

DOCUMENT RESUME

ED 348 787

EC 301 407

AUTHOR Birch, Carol P.; Rouse, Geraldine R.  
 TITLE Teaching Socialization and Sex Education to Persons with Mental Retardation.  
 PUB DATE Apr 92  
 NOTE 24p.; Paper presented at the Annual Convention of the Council for Exceptional Children (70th, Baltimore, MD, April 13-17, 1992).  
 PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141) -- Guides - Non-Classroom Use (055)  
 EDRS PRICE MF01/PC01 Plus Postage.  
 DESCRIPTORS Developmental Disabilities; Elementary Secondary Education; \*Interpersonal Relationship; Language Acquisition; \*Mental Retardation; Problem Solving; \*Sex Education; Socialization; Teaching Methods

ABSTRACT

This paper describes a language-based, problem-solving socialization and sex education curriculum designed for individuals with developmental delays. The curriculum aims to increase the students' understanding of themselves socially, psychologically, and physically enabled to function more effectively in a mainstream society that is ever changing. The program has a strong theoretical and applied research base in the areas of language development and thought, sociolinguistics, and cognitive behavior modification. It uses a process-oriented approach involving group interaction and natural context. This paper describes the program's philosophy, parental permission needed, student attitudes, and use of team teaching. Activities include vocabulary development; use of pictures, slides, and videotapes; semantic mapping; role play; problem solving; group work; and follow-up activities. The curriculum's 31 lessons cover such topics as hygiene, human reproduction, relationships, acquired immune deficiency syndrome, and sexual abuse. A sample lesson plan is presented. on the topic of parts of the body. (Contains 32 references.) (JDD)

\*\*\*\*\*  
 \* Reproductions supplied by EDRS are the best that can be made \*  
 \* from the original document. \*  
 \*\*\*\*\*

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED348787

Teaching Socialization and Sex Education to  
Persons With Mental Retardation

Paper Draft

by

Carol P. Birch

Albuquerque Public Schools

and

Geraldine R. Rouse

University of New Mexico

Presented at the 70th CEC Annual Convention, Baltimore, Maryland,  
April 13-17, 1992.

PERMISSION TO REPRODUCE THIS  
MATERIAL HAS BEEN GRANTED BY

Carol P.  
Birch

**BEST COPY AVAILABLE**

TO THE EDUCATIONAL RESOURCES  
INFORMATION CENTER (ERIC)."

2

EC 301407

## Introduction

The following paper presents a socialization and sex education curriculum developed for individuals with developmental delays. The language-based, problem-solving program reflects our philosophy that the individuals with whom we work have the potential for continued growth. That is, individuals with developmental delays are capable of learning how to learn and how to solve problems they encounter. They can learn to do this if the people that work with them are aware of the role that language plays in people's lives and how language is used in teaching.

This program was developed and implemented collaboratively over a four-year period in a high school community-based program for individuals with developmental delays. During that time we were able to work with some wonderful students and parents, professional colleagues, and community members who believed in our students as well. But we also were painfully aware that large numbers of people have given up on persons with mental retardation. Persons with mental retardation are frequently ignored or misunderstood. Many professionals have shared our frustration.

People do for people with developmental delays because they don't think they can do for themselves. We all know that it often takes more time, more effort, more steps and more patience to see gains in individuals with developmental delays. But if their learning styles aren't recognized, then their needs,

potentials, self-esteem and ability to contribute to society can not be adequately addressed.

The perpetual cycle is then set into motion. Because the potential of persons with mental retardation is not understood, adequate materials to develop their potential are not available. Therefore, educators can not know the potential of these individuals or facilitate their growth since the programs are not being developed or are not readily accessible.

Such a situation places individuals with developmental delays at greater risk each day. Daily we see the increase of poverty, homelessness, unemployment, drug abuse, and sexually transmitted diseases. The situation becomes even more critical when these conditions are coupled with the vulnerability of the population with which we work.

Add to this, the fact that increasing numbers of persons with developmental delays are being placed in less restrictive environments each day and expected to function independently. This independence means they have to be able to make informed and responsible decisions. To do this they have to be able to learn how to learn and how to cope with the problems they encounter.

These were some of the issues facing educators and students when New Mexico mandated AIDS education for its public school students. We believed AIDS education could not be viewed for anyone as an isolated issue. Rather, knowing how to deal with AIDS meant knowing about oneself socially, psychologically, and physically. So we developed a program to increase the student's

understanding of themselves in these different domains, a program we felt would enable them to function more effectively in a mainstream society that is ever changing.

