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BACKGROUND AND AIM

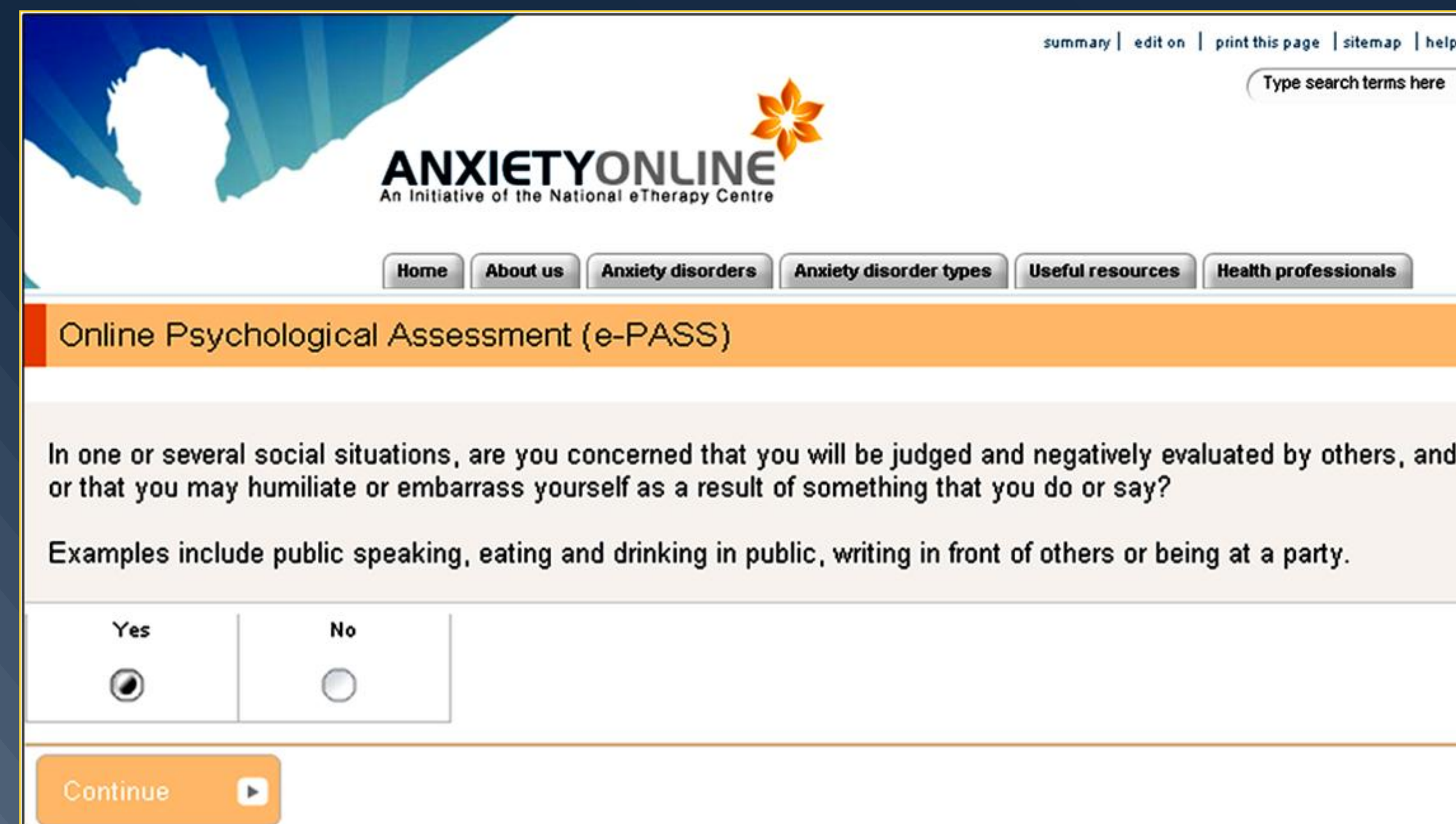
There has been a recent rise of online clinical assessment programs designed to screen or diagnose psychiatric disorders. Compared to traditional assessment forms, these programs offer practical advantages for providers (e.g. automated administration, streamlined data collection, low running costs) and consumers (e.g. accessibility, convenience)¹. While there is considerable literature around the psychometric properties of online clinical assessment programs, little attention has been given to consumers' experiences.

