Internet-Based Psychological Assessment and Intervention During the COVID-19 Pandemic With an Adolescent Transgender Patient – A Case Report

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Abstract
In this report, a case of a 17,2-year-old male to female patient with gender dysphoria and autism spectrum disorder, who received an internet-based psychological assessment and intervention during the COVID-19-pandemic, is described. The patient started the assessment process in order to get medical treatment for gender dysphoria prior to the outbreak of the pandemic in Austria. As face-to-face appointments could no longer take place due to the government measures, the patient experienced significant distress and anxiety regarding her expected progress in the transition process. In order to reduce the distress of the patient an internet-based psychological assessment and intervention via Instahelp was offered, to which the patient gave consent. The patient found the intervention helpful, emphasizing that it helped her a lot to get through this difficult time with many uncertainties. The case study provides a good example of a possible transition for at least some parts of the face-to-face psychological assessment to internet-based assessment for similar situations in the future.

Keywords: gender dysphoria, autism spectrum disorder, psychological assessment, internet-based assessment, internet-based intervention

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1 Introduction

Gender dysphoria (GD) is defined by a marked incongruence between one's experienced/expressed gender and assigned gender. Adolescents with gender dysphoria experience significant distress regarding the gender they were assigned, which can result in rejection of their body (especially their sexual characteristics) and the expected roles of their assigned gender. Gender dysphoria often involves a strong desire to be of and /or treated as a gender other than one's assigned gender and includes a firm conviction that one has the typical reactions and feelings of a gender other than one's assigned gender (American Psychiatric Association, 2013; Nieder et al., 2014).

Autism Spectrum Disorder (ASD) is a complex developmental disorder which is characterized by a significant impairment in social interaction (including deficits in nonverbal communicative behaviors and in developing, maintaining, and understand relationships), speech and nonverbal communication, and restricted/repetitive behavior, interests, or activities (American Psychiatric Association, 2013).

Several studies have suggested that an overrepresentation of adolescents with co- occurring gender dysphoria (GD) and autism spectrum disorders (ASD) exists (de Vries et al., 2010; Warrier et al., 2020). The clinical assessment and treatment of youth with this co-occurrence is often challenging because of the special needs of this patient group. Diagnostic and treatment challenges may arise from deficits in social, adaptive, communication, self-awareness and self-advocacy skills, as well as from deficits in the executive functioning of adolescents with ASD. Therefore, during the assessment process the impact of the symptoms of ASD on the adolescent's ability to understand and report GD symptoms and their capability regarding engagement in therapy/treatments should be evaluated and considered subsequently in the treatment process (Strang et al., 2018).

During the COVID-19-pandemic internet-based assessments and interventions became essential in clinical work as the government measures, which were implemented in order to limit the spread of SARS-Cov-2, also limited the possibility of face-to-face contacts with patients. This limited accessibility to mental health services could be even more challenging for children and adolescents with preexisting mental health problems (Fegert et al., 2020; Golberstein et al., 2020), especially for the vulnerable group of patients with co-occurring GD and ASD.

2 Case

In this report, a case of a 17,2-year-old male to female (MtF) patient with gender dysphoria and autism spectrum disorder, who received an internet-based psychological assessment and

intervention during the COVID-19 pandemic, is described. The patient, describing herself as a transgirl (MtF) with no prior history of psychiatric treatment or diagnosis of a mental disorder initially presented to the outpatient department of a large, urban, public clinic in February 2020 asking for a psychological assessment to attest her gender dysphoria in order to get medical treatment. According to the Austrian recommendations for the treatment process for gender dysphoria in children and adolescents, patients should complete an assessment by a child and adolescent psychiatrist, clinical psychologist, psychotherapist and pediatric endocrinologist to get the diagnosis gender dysphoria confirmed. The psychological assessment should include a specific assessment of gender dysphoria, differential diagnostics of related conditions, and assessment of co-occurring disorders. During the assessment the cognitive functioning, emotional and behavioral problems, social skills, academic performance and the family functional level are evaluated (Thun-Hohenstein et al., 2017).