For some people this information may be new and for others it may be a new perspective or way of organizing currently used techniques. Just as importantly, we hope to heighten the awareness that what many educators are already doing has been well researched and supported. This combination of an understanding of the theory underlying our work with knowledge and experience in the real world allows us to present ourselves to the public and to other professionals with confidence in what we do.

The program we developed has a strong theoretical and applied research base in the areas of language development and thought, sociolinguistics, and cognitive behavior modification. We use a process-oriented approach involving group interaction and natural context whereby we incorporate strategies such as semantic mapping and role playing. This approach leads to improved comprehension, retention, and generalization of information for students. The result is that educators are able to set goals for students that exceed the expectations generally set for them. Individuals with mental retardation can be taught to identify problems, develop and enact solutions, monitor their own behaviors, and communicate more effectively.

## Program Development

### Philosophy

The philosophy underlying this curriculum has been presented. It is also important for educators to develop and define their philosophies for their own programs. Knowing one's philosophy helps with the selection of materials and when working with parents. Answers to the following questions may help determine your philosophy:

1. Why is it important to teach socialization and sex education to students?
2. What do you want students to gain from a socialization and sex education curriculum?

As a result of answering these questions, we developed two areas of focus. The first area consisted of health issues, i.e., knowing about one's body and how to care for it, knowing how to keep healthy, and knowing what to do or who to tell if one is ill or not feeling well.

The second area of focus covers protection issues. With the movement into less restrictive environments, individuals with mental retardation are more vulnerable and have increased responsibilities placed upon them. Thus, a major portion of the curriculum includes teaching students to make appropriate decisions on their own and to be prepared for dangerous situations.

### Permission

Once the philosophy has been determined the next step is to

obtain permission. Permission is probably the most important aspect to consider when teaching social and sex education skills. Because of the sensitive nature of the topics it is important to protect yourself. Suggestions for doing so will be provided later in this paper.

State Departments of Education may have guidelines for teaching sexuality issues. In addition, school districts may have specific policies and guidelines. We provided the school principal with copies of all our materials and forms in case parents called with questions or concerns. In addition, we documented all contacts we made with the administration.

After administrative permission was obtained, we sent home permission slips for parent approval, as required by the school policy. It is advisable to document parent approval even if a school or agency does not require such permission. The permission form we used states the topics to be taught, the explicitness of the slides, and information on how to contact the teacher. The bottom of the permission form has a space where parents may elect for their child to participate in the curriculum or whether the parents choose to teach the curriculum at home with their children.

The majority of the parents of the students we worked with agreed for their children to participate in the curriculum. Parents are frequently relieved that educators are dealing with these sensitive issues and with health and protection. Being honest with parents about the content of the program results in

well-informed parents who are supportive. When parents deny permission they are encouraged to view the materials and learn about the importance of the curriculum. The final decision, however, rests with the parents.

It is important for parents to know that the lessons are presented without value judgments. Since the students are from different backgrounds, we encourage parents to discuss their own values and beliefs with their children at home. After each lesson we send home memos listing all the topics discussed during the lesson. Parents then have some control over what is being taught by following up with home discussions.

#### Logistics

Separation of males and females may not be appropriate or possible in all settings. In our particular situation we preferred to separate the males and females for certain lessons. We found the students to be more comfortable in these situations. In order to separate the groups an educational assistant worked on other skills in another classroom with one group while the teachers taught the curriculum to the other group. The groups were then switched.

The length of each session will depend on the topic, the interest level, and the attention span of the students. We taught the curriculum one to two times a week for one to one and one-half hour each session.

#### Attitude

After the logistics are established, it is beneficial to



spend the first two sessions discussing attitude. These sessions include discussions about mature attitude, the purpose of the lessons, appropriate and inappropriate behaviors during class, preparation for the explicitness of the slides, and where and to whom to talk about the issues discussed. A list of "ground rules" posted in your room may be helpful to remind students of the "attitude" discussions. These rules may be developed by the class or the educator. The following list of ground ~~rules can be~~ used for any sensitive issue being discussed.

1. Honesty. Students can "read" your body language and can tell whether you are being honest. If students know you are being honest they will be more open to discussions and be more honest themselves.

2. Personal Boundaries. Differences are acknowledged and accepted. No one is "put down" for their values, questions, or comments. Recognition of comfort level about topics as well as cultural taboos is critical.

