Michael's Disclosure
Facilitator's Guide

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Topic: HIV and the Adolescent

Abstract:
It is estimated that in the United States, one half of all new HIV infections are among people under the age of 25, and the majority of these young people are infected sexually. In adults, high risk groups have included homosexual or bisexual men, intravenous drug users who share needles, and sexual partners of those in high risk groups. The 1993 change in case definition caused a greater proportional increase in AIDS cases in women than in men, and the yearly case rate has been increasing at 9.8% for women versus 2.5% for men. Heterosexual sex accounts for 75% of reported cases in young women ages 20-24. Since 1992, AIDS has become the fourth leading cause of death for 25- to 44-year-old women and sixth for 15- to 24-year old women. From 1981 to 1995, the percent increase in new annual AIDS cases was higher in adolescents than in both the adult and pediatric age groups. An increased proportion of cases are female, persons of color, those residing in southern and midwestern states, or are acquired through heterosexual contact. Therefore, health care providers must be aware of *all* risk groups within their patient population. Prevention methods targeted toward teenagers and young adults are imperative. Clinicians must understand sexuality/sexual orientation and the skills for providing HIV counseling and testing to adolescents. This case presents the story of Michael, a 17 year old high school student who discloses to you that he is gay and is worried about sexually transmitted diseases and HIV.

Goal:
To provide learners with a basic understanding how to work with gay/lesbian youth, and how to offer HIV counseling and testing.

Objectives:
By the end of this session, learners will be able to:
1. Articulate some of the mental and physical health care issues of the gay adolescent.
2. List the four stages (according to Troiden) of homosexual identity formation.
3. Understand the steps involved in adolescent HIV counseling and testing.

Prerequisite Case: "But All My Friends Do It" (Middle Adolescent Screening)

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Related Cases:
"The Burning Issue" (Sexually Transmitted Diseases)
"The Hidden Agenda" (Contraception)
"The Telephone Call" (Oral Contraceptive Scenarios)
"The Craffty Pupil" (Adolescent Substance Abuse)

Themes:
Adolescent Health

Key Words:
HIV infections, sexual behavior, risk factors, HIV counseling, HIV testing, AIDS, gender identity, homosexuality, confidentiality, sexuality

Bright Futures Core Concepts:
While all of the Core Concepts are included in each case, this particular case can be used to highlight communication, partnership, advocacy, and prevention/health promotion.

Materials Provided:
- Facilitator's Guide
- 3-part Case Narrative: Part I, Part II, Epilogue
- Handout #1: Bright Futures Health Supervision Questions in HEADSS Format
- Handout #2: Making Your Health Care Agency Safer for Gay, Lesbian, Bisexual, Transgender and Questioning Young People
- Handout #3: Homosexual Identity Formation
- Handout #4: HIV Counseling and Testing
- Bibliography

Facilitator Preparation:
Facilitators should thoroughly review this guide and the other materials provided. At the end of the guide we have included a section entitled, "**Independent Learning/Prevention Exercises**," that will further stimulate group and individual education on this topic.

Suggested Format for a One Hour Session:
We anticipate that case facilitators will modify implementation of the case session to best fit their educational setting and learners. In this particular case, the facilitator and group of learners may wish to focus more on the issues related to the gay youth (objectives #1 & #2) or more on issues related to HIV counseling and testing (objective #3). The facilitator may wish to split the case into two 45-60 minute sessions to provide time for a comprehensive discussion. For detailed recommendations on case facilitation, please see the chapter entitled, "A Brief Guide to Facilitating Case Discussion," found in *The Case Teaching Method; and Growth in Children and Adolescents* (book 1 of this series).

