Finally, to wind up the discussion of a problem or case the chairperson will check with the participants and especially with the staff who presented the case or problem if the outcome of the discussion is seen as helpful and practicable.

Finalising the intervision session

At the end of the intervision session the chairperson will ask participants to evaluate the process, contents and outcomes. Central questions will be:

- Did the session go well:
 - Did participants feel ok/did they like it?

- Did they have enough input?
- What were good and less good points in the session?
- Any remarks on input/attitude of participants or chairperson?
- Did participants learn from the session?
- Do participants find the outcomes useful?

The chairperson will ask participants to explain/motivate their judgement.

A final issue can be to identify relevant issues for the next intervision session.

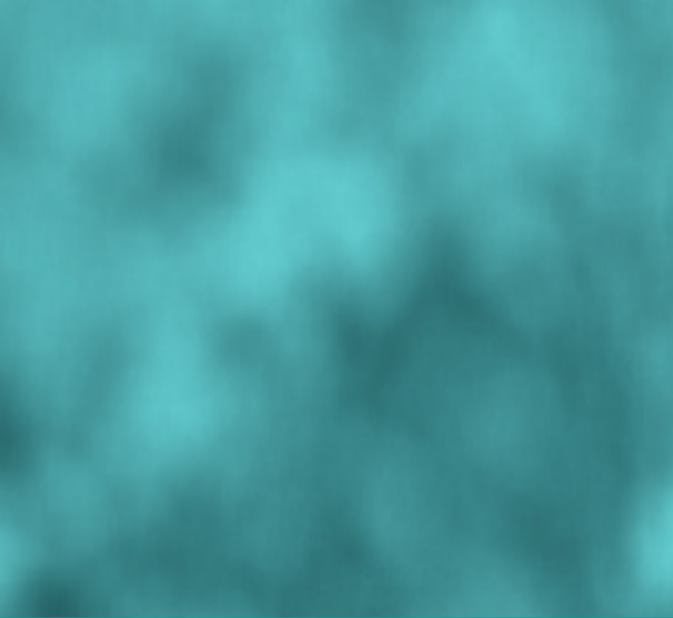
It might be an option to produce short reports on the problems or problems presented and the solutions found. This can be useful information for other staff. It can also be used in training of staff. It may be useful to consider using a standardised format (defining content, structure and length). It is a matter of course that these reports will have to be anonymised.

Annex 1. Intervision Checklist

This intervision checklist is meant to assist a chairperson to assure that all important steps and tasks in preparing and conducting an intervision session are covered.

I. Organizing the intervision
1. See to it that the group for the intervision session is composed.
2. Inform yourself on the educational and professional background, interests and language skills of participants.
3. In case of conducting a series or programme of intervision sessions ensure that the plan for the series/programme is well-described and communicated with the participants.
4. Ask participants to give input, i.e. proposing topics and/or cases to discuss.
5. Have the participants chosen the topics/cases for the session.
6. Have the topics/cases prepared (e.g. by participant giving input).
7. Arrange appropriate accommodation and all practicalities (flipchart, marker pens, refreshments, etc.). In case language skills of participants call for it take steps to assure adequate communication (e.g. making preparations for interpretation).
8. Clarify the following issues of the intervision session and communicate them to the participants: <ul style="list-style-type: none"> • The scope of intervision (personal functioning of staff and/or treatment cases); • The maximum number of participants (e.g. in case of a bigger team: not more than eight participants); • The frequency of intervision sessions (e.g. once per month); • Duration of the session (not more than three hours) • Eventually maximum number of cases to be discussed (e.g. two).
9. Invite participants for the intervision session.
II. Conducting the intervision
1. Introduce the session programme and if necessary yourself and the participants.
2. Have the agenda reviewed, taking care that all have a shared understanding of the agenda.
3. See to it that the agreed agenda is followed and the time planning is observed, allowing time where necessary for unexpected relevant issues.
4. Have the issue or case presented, preferably by participant who proposed it.
5. Allow for questions for clarification and feedback.
6. Ask participants for clues and suggestions how to effectively deal with the issue or case, including arguments and motives for these clues and suggestions.
7. Ask for clarifications and check if the clarifications are understood correctly by all participants.
8. Confine yourself to chairing the session, refrain from participating in the discussion.
9. See to it that all participants have their say/are involved, i.e. keeping under control dominant participants and motivating silent participants. Sometimes making a round along all participants asking them to give their view on a certain issue can be helpful to do so.

10. See to it that participants observe the behavioural rules described in the intervision guidelines.
11. Check regularly if there is agreement by summarising the input of the participants.
12. Summarise and present tentative conclusions.
13. Ensure that all issues are dealt with to a satisfying degree.
14. Finalize with summary and conclusion.
15. Check with the participants and especially with the staff who presented the case or problem if the outcome of the discussion is seen as helpful and practicable.
16. Evaluate the intervision session <ul style="list-style-type: none">• Did the session go well:<ul style="list-style-type: none">○ Did participants feel ok/did they like it did?○ Did they have enough input?○ What were good and less good points in the session?○ Any remarks on input/attitude of participants or chairperson?• Did participants learn from the session?• Do participants find the outcomes useful? Ask participants to explain/motivate their judgement.
17. Identify issues/cases for next intervision session.



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