

Article 82

Distance Supervision: The PIDIB Model

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Technology and rapid advances in the field of telecommunications are transforming the way we communicate and the way in which we practice. This exciting new era continues to create opportunities for clinical supervisors to fulfill their crucial role in the absence of sharing a common physical location. These advances promote accessibility to one of counseling's most important constructs: *Supervision*. This article explores the relationship between supervision and technology within a framework of a case conceptualization model. The PIDIB model, to be discussed later, was designed for both educational and professional use, is easily adapted to any practice setting, is appropriate for students, and is suitable for both new and veteran professionals.

Technology has created a new era of learning; on-line and hybrid models of education are increasingly common in counselor education, creating a cohort of students who may live across state or national boundaries from their institution's instructors and supervisors. These students will typically seek internships in their local area but require long-distance clinical supervision. New professionals to the field may also find themselves employed in settings where clinical supervision is not regularly provided, or is provided by professionals who do not meet standards and regulations for licensure. Both students and new counselors may seek distance supervision to accomplish their educational and professional goals.

Much has been written regarding the importance of face-to-face counseling and supervision (Bernard, 2005; Bernard & Goodyear, 2008; Goodyear & Bernard, 1989; Holloway, 1997; Stoltenberg & McNeill, 1997). Both activities have been viewed as a fluid and interactive process between people. Supervisors are also counseling professionals and understand the importance of non-verbal cues and actions in effective

communication. A learning curve still exists for supervisors with regard to effectively utilizing current trends of technology while not compromising the openness, trust building, and enhanced communication that face-to-face contact provides.

Clinical Supervision

Clinical Supervision is defined as an intervention provided by a more senior member of a profession to a more junior member or members of the same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to clients, and serving as a gatekeeper for those who are entering a particular profession (Bernard & Goodyear, 2004).

Supervision has clearly emerged as a counseling specialty. Professionals continue to identify, define, and refine the purposes of supervision: to facilitate, promote and ensure competency, to protect client welfare, to assist in professional development and licensure, to prevent and identify compassion fatigue and impairment, and to assist in personal growth. (Bernard, 2005; Bernard & Goodyear, 1992, 2008; Goodyear & Bernard, 1989; Falender & Shafranske, 2008; Holloway, 1997; Stoltenberg & McNeill, 1997). The gatekeeper role of clinical supervision has been well defined. Supervisors are charged with the responsibility of ensuring that consumers of mental health services receive these services effectively and professionally (Carroll, 2004). Counselors must have the skills to engage in a positive therapeutic alliance; possess an adequate theoretical knowledge base; and be aware of, and competent to employ, a variety of interventions. There are several roles supervisors engage in while working with both students and other professionals that ensure this competency, as well as validating the gatekeeper role. The supervisor/teacher has the opportunity to instruct supervisees in both theory and interventions, often offering a new or novel way to approach the client's complaints. The supervisor/counselor has opportunities to model effective engagement and reflection of feelings. Issues of transference and countertransference are frequent topics in supervision as well, since supervisees are helped to examine their reactions, biases, and concerns while working with clients. Finally, the supervisor/consultant has opportunities to validate a supervisees' approach, to assist in case formulation, and to provide professional and collegial support. These roles and interactions with supervisees allow the clinical supervisor to evaluate competency, to share relevant experience, to protect consumers, and to have final responsibility for clients served by supervisees (Bernard & Goodyear, 2008). Supervisors are crucial to the professional licensure process as well. Licensure is generally regarded as the process that serves to ensure that the public is not subjected to services of a sub-standard nature. Counselors are often engaged in facilitating life-changing directions and decisions with clients. The decision to begin counseling is often a difficult one and may be arrived at while an individual feels frightened, vulnerable, and isolated. The licensing process ensures that a minimum of education and practical knowledge has been achieved, and serves to ensure that all clients receive effective help when in crisis. Professional organizations, such as the American Counseling Association, acknowledge state regulations for obtaining licensure. Such supervision may be obtained at an employment site, by engaging in a private supervision contract, and in a combination of group and individual encounters. Licensure is also

necessary to contract with third party payers and is often required at both public and private practice sites. The importance of licensure increases the need for accessible supervision.

Counselors practice in many different settings and locations. In rural areas, a counselor may be a sole practitioner and be isolated from available peer support and supervision. Practitioners in urban areas may practice in agencies where a licensed colleague is not available to provide supervision. Counseling students may be practicing in agencies geographically removed from their instructors. Technological and web-based modalities, such as e-mail and audiovisual connections, provide opportunities for these counselors to obtain both required supervision and needed professional support.