Introduction: Adolescence is a turbulent period for some youth. Driven by the developmental need to belong and fit in, adolescents are frequently intolerant of those who appear or act "different." This can be particularly true regarding the issue of sexual identity, when teens are beginning to test their emerging feelings around sexual roles and sexuality. Much debate exists over what percentage of the population is gay, lesbian, or bisexual. Kinsey's studies during the

1940s found that 10% of the male population and 6% of the female population were homosexual. Later studies suggest estimates from 2-13%, and the most recent reports indicate 5-9% for men and 4% for women. The prevalence of self-reported gay, lesbian, or bisexual identity is typically much lower in surveys of teenagers. The 1999 Massachusetts YRBS* included 2 questions regarding sexual orientation and sexual behavior. Survey results showed that 5.5% of all students and 9.4% of sexually experienced students have had some same-sex sexual contact *and/or* describe themselves as gay, lesbian, or bisexual. Of those who reported same-gender experiences, only one-half (52%) also self-identified as gay, lesbian, or bisexual. Of the remaining 42%, 12% described themselves as "not sure" of their sexual orientation. Primary care providers who see homosexual and bisexual patients in their clinic population need to be aware of the concerns.

In a study by Garofalo, et al.[3] gay, lesbian, bisexual, or not sure (GLBN) youth were 3.4 times more likely to report a suicide attempt in the past year, and GLBN males were 6.5 times more likely to report a suicide attempt than their heterosexual male counterparts. Another study by Garofalo, et al.[4] found that adolescents who self-identified as homosexual were 14.1 times more likely to have shared needles for illicit drug use in their lifetime and 5.1 times more likely to have had more than 3 sexual partners in the last 3 months.

Sexually active gay youth continue to become infected with HIV at alarming rates. Among AIDS cases in 20-24 year old men (taken from 1996 data), most of whom would have been infected in their teens, 66% were men who engage in same-sex intercourse. Another 7% of infections were men who have sex with men and inject drugs, meaning that 73% of AIDS cases among young men are among gay men. Although gay youth have heightened risks of HIV infection, it is essential for health care providers to understand that young women of color have also been disproportionately affected by the AIDS epidemic. Thus, the principles of HIV counseling and testing are applicable to *all* adolescents engaging in behavior which places them at risk of becoming infected with HIV.

*Facilitators should check the complete 1999 and future YRBS results available from the Center for Disease Control and Prevention web site (**www.cdc.gov/nccdphp/dash/yrbs/index.htm**).

Open the Discussion: Introduce the case title and the session goal. Explain that this will be an interactive case discussion and not a lecture. Distribute Part I of the case and ask one or more of the participants to read it aloud.

Part I

Michael is a 17 year old whom you have followed in clinic for the past 18 months. He sees you today for a sports examination, prior to his participating in high school football. He looks very anxious as he sits down in the chair. You say, "*You seem very worried today*." He responds hesitantly, *"I'm really scared. I think I may be gay. I wouldn't tell you before because I was afraid of how you would react. I might have a disease or even HIV. But you can't tell anyone. My parents would kill me if they ever found out!"*

Following this reading, ask all participants "*So what do you think about this case? What would you like to focus on during our discussion today*?" List agenda items on a blackboard or flipchart. Then use the questions below to guide the discussion. Remember that the key to successfully leading a small group is facilitation of the discussion rather than lecture.

Draw as many participants as possible into the discussion. Allow silences while group members think about questions. Present material from the discussion guide only when needed to complement or redirect the group discussion.

Guiding Questions for Discussion:

What are your immediate concerns? What other medical and psychosocial information would you want to obtain? You should be concerned about how Michael is dealing with his sexual orientation, his sources of support, other behaviors (e.g. alcohol, tobacco, drug use), medical or mental health symptoms (change in school performance, depression, suicidal ideation), and risk of sexually transmitted disease, including HIV. The provider needs to emphasize trust, support and openness. Michael may have disclosed that he is gay because prior visits have established that the health care provider is open to this disclosure.

How would you take a history about sexuality from an adolescent? How would you convey an atmosphere of trust and tolerance? Review HEADSS (**H**= Home, **E**= Education, **A**= Activities, **D**= Drugs, **S**= Suicide, **S**= Sex) format with the group (if not covered in previous sessions), emphasizing the importance of asking questions that are not heterosexually biased (i.e. "Do you have a steady partner?" "Are you thinking of going out with men, women, or both?").