Hence, this study aims to investigate consumers' experience of an online clinical assessment schedule (namely, the e-PASS) using a qualitative and quantitative approach.

The e-PASS

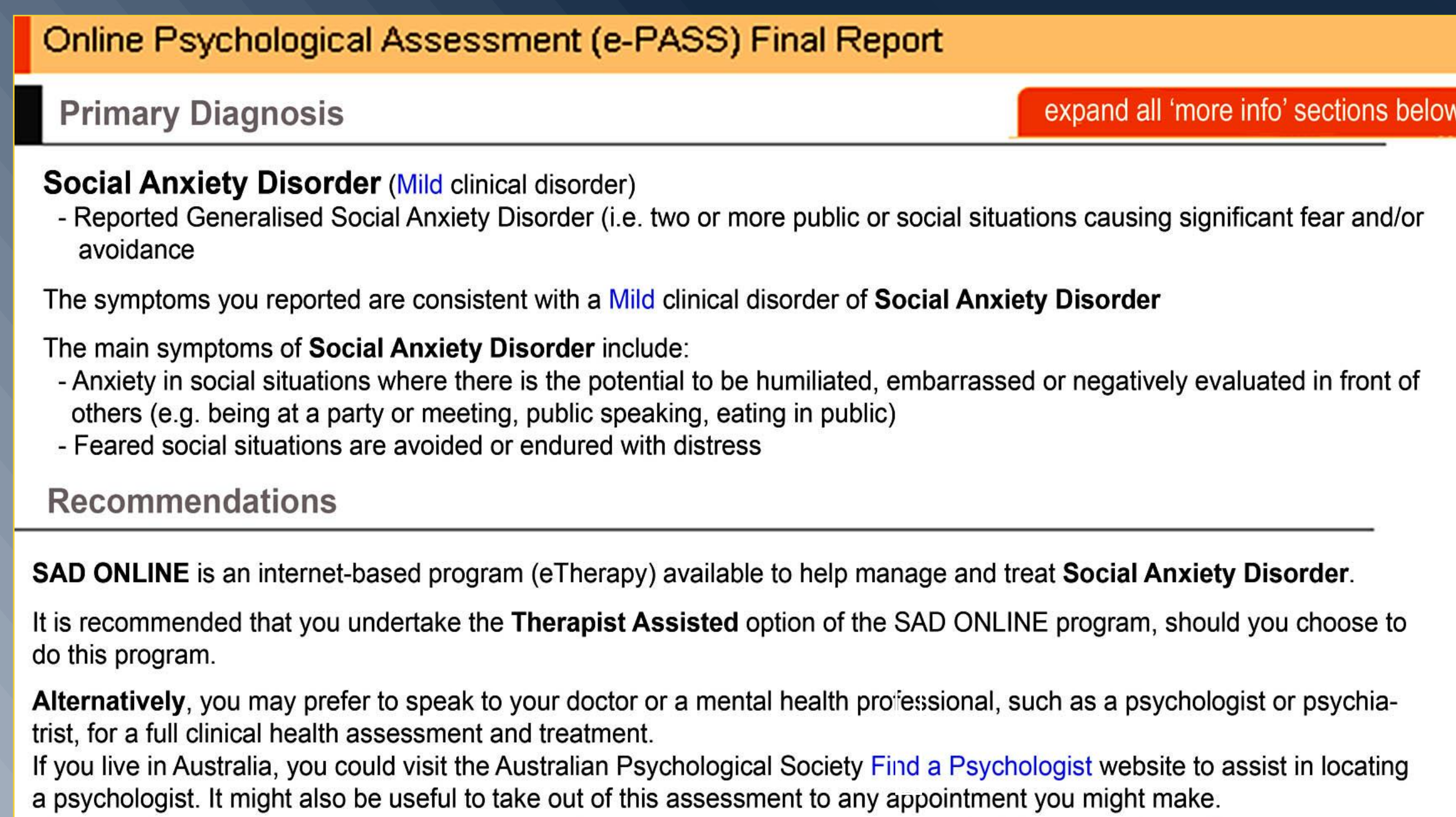
The Online Psychological Assessment (e-PASS) program is an automated online clinical assessment schedule at www.anxietyonline.org.au. It involves a series of questions about recent psychological symptoms (Fig. 1), and takes an average of 25 minutes to complete. The e-PASS assesses for 21 DSM-IV disorders and provides feedback regarding diagnosis, severity, and referral recommendations (Fig. 2). The e-PASS is currently undergoing psychometric evaluation.