There is much in the professional literature regarding compassion fatigue and vicarious trauma; clinical supervision and supervision for the supervisor does much to mitigate the possibilities of burnout (DePass, 2005; Horrell, Holohan, Didion, & Vance, 2011; Knudsen, Ducharme, & Roman, 2008). In the last decade, counselor impairment has also been identified as a situation requiring supervision. Impairment affects both counselor and client and ACA has been involved in identifying opportunities to develop strategies to help. "Counselor heal thyself" is a dangerous concept for the profession. Counselors often feel that they are immune to emotional or behavioral struggles due to their strong knowledgebase regarding developmental stages, grief and loss, and resiliency. Counseling professionals may also view mental health difficulties as issues they should be able to handle independently because of their skills. Both perspectives place both students and professionals at risk.

Avoiding impairment requires counselors to recognize and enhance their personal strengths, to identify client populations or issues that hold particular concerns to them, and to develop ongoing strategies to address these concerns. Supervision is critical to achieving these important professional and personal standards. The development of empathy is a critical skill to promoting engagement. It is often this same quality that can induce impairment. At the same time, practice sites and managed care payers may request that staff increase caseloads and productivity. Clinical supervision builds on a counselor's strong points, whether they are theoretical interventions or reflective listening. The supervisor provides opportunities to debrief on a regular basis, providing outlets for personal concerns arising from client contact. Supervision in order to address these concerns is critical to both students and new professionals. Even veteran counselors are helped to maintain perspective by engaging in regular supervision.

Several counselor education programs have additionally created curricula that include "therapy-like" classes or workshops for counselor personal growth. Similar to the factors that may lead to compassion fatigue, counselors and counseling students must become aware of, and maintain awareness of, their biases, unresolved childhood issues, and historical mistakes in order to remain effective and client focused.

Supervision is crucial, and telecommunication provides an opportunity to ensure that all professionals have access to this relationship, with convenience, flexibility and accessibility.

Technology, Supervision, and PIDIB

Technology continues to play an increasingly important role in the counseling profession. Along with the development and utilization of technological innovations in the delivery of online counseling services, and the use of the Internet in counselor education distance learning, clinical supervision is also undergoing a significant technological evolution. It seems clear that technology will continue to significantly influence the manner in which counseling students and counseling interns will experience their educational and training objectives.

The modality of online supervision, referred to as *cybersupervision* by Watson (2003), is not a recent phenomenon. For roughly the past decade, distance supervision has been advanced in a number of different delivery software systems. With the Internet, distance supervision can be provided by any number of synchronous (live and in real-time) methods, such as utilization of streaming video, webcam, or threaded discussions. Asynchronous (different or delayed time) methods of providing supervision include listservs, email communications, discussion threads, etc. There are a variety of different Internet software platforms available that have been utilized in the delivery of cybersupervision, including BlackBoard, Illuminate Live, WebCT, GoToMeeting, and Adobe Connect. This article discusses the PIDIB model in clinical supervision utilizing Adobe Connect software as an online platform.

Advances in Web-based Technologies

Historically, methods of providing clinical supervision have utilized live real-time meetings, as well as the use of ancillary tools, such as one-way mirrors, audio tapes, and videotaped observations. Due to technological advances, it is now possible for clinical supervision to be delivered in real-time, even though supervisor and supervisee may be geographically distant. The technological advances that have occurred over the past decade have resulted in greater technical sophistication with both supportive hardware and software, as well as bringing cost considerations within the reach of many programs.

Our Use of Technology for Distance Supervision

Our counselor education program (Argosy University, Sarasota, FL) offers a CACREP accredited master's degree in Mental Health Counseling, as well as a CACREP accredited doctorate in Counselor Education and Supervision. These programs offer course delivery in several formats, including online, blended, and on-campus formats.

The software platform that our counselor education program uses for clinical supervision of practicum and internship students is Adobe Connect Pro. This software is available for purchase with several options regarding capacity and price. Our program has chosen to use the package that allows for up to 20 simultaneous individual webcam screens and costs around \$40 per month. This software platform allows the Director of Training to host real-time meetings with audio and video interaction with intern students no matter where they are. The Director of Training is able to create a meeting which utilizes a "virtual room," with the option of allowing only registered users and selected guests to enter the virtual room. To protect privacy and confidentiality, the host can manage access, or if desired, can block incoming attendees. The room is initially created by identifying a name, and a specific day and time of the meeting. Participants are sent an

email invitation with the identifying URL. The host can select a variety of different layouts depending upon desired features. These features include: audio and video real-time communication, PowerPoint presentations, shared documents, upload files, written chat function, whiteboard, web links, etc. The meetings can also be recorded. For full participation, students will need the basic equipment of computer with Internet access, webcam, and microphone. In addition, the free Adobe Flash Player is needed to attend an Adobe Connect Pro meeting. While there are several other software platforms available which offer similar capabilities, we have found that Adobe Connect Pro offers us the tools to provide synchronous communication with students and supervisees. We have found that this technology makes it possible to not only maintain scheduled ongoing supervision of our practicum and intern students, but it also provides an effective virtual classroom in which to teach methods of case conceptualization. One particular method, the PIDIB model, has been developed, researched, and taught by utilizing this distance learning technology.