Facilitators may wish to review Handout #1: Bright Futures Health Supervision Questions in HEADSS Format provided in the Middle Adolescent Health Screening Case: "But All of My Friends Do It" which also provides for a basic understanding of periodic health screening for older adolescents and the skills needed to counsel adolescents about risky behaviors. The facilitator can encourage a role play about asking sensitive questions about sexuality and risk behaviors.

The provider should ask Michael if he has experienced prejudice or support as he has developed a sense of sexual orientation. What messages has his family given him? What message has he received from health professionals? Adolescents struggling with issues of sexual identity are at risk of becoming involved in drugs, alcohol, and risky sexual behaviors and have increased risk of suicide.

The provider needs to ask Michael about resources he has for information/support. Michael may have Internet access and should be cautioned about making dates through the Web. Fortunately, there are many gay sensitive youth serving agencies. Some schools have Gay/Straight Alliances or other groups that provide a safe, supportive environment.

Distribute Handout #2: Making Your Health Care Agency Safer for Gay, Lesbian, Bisexual and Questioning Young People and review the contents.

A copy of the *Shared Heart*, about Gay and Lesbian youth, has been sent to many public high schools. Handouts of local agencies and educational pamphlets can provide further information. Learners should identify ways that their clinical practices can reach out to homosexual, bisexual and questioning youth and convey tolerance (e.g. pamphlets, books, resources for teens and families).

(Optional): Which stage of homosexual identity formation is Michael in? Providers need to be aware that youth may identify as heterosexual, homosexual, bisexual, or questioning/unsure; and that self-identification may be dynamic, i.e. changing over time.

Distribute Handout #3: Homosexual Identity Development, and ask learners to assess how they could determine where Michael is in his identity formation.

How do you ask about HIV risk behaviors? The adolescent needs to be aware of the modes of transmission of HIV which include: unprotected sexual intercourse (vaginal, oral, and anal; if anal, insertive or receptive); exchange of body fluids (semen/blood); any shared needle use (steroids, heroin, cocaine), tattooing, or body piercing. Clinicians should ask the patient questions with these concerns in mind. *"Have you ever had a sexual relationship? Do you have sex with men, women, both? Do you use condoms? What percentage of the time do you think you use condoms? When was your last unprotected intercourse? Have you ever drunk alcohol or used drugs before you've had sexual intercourse? How many sexual partners have you had in the past 3 months/lifetime? Have you ever shared needles for any reason? Have you ever contracted a sexually transmitted disease? Do you have any tattoos or hidden body piercings?*

How do you address Michael's need for confidentiality? The discussion about confidentiality with Michael and his parents should begin in early adolescence or whenever he begins care with a new provider. The provider can reassure his parents that he/she will discuss life threatening issues. Parents are encouraged to CALL if concerned. The teen needs to know that the clinician provides confidentiality with limits:

> *"Our conversation will be private and confidential. I will spend a few minutes talking to you privately about your health issues and do the same with your parents. In cases where we identify a very serious problem, we will talk about how to let others know about it."* (GAPS Implementation Manual)

Assurances of confidentiality increase willingness to disclose information on sexuality, substance abuse, and mental health. Thus Michael's need for confidentiality related to his sexual orientation is important and should be respected. However, if he is found to have a serious medical illness, then the clinician and patient need to work together to share the information with his parents.

Distribute Part II of the case and have participant(s) read it aloud.

Part II

Michael currently resides with his mother, father, maternal grandparents, two younger sisters and an older brother. He reports that everyone gets along well in the family. He is currently in the 11th grade and gets mostly A's and B's.

He tells you that he has tried sex with two girls and twice with two different guys. *"I felt different from my friends."* He looks down, "*I had sex with this older guy I met three months ago. And now I am really worried.*" He is having difficulty sleeping and awakens early. He denies any suicidal ideation.

Michael's immunizations (including Hepatitis B) are up-to-date. He states that he had a fever, swollen glands, and a rash 5 or 6 weeks ago, *"I've been feeling pretty run down."*

On physical examination, his height is 50th percentile, his weight is 50th percentile, and his vital signs are normal. The remainder of his physical exam, including genitourinary exam is normal. Tests for gonorrhea, chlamydia, and syphilis are obtained.

