A psychologist uses digital clinical assessments to streamline and improve evaluations

Patrick Aleknavicius, PsyD, LP, Clinical Psychologist
The Challenge

Parents in Orange County, California, and Duluth, Minnesota, bring their children to Patrick Aleknavicius, PsyD, LP, a clinical psychologist specializing in psychological testing, anxiety, ADHD, clinical assessments, and treatment. Dr. Aleknavicius lives in California, but he practices in both states by using technology to provide telemedicine services.

When Dr. Aleknavicius first started practicing, he administered paper-and-pencil clinical assessments. It was a laborious process, since the tests took several hours to administer and he had to score the tests by hand. It was also time-consuming for students who were pulled out of school, as well as for parents who had to miss work in order to have their children tested.

“Many of the barriers to both clinical assessment and treatment are largely associated with timing and accessibility,” Dr. Aleknavicius noted. “I think technology is at a point where those barriers don’t need to exist anymore.”

A Digital Clinical Assessment Solution

An early adopter of technology, Dr. Aleknavicius switched to electronic forms with separate scoring systems for his clinical assessments as soon as they became available. But what he really wanted was a comprehensive digital assessment system that would streamline his work.

In late 2012, Dr. Aleknavicius learned about Q-interactive®, a comprehensive tablet-based clinical assessment system. The system operates on two tablets, one for the clinician and one for the patient. It allows practitioners to administer a variety of clinical assessments and provides them with real-time scoring. Dr. Aleknavicius started using the system in January 2013.

Dr. Aleknavicius had no problem implementing Q-interactive. “The features that were more advanced, like going back and making changes to some of the scores or making corrections, required a slight learning curve, but overall it’s very intuitive,” he reported.
The Results

Dr. Aleknavicius found that students and clients easily adapted to the digital assessments. “There’s immediate buy-in, especially with the younger kids, as soon as they see the iPad®,” he explained. “They’re excited about using that technology, and it makes sense to them. It’s more consistent with how they interact with the world. So that’s a huge benefit right from the get-go and also adds to the rapport building.”

The tablet-based tests also increased engagement during the assessments. “Using the electronic interface streamlines the evaluation process, so it’s more fluid,” Dr. Aleknavicius noted. “There’s less opportunity for kids to disengage and get off track during the testing process.”

From the clinician’s point of view, digital assessments are much more efficient. Dr. Aleknavicius used to carry two or more briefcases full of testing manuals, administration booklets, and ancillary forms for every test. He now only needs the two iPads and a response booklet.

The digital assessment also saves time. Before using Q-interactive, Dr. Aleknavicius allocated two hours to administer a test and several hours to score it and develop an evaluation. With the digital system, the test administration time has been cut by more than half, and he doesn’t have to spend time on scoring because the system automatically scores questions as soon as they are answered.

In addition, digital assessments allow Dr. Aleknavicius to be more dynamic during the testing process. He explained, “If I see a subtest that’s particularly low, I can add something to the battery to better understand that low score. Or, if I see some scores indicating things are going well and there’s no problem, I can abbreviate the battery by taking something out. It really streamlines the process and makes it much more user-friendly, effective, and efficient.”

“I can make much better use of my time and get a lot more done in a testing session with Q-interactive.”
Q-interactive also includes all the materials needed for a test on the tablet, so clinicians are able to spend more time observing patients during the test. “The ability to so fluidly take behavioral observation notes is really helpful,” Dr. Aleknavicius remarked. “Historically it was always this disjointed process of trying to make notes in the margin or jot down some observation. Now, the notes don’t get lost in the record form or as side notes jotted on the record form that you might miss. I tag them to the different subtests or items, and they’re right there in the scoring.”

“A lot of times I’m making notes about the child seeming anxious. I trace their basic visual scanning pattern to make notes about it being organized or disorganized, consistent, or becoming more erratic at some point. Making those types of observations throughout the course of an evaluation can ultimately be very telling and hugely beneficial for really understanding the client and the case.”

Dr. Aleknavicius has used Q-interactive with over one hundred patients, administering the WISC®, WAIS®, WIAT®, WMS®, NEPSY®, KTEA™, D-KEFS™, CVLT®, and CVLT®-C. Because of his positive experience with Q-interactive, Dr. Aleknavicius has introduced the system to the other clinicians in his practice, to the clinicians in a treatment center that he worked with for a year, as well as to students he has supervised and guest lectured to. He will be teaching a graduate-level university course on cognitive assessment in the summer and is looking forward to bringing these tools into a formal classroom setting.

When asked what advice he would give colleagues who are not using the digital system, Dr. Aleknavicius replied, “I would strongly encourage them to look at these new testing tools. Q-interactive streamlines the assessment process and is more user-friendly, efficient, and, in my opinion, more effective.”