The PIDIB Model

Why does PIDIB lend itself so well to distance supervision? Because of its simplicity, it is easy to teach and learn and can be applied immediately to most clinical situations even with new interns. From the beginning of the supervision process, supervisor and supervisee are speaking the same clinical language regardless of their theoretical preferences. This provides for reliable and valid case conceptualization which forms the basis of the client's treatment plan. In addition, the model is client and supervisee centered and empowering which helps to build confidence in the supervisee.

The PIDIB model of clinical supervision comes from work done with trauma survivors and was inspired by the stages of trauma recovery of these survivors. These stages are safety, control, responsibility, and self-esteem (R. Solomon, personal communication, May, 2000). PIDIB is an acronym derived from the first letter of each phase of the model (see below). PIDIB can be used in almost all supervision venues because it is a transtheoretical model (Raggi, Dubi, & Reynolds, 2008). Therefore it encourages supervisor and supervisee to communicate using a common worldview. It is a user-friendly model that is especially useful in helping new or inexperienced counselors work with clients. It is a simple model that allows for easy and reliable case conceptualization—supervisees do not need expertise in diagnosis. Hubble, Duncan, and Miller (1999) believe that diagnoses have never been related to change in any way and are not particularly useful to counselors at any level.

The five phases of PIDIB are: ***Presenting Problem, Issues, Dynamics, Interventions, and Bridge.***

Phase I: The ***Presenting Problem*** is the first phase of PIDIB and drives the other phases. It uses the client's words and does not allow for any interpreting by the counselor (or the supervisor).

Phase II: ***Issues*** refers to safety, control, responsibility, self-esteem, and reality testing. These issues are driven by the client's presenting problems and are what the counseling sessions will focus on in place of a formal diagnosis. It allows treatment to proceed immediately in a meaningful way.

Safety includes physical and psychological safety and often resembles PTSD in the client's presentation. This, in fact, may be the most powerful of all issues and the most difficult to treat.

Control refers to the clients feeling out of control, having no control, or being controlled by others, and is a common issue. Substance abuse, for example, is an example of a control issue.

Responsibility usually refers to guilt and shame in this model. With guilt the action is the focus of evaluation whereas with shame, the self is always the focus of the evaluation.

Self-esteem is part of an individual's schemata and may have its roots in early childhood. In any case, high self-esteem tends to make the individual feel good and it is a common issue in counseling.

Reality testing refers to mental illness and usually requires medical intervention. The burden of proof here is very low—you do not have to prove, you only have to suspect—to make the referral. However, most clients with reality testing issues have already been seen medically and may already be taking medication.

To determine if you need to make the referral, the counselor must ask the following questions: Is the client hallucinating? Is the client delusional? Is the client suicidal? Is the client homicidal? Is the client consuming toxic substances in a harmful manner? A yes to any of these questions would suggest a reality testing problem.

Phase III: Dynamics refers to the session interactions between the counselor and client. These dynamics often change within and between sessions and are often unconscious in nature. However, dynamics determine the strength of the therapeutic alliance. Good dynamics permit you to continue with treatment.

Phase IV: The Interventions phase is driven by stages I, II, and III. It empowers the client by reflecting back on the issue(s) identified and permitting him/her to decide the issue to work on and to begin the process of healing.

Phase V: The Bridge, or homework phase, connects sessions and strengthens learning. It provides the client with therapeutic activities between formal sessions and, again, empowers the client with control over therapy.

The PIDIB model fits into the cybersupervision protocol with the supervisor asking the supervisee to identify the presenting problem(s), issues, and dynamics and then asking about the client's choice of issues and interventions used. Because the presenting problems begin the session, all that follows must be reliable. That is, the counselor confirms with the client if the issues are correctly identified and then asks which issue the client would like to work on first. This client centered, client empowering model allows the session to be focused and goal oriented. It allows the supervisor to determine counselor effectiveness in both case conceptualization and treatment.

The PIDIB model is a natural match for cybersupervision because of its ease of teaching and ease of learning within the context of clinical supervision. Supervisors must be aware of what the client is actually experiencing and the direction of the counseling process which the model efficiently provides. So far the response from supervisors has been very encouraging.

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