You counsel him about HIV testing. He states, *"I really want the test today."*

What would you tell Michael about HIV testing? What red flags would you look for when considering HIV antibody testing? Is it appropriate to perform the test now?
Michael himself has requested HIV testing. After you have adequately assessed his support system and his understanding of HIV as a "viral illness," it is appropriate to draw the test. Other teens may fail to consider HIV infection as a possibility with other STDs. Normalizing HIV infection can be helpful in your discussion.

Providers may say, *"I am concerned that you may have a sexually transmitted disease such as gonorrhea, chlamydia or HIV infection. I would like to do some testing for these infections. What kinds of questions do you have about these infections? Some people worry when I mention HIV, the virus that causes AIDS. Are you worried about HIV? If a person does test positive for HIV, we have many new ways of treating this disease and keeping people healthy for a long time."*

During pre-test HIV counseling, the provider should identify the following issues: ongoing physical, emotional and/or sexual abuse; alcohol/drug dependency; homelessness; and suicidal ideation. Every effort should be made to deal with these issues before continuing a discussion regarding HIV testing in order to better understand Michael's support network. This will help determine the paths you should explore within the HIV testing discussion. It is also essential to identify a supportive adult who can be engaged if the tests are positive.

Distribute Handout #4: HIV Counseling and Testing and review the contents. Encourage participants to role play an actual office interview for pre-test HIV counseling.

How soon would you like to see Michael for follow-up? The health care provider should try to meet with Michael for a follow-up appointment in two to three days. Lab results for gonorrhea, chlamydia and syphilis can be reviewed, you will also have the opportunity to see if Michael has followed up with counseling and if he is having issues such as suicidal ideation since your initial visit. HIV test results may also be available.

Distribute the Bibliography page and Epilogue. Ask someone to read the Epilogue aloud. ***This is optional and the case may be left as open-ended without knowing the results of the HIV test.***

Epilogue

Michael returns several days later with his uncle. His CBC is normal. His syphilis serology and gonorrhea and chlamydia tests are negative. His HIV ELISA and Western Blot are positive.

You review the results with Michael and his uncle. He is very upset, *"I can't believe it! Please repeat the tests."* You tell him you do plan to repeat the test, along with additional blood tests to see whether the virus has done any damage to his immune system, and whether he has any other health problems. You reassure him that HIV is a chronic disease and that new drug treatments and support are available to help him stay healthy. You introduce him to the mental health counselor, and make plans to have him return in a few days for a complete history and physical

examination. You let him know that you will be helping him learn about HIV and how it is controlled, and the things he can do to stay healthy and protect others, over the next few visits. After his tests return you will know whether it would be a good idea to begin taking medications, either to prevent serious infections if his immune system is damaged (low T-cells), or to control the virus if his viral load results (the amount of virus in a drop of blood) are high. You tell him that you may be working with local specialists who are experts in the care of young people with HIV in order to make sure he gets the best advice available, and that you can help him involve his parents in his medical care for HIV infection without disclosing his sexual preferences until he wishes to disclose this himself.

How would you connect him to services? Communities, hospitals, Infectious Disease experts, and state health departments have services and lists of resources for teens with HIV. HIV positive youth need adolescent specific services, case management, expert primary and tertiary care, psychosocial support, and access to current HIV therapies. An entire journal supplement of the Journal of Adolescent Health (see References) has been devoted to models of care for HIV positive youth. The health care team will need to work with Michael so that his case manager involves his family in his HIV care plan and gains their support of his complex treatments.

Optional Learning Exercise: Facilitators may wish to have participants role-play this conversation, with one person playing the part of Michael and the other a clinician giving Michael the news of the positive HIV result.

Refer back to group's learning agenda and summarize the key teaching points that were made. This will give the group a sense of accomplishment, and emphasize the important messages. Suggest further sources of reading or other information if there are agenda items that were not covered in the discussion.

Independent Learning/Prevention Exercises: The topic of this case can be difficult for many to discuss, especially within the time allotted for the session. Facilitators may wish to suggest that their learners take time on their own to explore the available community resources focusing on HIV/AIDS and/or gay/lesbian/bisexual issues. The following are three possible examples of "Independent Learning/Prevention Exercises." If the exercise is done in the absence of the facilitator, learners should take notes on their experience, then discuss with a faculty member for feedback.