On the first appointment (end of February 2020) a comprehensive initial consultation including anamnesis was carried out using a semi-structured interview with the adolescent and her mother. The patient and her mother reported that the patient received psychotherapy once a week since August 2019 because of her gender dysphoria, and that the psychotherapist had suspected an autism spectrum disorder too. Although the patient had a psychological assessment at the age of five, only developmental diagnostics had been carried out at the time.

The next appointment was arranged for mid-March, but could no longer take place due to the COVID-19 pandemic government measures in Austria. As face-to-face contacts were almost exclusively allowed for acute services only, most of the appointments were canceled by the coordinating unit of the outpatient department giving the patients the information that the psychologists will be available by phone at the time of the originally agreed appointment. A few days later the patient's mother contacted the clinical psychologist by phone because the patient was concerned about the cancelled appointment. A joint conversation with the patient and her mother followed. The patient self-evaluated her level of distress as high at the beginning of the conversation, she experienced significant distress including self-harm ideations because she was afraid that she would not be able to take any further steps in the transition process. As it was unclear at that time, if and when a face-to-face appointment would be possible, a telephone call was agreed with the patient and her mother for the beginning of April 2020 to discuss the further procedure. At the end of the conversation, the adolescent was clearly relieved and could credibly assure that she won't harm herself. In case of a worsening of her condition, the patient and her mother were advised to contact the outpatient department immediately.

As previously agreed, a joint telephone conversation with the patient and her mother took place at the beginning of April. In the meantime, the patient had developed a better understanding of the current situation. Knowing that the assessment would continue without face-to-face appointments too, she was experiencing already less distress at that time. She gave consent to proceed with an internet-based psychological assessment and intervention delivered via Instahelp (a brand of Insta Communications GmbH), which is a platform founded with the aim of enabling a low-threshold access to psychological counseling.

Instahelp's official platform (https://instahelp.me/uk/), which is accessible to everyone, provides psychological online support with the focus on preventive counseling in real-time.

After choosing a professionally trained psychologist with the help of the Welcome Assistant (a chatbot), counseling via Instahelp can be carried out via computer, smartphone or tablet, in form of a chat-based counseling or audio/video calls in compliance with the General Data Protection Regulation of the EU. At our clinic an own version of Instahelp was set up on a separate platform, to which patients could only gain access by invitation from their treating clinical psychologist or psychiatrist.

The patient was informed of the online appointment both by telephone and by a message from the clinical psychologist via Instahelp, including all necessary information regarding the registration. The first online appointment took place in mid-April in form of a video call of about 90-minutes discussing the current situation, coping strategies as well as the experienced distress by the patient. Furthermore, a part of the regular psychological assessment was conducted. The latter included a semi-structured interview about the reasons for seeking treatment, the development and course of the patient's gender dysphoria, the development of identity and the coming out experiences in the various areas of life. It was decided to conduct the semi-structured interview online, because it was the most suitable part of the diagnostic process to adapt for audio/video calls as it does not contain any topics (e.g. traumatic experiences, suicidality) that would be contraindicated to evaluate in this setting knowing the patient only for a short time. Other parts of the regular psychological assessment, such as questionnaires, intelligence test, or diagnostic instruments for autism spectrum disorders would have been much more difficult to adapt to the online setting, as the procedures would either have taken significantly longer, the necessary materials would not have been available to the patient and would have resulted in a significant loss of information due to the online setting.

In an unstructured interview at the end of the appointment, the patient reported a high level of acceptance for the new approach and a reduction in anxiety regarding the expected progress in the transition process.

