

## RECOMMENDATIONS FOR PROVIDING CARE TO LGBTO+ PATIENTS AND FAMILIES

## Issue 1

## **Communication Practices**

## What is the goal of this newsletter series?

The goal of this 10-issue newsletter series is to provide clinicians and staff with general overviews and examples of pediatric clinical guidelines for improving care with LGBTQ+ youth. Each month we will send you a newsletter on one topics, with relevant statistics, research findings, and tips for caring for LGBTQ+ youth.

Recent US population surveys report the number of LGBTQ+ youth from 15-21%[1]. LGBTQ+ youth are at greater risk of developing unhealthy substance use behaviors and substance use disorders compared to their heterosexual and cisgender (i.e., gender identity is congruent with sex assigned at birth) peers. For example, the odds of substance use for SGM youth are, on average, 190% greater than for heterosexual, cisgender youth [2]. Primary care environments traditionally act as a first-line intervention setting for studies like ASPIRE. However, the clinical needs of LGBTQ+ youth differ from heterosexual and cisgender youth. LGBTQ+ youth have unique needs regarding inclusivity and representation, and standards of care advise improvements in clinical expertise, guidance, and skills related to providing affirming care for LGBTQ+ youth [3].



Research shows referring to teens by chosen names and pronouns is affirming and can protect against depression and suicide [5].

For more information and resources, access the AAP clinical guidelines: https://www.aap.org/en/patient-care/lgbtq-health-and-wellness Tips for how clinicians can talk with their LGBTQ+ patients:

Include pronouns when introducing yourself.
Ask teens for their name, pronouns, and language they use to describe their body parts.
Avoid making assumptions about a patient's gender identity based on appearance, name, or medical records.
Avoid framing anatomy and health conditions as gender-specific.
Use gender-neutral terms and ask gender-neutral

Tip: Ask patients "are you dating anyone?" rather than "do you have a girlfriend/boyfriend?"

In one study examining adolescent and young adults' experiences of communicating about sexuality with their clinicians, a 19 year old gay man explained:

questions.

"The whole thing where they say 'How is your girlfriend?' or 'Are you dating any nice girls these days?', it makes you die a little inside. You feel so terrible because you're like 'oh, God' . . . Because it automatically feels like you are letting them down . . . when you say you have a boyfriend or when you say something that they are not expecting because it's kind of like 'Oh, you are one of those people'. Even if they don't say that, it's just almost inferred." [4].

Always follow your institution's policies and your local and state laws when it comes to providing clinical care

SOURCES

[1] LGBI Identification in U.S. Hicks Up to 7.1%. Gailup.com. Published February 17, 2022. Accessed July 24, 2022. https://jews.gailup.com/poil/389/34/jgbt-dentification-tucks-up-aspx [2] Marshal MP, Friedman MS, Stall R, et al. Sexual orientation and adolescent substance use: a metaanalysis and methodological review. Addiction. 2008;103(4):546-556. doi:10.1111/j.1360-0443.2008.02149.x [3] American Academy of Pediatrics (AAP): Patient Care: LGBTQ+ Health and Wellness. AAP. Published September 1, 2021. Accessed March 16, 2023. https://www.aap.org/en/patient-care/lebth-health-and-well

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