1. Attend a community health fair for youth. Go prepared with questions.
2. Contact and attend a GLBT youth group.
3. Seek out peer and/or adult HIV educators and attend one of their training sessions.

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Michael's Disclosure

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Michael's Disclosure

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Michael's Disclosure
Handout #1: Bright Futures HEADSS Questions

Home:	Who lives with you at home? How do you get along with family members? If the teen lives with one parent: How often do you see the parent who does not live with you? What do you do together? What types of responsibilities do you have at home? What would you like to change about your family if you could?
Education:	What grade are you in? At what school? What kind of grades do you make? What is your favorite class? What is your least favorite class? How often do you miss school? How often are you late for school? What do you want to do when you finish school?
Activities:	What do you do for fun? What do you and your friends do outside of school? How old are your friends? What kind of exercise or organized sports do you do? Have you been injured in sports? How much time each week do you spend watching television or videos? Playing video games? Do you work? How many hours per week?
Drugs:	Do any of your friends smoke cigarettes or chew tobacco? Do any of your friends drink alcohol? Have they tried other drugs? Have you ever tried smoking cigarettes? Do you still smoke? How much alcohol do you drink? What is the most you have ever had to drink at one time? Have you ever done anything you later regret after drinking? Have you ever tried other drugs? How often? Have you ever been in a car where the driver was drinking or on drugs? Have your friends ever tried to pressure you to do things that you don't want to do? How did you handle that? Are you worried about any friends or family members and how much they drink or use drugs?
Sex:	Do you date? Are you thinking about going out with men, women, or both? Do you have a steady partner? Are you happy with dating/this relationship? Do you have any concerns or questions about sex? Have you ever had sex before? On what will you/do you base your decision to have sex? Have you ever been pregnant (or gotten someone pregnant)? Have you ever had a sexually transmitted infection? Do you use a kind of birth control? What kind? Have you ever used condoms? How often do you? Has anyone ever touched you in a way you didn't like? Forced you to have sex?
Suicide/ Emotional Health:	What do you to make yourself feel better when you are down or blue? Have you ever thought about leaving home? Do you ever feel really down and depressed? Have you ever thought about hurting yourself or killing yourself? Have you ever been in trouble at school or with the law?

Michael's Disclosure

Handout #2: Making Your Health Care Agency Safer for Gay, Lesbian, Bisexual, Transgender and Questioning Young People

1. Train all staff around homophobia and gay, lesbian, bisexual and transgendered issues. Stress the importance of confidentiality and privacy rights for these youth.

2. When addressing human sexual behavior and relationships use language that is broad, inclusive and gender neutral.

3. Make sure the young person understands provider-client confidentiality and the legal and policy regulations that govern your practice.

4. Address anti-gay epithets in a clear and consistent manner according to the same rules that apply to other epithets, such as race and ethnicity.

5. Designate a resource person in your agency who is knowledgeable about existing resources and is able to make supported referrals.

6. Posters, hotline numbers, brochures and other materials and resources should be clearly visible and accessible.

7. Use gay, lesbian, bisexual and transgendered individuals as speakers in your health promotion, sexuality and HIV prevention programming.

8. Be prepared to work with parents, as well as other family members, and refer them to services they may need.

World Wide Web Resources:

Gay, Lesbian, Straight Education network: http://www.glsen.org

National Coalition for GLBT Youth: http://www.outproud.org/

Sexuality information for Teens, by Teens: http://www.sxetc.org

The UCSF Center for AIDS Prevention Studies: http://hivinsite.ucsf.edu

An AIDS and HIV information resource: http://thebody.com

National AIDS Advocacy Organization: http://www.aidsaction.org/

Information on AIDS and HIV in Spanish: http://www.ctv.es/USERS/fpardo/home.html

The HIV/AIDS Treatment Information Service (ATIS): http://hivatis.org This site provides information about federally-approved treatment guidelines for HIV and AIDS.