Fig. 1. Example of an e-PASS question



The screenshot shows the ANXIETYONLINE website interface. At the top, there is a search bar and navigation links. Below that, the title "Online Psychological Assessment (e-PASS)" is displayed. The main content area contains a question: "In one or several social situations, are you concerned that you will be judged and negatively evaluated by others, and or that you may humiliate or embarrass yourself as a result of something that you do or say?" Below the question, there are radio buttons for "Yes" and "No". The "Yes" button is selected. At the bottom, there is a "Continue" button.

Fig. 2. Example of e-PASS final report



The screenshot shows the "Online Psychological Assessment (e-PASS) Final Report" page. It features a "Primary Diagnosis" section with a red button to "expand all 'more info' sections below". The diagnosis is "Social Anxiety Disorder (Mild clinical disorder)". Below this, there is a detailed description of the disorder, including symptoms and recommendations. The text states: "SAD ONLINE is an internet-based program (eTherapy) available to help manage and treat Social Anxiety Disorder. It is recommended that you undertake the Therapist Assisted option of the SAD ONLINE program, should you choose to do this program. Alternatively, you may prefer to speak to your doctor or a mental health professional, such as a psychologist or psychiatrist, for a full clinical health assessment and treatment. If you live in Australia, you could visit the Australian Psychological Society Find a Psychologist website to assist in locating a psychologist. It might also be useful to take out of this assessment to any appointment you might make."

METHOD

Participants: 85 Australian adults initially recruited from www.anxietyonline.org.au as part of larger evaluation study. After completing the e-PASS and a telephone structured clinical interview, participants were invited to participate in this sub-study. All participants were diagnosed with at least one disorder (most often anxiety related) by the e-PASS and/or telephone interview.

Measures: The User Experience (UE) online survey was created for this study. It consisted of:

- I. Open questions about what the participant liked and disliked about the e-PASS
- II. 36 self-rated statements using a 9 point scale of agreement (1 "not at all", 9 "definitely"). Eighteen themes covered, with one statement and one reversed statement (e.g. It was too long/It was too brief) per theme. Two sets of statements presented, each referring to the e-PASS/telephone interview experience.

Procedure: Within two weeks of completing the e-PASS, participants received an email with a link to the UE survey and logged in using their email address. Participants were required to answer the open questions, then rate the two sets of 36 statements in relation to their e-PASS and telephone interview experiences.

RESULTS

Responses of open questions were thematically coded. **Table 1** lists most common themes with examples. **Table 2** presents descriptive statistics for most of the UE statements. Reversed statements with similar mean ratings to their counterpart statement were excluded.

Related Samples Test revealed significant differences between the mean agreement rating of many e-PASS/Interview statements (see asterisked means in **Table 2**). However, the majority of mean rating differences were 1 scale point or less.

Table 1.

Common Themes and Examples of Responses to Open Questions About e-PASS Experience

Questions	Themes	Examples
What did you like about doing the e-PASS?	Convenience	"I could do it in my own time and comfort"
	Anonymity/privacy	"No one knows who I am, what my voice sounds like"
	Perceived control	"I could go at my own pace"; "I liked not being interrupted"
	Self-reflection	"It made me think about my condition", "Helped me see the bigger picture"
	Breadth	"It was comprehensive"
	Comfort	"No embarrassment"
What did you dislike about doing the e-PASS?	Restrictive	"I wanted to but couldn't clarify my response"
	Lengthy/repetitive	"It was tediously long ...asked same questions"
	Uncertainty	"I was contradictory and hard to follow at times"
	Technical difficulties	"I was worried it would time out"
	Impersonal	"It felt robotic", "I wished it could have been more reassuring"
	Inaccuracy	"It did not take into account circumstances..."
		"It seemed open to error"
		"I would be sceptical... the automated nature"
	Lack of follow-up	"No genuine response...when you're feeling down or at risk"

