



SUCCESS STORY

# Using digital assessments, a clinical psychologist saves time and increases accuracy

Loretta Bolyard, PhD, Clinical Psychologist



Pearson

## When Dr. Loretta Bolyard, a clinical psychologist, saw a demonstration of digital assessments at a professional conference, she immediately saw the benefits.

“I took a cab to the mall and bought two iPads,” she said. “I brought them straight to the Pearson booth and bought Q-interactive® right there.”

Q-interactive is a comprehensive digital system from Pearson that psychologists, speech-language pathologists, and special education teachers use to administer and score tests. Fifteen of the most widely used psychological tests, such as the WISC®-V, WAIS®-IV, and WMS®-IV, can be administered on the system. Clinicians use an iPad® device to read test instructions, send test questions to a client, and record and score the client’s responses. The client uses another iPad to view and respond to the questions.

Dr. Bolyard, who specializes in neuropsychological assessments, decided to try digital assessments because they solved a number of challenges. “I’m not tech savvy, and I know many people aren’t ready to move testing to an all-digital format,” she said. “But there are so many advantages.” She now administers almost all assessments digitally, except for some subtests that are particular to her clients and are not yet available on Q-interactive.

Since the system provides real-time scoring and she can adjust her test battery during administration, Dr. Bolyard can more easily personalize her assessments. “I might put together a battery for a high-functioning person, but then during testing I realize the person is more impaired than I thought,” she explained. “Since I can see the scores as I’m administering the test, I can edit the test on the spot and add and delete subtests to help answer the initial questions posed in the referral.”

Since she is no longer hand-scoring tests—adding and transferring numbers and converting scores—she feels the test results are more accurate. “All the scores are summarized on a single page,” she remarked. “There’s so much less room for error.”



*Dr. Loretta Bolyard*

Switching to digital assessments has also saved Dr. Bolyard time. She estimates that when she used paper-and-pencil assessments, the total testing process from preparation through scoring might have taken close to ten hours per client. With digital assessments, since she no longer has to prepare paper test materials in advance and the test is scored automatically, the total testing process can take as little as six hours (see Figure 1).

The time Dr. Bolyard saves has enabled her to serve more clients, thereby filling a critical need in her community. “I work in a rural area, and I’m only one of two neuropsychologists in the area,” she explained. “I can fit in more clients a week now, so more people can get help locally. Before, if clients needed an evaluation, they’d either have to wait several months for an appointment or travel 100 miles to the nearest town.”

Digital assessments have an added benefit for Dr. Bolyard’s clients, most of whom are geriatric. “Because the digital format is usually faster than pencil and paper, my older clients get less fatigued,” she said. Since sometimes her patients are nervous at first about using an iPad, she will do some warm-up exercises before beginning the assessment. Her clients end up being “pretty proud of themselves for using the tablet,” she commented.

“Because [clients are] engaged and because I can alter the course of testing during the evaluation, I know that I’m getting a more accurate picture of their abilities.”

FIGURE 1

### Estimated Time Spent Using Q-interactive vs. Paper & Pencil



Most importantly, digital assessments have given Dr. Bolyard the means to evaluate patients she might otherwise have difficulty assessing. The story of one of her clients, an eighty-year-old woman, is a case in point.

The woman's daughter brought her to Dr. Bolyard for a psychological evaluation to assess her cognitive functioning in order to provide the courts with information for a guardianship hearing. But when they arrived for the appointment, the woman refused to get out of the car.

Dr. Bolyard engaged with her by making small talk through the car window, which was rolled halfway down. But the woman still refused to get out of the car because she believed that lawyers were hiding in the bushes. Finally, Dr. Bolyard convinced the woman to sit on the grass outside her office building and have tea.

Rushing into her office, Dr. Bolyard got some tea and used Q-interactive to load a few tests onto two iPads. Returning to the woman, she offered to play some "games" with her on the iPads. The woman happily agreed, saying, "My grandkids use these!"

The woman became increasingly engaged as Dr. Bolyard administered the tests. "I haven't played games in twenty years!" she told the doctor. Ultimately, Dr. Bolyard was able to coax the woman into her office, promising to play more games if she came inside.

Once in the office, Dr. Bolyard finished administering the battery of tests. Her conclusions about the woman's levels of paranoia and dementia helped the courts determine that she required a guardian. By using digital assessments, Dr. Bolyard was able to help the woman get the support she needed.

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For more information about how digital clinical assessments can help you in your practice, visit [PearsonAssessments.com/QiPractice](https://PearsonAssessments.com/QiPractice)