The Boston HAPPENS Program is a multi-agency network providing HIV services and support to HIV infected, homeless and at-risk adolescents and young adults ages 13-24 in the Metropolitan Boston area. http://www.childrenshospital.org/adolescent/happens/index.html

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Handout #3: Homosexual Identity Formation

Richard R. Troiden, Ph. D., has identified four stages of homosexual identity acquisition.[1]

Stage 1: Sensitization

- Occurs in childhood
- Involves the initial perceptions of being different from same-sex peers
- Childhood social experiences may result in a feeling of being marginalized.

Stage 2: Identity Confusion

- Typically begins with or shortly after puberty
- Initial identification of homosexual feelings may produce uncertainty about sexual status and internal turmoil.
- Four factors have been identified which may influence the confusion: changing self-perceptions, sexual arousal and behavior, stigma surrounding homosexuality, and inaccurate knowledge of homosexuality.
- An adolescent may respond to identity confusion by denial, repair (an attempt to "fix" feelings), avoidance of activity and same sex peers and information about homosexuality, escape through alcohol and drugs, redefinition of feelings, and acceptance.

Stage 3: Identity Assumption

- Occurs during or after late adolescence
- This stage includes homosexual self-definition, identity acceptance, and association with homosexual community.

Stage 4: Commitment

- Homosexuality identity is accepted as normal and may include same sex relationships and disclosure to friends and family. Contentment with homosexual identity is an important aspect.

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1. Troiden RR. Homosexual Identity Development. *J Adolesc Health Care.* 1988;9: 105-113.

Educational Resources on the World Wide Web:

Gay, Lesbian, Straight Education network: http://www.glsen.org
National Coalition for GLBT Youth: http://www.outproud.org/
Sexuality information for Teens, by Teens: http://www.sxetc.org
The UCSF Center for AIDS Prevention Studies: http://hivinsite.ucsf.edu
An AIDS and HIV information resource: http://thebody.com
National AIDS Advocacy Organization: http://www.aidsaction.org/
Information on AIDS and HIV in Spanish: http://www.ctv.es/USERS/fpardo/home.html

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American Academy of Child and Adolescent Psychiatry-Facts for Families. This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The information sheet on Children with AIDS is #30 and Gay and Lesbian Adolescents is #63.
http://www.aacap.org/publications/factsfam/index.htm

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Handout #4: HIV Counseling and Testing

Pretest HIV counseling for youth (1-3 visits)

- Education about HIV infection and AIDS (course, availability of treatment, asymptomatic infection, routes of transmission, window period); meaning of positive, negative and indeterminate test results; previous HIV testing
- Assessment of current and past sexual and substance-using behavior, psychosocial history and supports; domestic violence
- Risks and benefits of testing (including benefits for pregnant women and description of HIV care available)
- Availability of confidential or anonymous testing, protection of HIV related information in record; reporting requirements
- Discuss plans for disclosure and support during the testing process and identification of a supportive adult who can be engaged if the test is positive.
- Discuss need for retesting if recent possible exposure or unsafe behavior in future.
- Review of safe sex and other risk-reduction practices, with development of a personal plan for risk reduction and for protection of others.
- After obtaining informed, noncoerced consent, the blood is drawn and a follow-up visit is scheduled far enough in advance to allow confirmation of a positive test. Interval visits for additional support may also be indicated.

Components of posttest HIV counseling **(done in person, not by phone or letter)**

<u>Negative HIV result</u>
- Explain result is ready and give result, allow person to express feelings.
- Discuss meaning of a negative result, review window period and possible need for retesting.
- Review personal protection plan and plans to notify support person or partner.
- Discuss documentation of test result and release of test information.
- Stress a negative test does not confer immunity or protection.

<u>Positive HIV result</u>
- Review psychosocial needs with care team prior to visit, have crisis intervention plan in place.
- When patient arrives, explain result is ready; give results and allow person to express feelings, give comfort and listen. Discuss how to notify the supportive person identified previously.
- Reassess emotional state and need for support, work with the patient to involve family and other supports.
- Reassure that treatment, care, and support are available and that HIV infection is a chronic disease.
- Discuss importance of follow-up and education, and schedule follow-up appointment as soon as possible, assuming patient will retain little of what is discussed today.
- Stress hope, optimism, availability of support (hotlines, support groups).
- Review self-care plan to avoid transmission and reinfection to monitor immune function and stay healthy (lifestyle, nutrition, substance use). If pregnant, rediscuss options, including treatment options to reduce transmission.