Table 2

Mean Agreement Ratings of User Experience Statements for the e-PASS and Telephone Interview			
Theme	Statements	e-PASS	Interview
Attitude	I took it seriously when answering the questions	8.29 (1.43)	8.53 (1.18)
Comfort	I felt comfortable while participating in it	7.62 (1.63)	7.46 (1.61)
Confidentiality	The assessment felt confidential	7.53 (1.86)	7.63 (1.80)
Comprehension	I found it easy to understand	7.49 (1.82)	8.08 (1.34)**
Accessibility	It was convenient to access	7.42 (2.06)	7.42 (1.85)
Ease of use	It was easy to perform	7.11 (1.93)	7.51 (1.78)*
Repeatability	I would do this again in future if I needed another assessment	7.00 (2.04)	7.26 (1.83)
Comprehensiveness	It was thorough in exploring for symptoms	6.36 (1.83)	7.15 (1.61)**
Anonymity	I felt anonymous	6.33 (2.58)**	5.55 (2.66)
Concentration	I found it easy to concentrate	6.18 (2.12)	6.76 (2.03)**
Expression	I felt like I could open up	6.11 (2.62)	7.06 (2.20)**
Relevance	It captured useful information about me	6.11 (1.81)	6.61 (1.84)**
Engagement	It was engaging and interesting	6.07 (2.11)	6.85 (2.04)**
Accuracy	I trusted it was accurate	6.06 (2.27)	6.58 (2.29)**
Motivation for further assessment	Afterwards, I felt motivated to see a health professional to discuss my mental health	4.61 (2.65)	5.06 (2.61)*
Treatment motivation	Afterwards, I felt motivated to seek treatment	4.60 (2.77)	4.95 (2.72)
Expression	I felt restricted in what I wanted to express	4.34 (2.83)**	2.47 (1.94)
Emotional impact	Afterwards, I felt better about myself	4.19 (2.27)	4.83 (2.36)**
Comprehensiveness	It was narrow in exploring for symptoms	3.58 (2.18)**	2.86 (1.97)
Length	It was too long	3.02 (2.25)**	2.59 (1.98)
Accuracy	I would not trust it to be accurate	2.86 (2.23)**	2.19 (1.65)
Attitude	I answered the questions without much care	2.81 (2.31)*	2.59 (2.28)
Relevance	It was too irrelevant in the information it was collecting	2.47 (1.78)**	2.11 (1.72)
Length	It was too brief	2.27 (1.68)	2.08 (1.49)
Emotional impact	I felt worse after finishing	2.14 (1.89)	2.21 (2.05)
Comfort	It was awkward to participate in	2.09 (1.56)	2.49 (1.87)*
Treatment motivation	I felt put off from seeking treatment after finishing	1.88 (1.80)*	1.61 (1.46)

Note. A mean with asterisk is significantly greater than corresponding mean for that statement; * $p \leq 0.01$, ** $p \leq 0.001$

DISCUSSION

This study explored experiential themes of an online clinical assessment schedule (i.e. e-PASS), and identified prevalent and unique themes in comparison to a telephone clinical interview. The results suggest consumers take a serious approach towards online clinical assessment schedules, and find such programs convenient to access, comfortable and easy to complete, comprehensive, and confidential. In addition, consumers appear to value the anonymity, privacy, and sense of control over the assessment process. However, apparent detracting factors include the inability to express oneself and clarify responses, technical problems, and perceived inaccuracy and impersonal nature of these programs. These various experiences share some similarity to those found for online counselling². Further research with the e-PASS is currently underway to more closely explore experiential factors and its potential link with the psychometric properties (e.g. validity) of online clinical assessment schedules^{1,3}. Understanding how consumers perceive and respond to online clinical assessment schedules will assist in improving the delivery, validity, and consumer uptake of such programs.

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