At the second online appointment in the beginning of May the semi-structured interview was continued in form of an audio call instead of a video call due to technical problems on the part of the patient. This time questions about the steps the patient already undertook towards a feminine appearance and about friendships and hobbies were discussed. Since the government measures in Austria and thus also at the clinic were relaxed in May, face-to-face appointments could take place again from the end of the month. Four further face-to-face appointments

took place with the patient, as well as one consultation with the patient's mother between the end of May and the beginning of July 2020. At these appointments symptoms of depression and anxiety were evaluated, a broad screening for mental disorders and a specific assessment for autism spectrum disorders including the German version of the Autism Diagnostic Interview-Revised (ADI-R; Bölte et al., 2006) and the Autism Diagnostic Observation Schedule-2 (ADOS-2; Poustka et al., 2015) were carried out. From the ADOS-2, Module 4 was administered, based on the age and language level of the patient, which consists of complex sentences. The ADOS scores were 3 in communication (threshold of 2) and 4 in social interaction (threshold of 4), with a total score of 7 (threshold of 7). Additionally, for the measurement of cognitive functions the German version of the Wechsler Adult Intelligence Scale was used (Petermann, 2012). The patient's cognitive performance was above average in comparison with her age group (Full Scale IQ of 120) with strengths in verbal comprehension as well as in working memory. The perceptual reasoning skills and the processing speed were in the average range. The patient's gender dysphoria was assessed with the semi-structured interview as well as questionnaires, in sum, the patient met all six DSM-5 criteria for gender dysphoria in adolescents. At the end of the assessment, the patient was diagnosed with autism spectrum disorder and gender dysphoria.

3 Discussion

In this case a 17,2-year-old male to female patient with gender dysphoria and autism spectrum disorder received an internet-based psychological assessment and intervention during the COVID-19-pandemic. The patient started the assessment process in order to get medical treatment for her gender dysphoria prior to the outbreak of the pandemic in Austria. As the fixed face-to-face appointments could no longer take place due to the measures of the Austrian government, she experienced significant distress, fearing that she could not make any progress in the transition process. Delays in the assessment and treatment process are generally experienced as stressful by patients, this is even more pronounced in patients with autism spectrum disorders, as they often have rigid thinking in this regard (de Vries et al., 2010; Strang et al., 2018). To reduce burden of the patient an internet-based psychological assessment and intervention through an online platform named Instahelp was provided.

Strengths and Challenges

Both the patient and her mother found the intervention helpful, the patient emphasized that it helped her a lot to get through this difficult time with many uncertainties. The patient was also relieved that she could move on with the assessment process, although she felt impatient because of the delay in general. The patient's mother was thankful for the online appointments too, as the patient was very preoccupied with the topics related to her transition. It was also a valuable experience as a clinical psychologist, testing a new treatment approach that had not been used at the clinic before. Although the new approach was well received, it was also challenging in some ways. It required many telephone calls to coordinate the appointments and to ensure the patient is adequately informed. Technical problems also made the process more difficult. The whole assessment process was generally slower, as it was necessary to ask again more often during the phone calls compared to face-to-face contact. It was also more difficult to interrupt the patient or ask short interposed questions as some subtle verbal and nonverbal clues were not noticeable through audio/video calls. It was also not possible to see the patient's facial expressions and gesturing entirely throughout the calls, which meant that valuable diagnostic information regarding ASD was lost. As face-to-face appointments could then take place later, it did not ultimately pose any major problems, but it would have been an obstacle to the assessment process if that had not been the case. In the end, the semi-structured interview took twice as much time as it usually does. Although the slowness was a disadvantage, the longer procedure made it possible to get to know the patient better, which was a clear benefit for the assessment process. Another positive aspect was being able to get to know the patient in a different setting at home and observing how she adapted to this new situation. But because the procedure was not time efficient, it will not be implemented as part of the assessment process under regular circumstances.

Limitations and Summary

Despite mostly positive experiences with the internet-based assessment and intervention, there are some limitations that need to be considered. In this case only a few online appointments took place and due to the rapid changes in the process of the pandemic neither was the psychologist trained prior to the online meetings, nor could be the process be accurately evaluated. In summary, the process described provides a good example of a possible transition of at least some parts of the face-to-face psychological assessment to internet-based assessment for similar situations in the future.

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