<u>Indeterminate HIV result</u>
- Give result, allow person to react.
- Review meaning of an indeterminate result (may be caused by other conditions, seroconversion).
- Stress need to continue risk-reduction plan and schedule follow-up test in 3-6 months.
- Evaluate clinically for evidence of recent infection, other infections.
- If pregnant, repeat test immediately, consider viral culture or polymerase chain reaction test, consult with HIV Infectious Disease expert.

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8. Sanford ND. Providing sensitive health care to gay and lesbian youth. *Nurse Practitioner* 1989;14(5):30-32,35-37,42,47.
9. Sturdevant MS, Remafedi G. Special health needs of homosexual youth. *Adolescent Medicine: State of the Art Reviews* 1992;3(2):359-371.
10. Sullivan T, Schneider M. Developmental and identity issues in adolescent homosexuality. *Child and Adolescent Social Work* 1987;4(1):13-24.
11. Troiden RR. Homosexual Identity Development. *Journal of Adolescent Health Care* 1988;9:105-113.
12. Woods ER, editor. Special Projects of National Significance Program: Ten Models of Adolescent HIV Care. *Journal of Adolescent Health* 1998;23(2 Suppl):5-10.

Suggested Readings (Annotated):

Sturdevant MS, Remafedi G. Special health needs of homosexual youth. Adolescent Medicine: State of the Art Reviews 1992;3(2):358-371.
An overview of sexual orientation and adolescent development, Troiden's stages of homosexual identity, and the role of the health care provider in addressing medical and psychosocial needs of the gay adolescent.

Ryan C, Futterman D. Lesbian and Gay Youth: Care and Counseling. State of the Art Reviews: Adolescent Medicine 1997;8(2):207-374.
Excellent up-to-date overview of issues in caring for bisexual, gay and lesbian youth.

Samples C. HIV in Young Women. In Emans SJ, Laufer MR and Goldstein DP. *Pediatric and Adolescent Gynecology*, Fourth edition. Philadelphia: Lippincott, Williams and Wilkins; 1998. p. 531-552.
A comprehensive chapter outlining seroprevalence of HIV infection in youth, principles of HIV counseling and testing, and HIV diagnosis and treatment options. The focus is on young women with HIV.

Woods ER, editor. Special Projects of National Significance Program: Ten Models of Adolescent HIV Care. *Journal of Adolescent Health* 1998;23(2 Suppl):5-10.
This is a unique collaboration on the part of 10 Federally funded adolescent care providers to individually and collectively demonstrate innovative models of care for HIV and AIDS for youth infected with or at high risk of HIV/AIDS.

Educational Resources on the World Wide Web:

Gay, Lesbian, Straight Education network: http://www.glsen.org

National Coalition for GLBT Youth: http://www.outproud.org/

Sexuality information for Teens, by Teens: http://www.sxetc.org

The UCSF Center for AIDS Prevention Studies: http://hivinsite.ucsf.edu

An AIDS and HIV information resource: http://thebody.com

National AIDS Advocacy Organization: http://www.aidsaction.org/

Information on AIDS and HIV in Spanish: http://www.ctv.es/USERS/fpardo/home.html

The HIV/AIDS Treatment Information Service (ATIS): http://hivatis.org This site provides information about federally-approved treatment guidelines for HIV and AIDS.

The Boston HAPPENS Program is a multi-agency network providing HIV services and support to HIV infected, homeless and at-risk adolescents and young adults ages 13-24 in the Metropolitan Boston area. http://www.childrenshospital.org/adolescent/happens/index.html

American Academy of Child and Adolescent Psychiatry-Facts for Families. This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The information sheet on Children with AIDS is #30 and Gay and Lesbian Adolescents is #63. http://www.aacap.org/publications/factsfam/index.htm