3. Confidentiality. Whatever is shared or discussed during a lesson that is of a personal nature (opinions, values, experiences) should not be discussed outside the classroom. Students need to know who they can and can not talk to about these issues (parents, boss, co-worker) and where it is appropriate or inappropriate to talk about these issues (private, public).

4. Okay to "Pass." If a student is uncomfortable with an activity or a question that is asked he/she may "pass." If a

student is uncomfortable or worried about being asked a question, he/she is less likely to relax and concentrate on the information being presented.

5. Comfortable Language. If the educator is comfortable with explicit sexual terms, then students will also be more comfortable.

6. Questions Welcomed. An educator may not know the answers to every question. An atmosphere, however, should be established where any question is okay and if the answer is not known, the teacher can find out.

After the ground rules are developed, the teacher can begin the program by teaching the less explicit topics (hygiene, clothing). This allows the students to adjust to the format of open discussions and asking questions before being presented with more explicit materials.

### Team Teaching

Team teaching is an effective approach to presenting a socialization and sex education program. The exchange of ideas, the support, the modelling, and the opportunity to demonstrate through dialogue and role play enhances the presentation of the program.

The next section will include a discussion of the strategies and activities used to implement the curriculum philosophy and objectives.

## Strategies and Activities

### Vocabulary

Vocabulary is one of our first concerns. It must be comprehensible and meaningful.

We use words constantly to communicate about our environment. Those words that are learned most easily are usually the ones that are associated with meaningful experiences. Lois Bloom (1978) calls the relationship between words and their meaning the content of language. In teaching new words and concepts, we try to always consider the content of language. We need to be aware that lack of experience or cognitive skills might result in misunderstandings.

We begin by defining the words in the program carefully and in terms the students understand. We try to understand what is meaningful to them. Since one word can have several labels we brainstorm the different labels with the students and list the words they commonly use, even if they are slang terms. For example: condom, rubber, safety, balloon. We always provide the students with the proper medical terms as needed.

Many times we bring in the actual object. We try to represent it in different forms. For example, roll-on deodorant, spray deodorant, stick deodorant, and cream deodorant. Building language in this way helps the students to continually develop the cognitive schema of concrete operations, the mental operation that allows an individual to recognize that something maintains its intrinsic value in spite of a change in its shape or label.

If the females and males are separated we bring in the same items for both groups. Examples of items include deodorant, razors, hairdryers, condoms, sanitary napkins. We use the words repeatedly in preparatory work to a lesson, during the lesson, and again in follow-up activities.

#### Pictures, Slides, Videotapes

Pictures, slides, and videotapes are extremely useful to us. We find the materials have to be specific and explicit if the students are to understand what we are talking about. For that reason it is important to review materials in advance in order to be familiar with them. One should be able to present information in a natural way without becoming embarrassed. The curriculum we developed, Socialization and Sex Education (SSE) (Rouse and Birch, 1991), integrates slides from Life Horizons (Kempton, 1988). Some of the slides, of necessity, are explicit.

#### Semantic Mapping

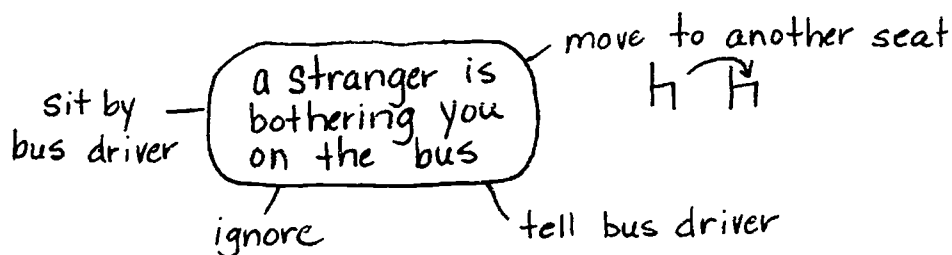
Semantic mapping is a kind of visual diagramming of ideas. One can use written words, drawings, or both. It is an easy but effective way to help students label concepts in their minds and a way to map language onto experiences.

Semantic mapping helps students organize their ideas and experiences so they can better understand relationships. For example, concepts and ideas can be categorized, such as appropriate and inappropriate behaviors. Consequences of behaviors can be more easily presented and discussed with a semantic map. Also, the steps to follow in a set of instructions

is usually retained more easily by the students when they see a visual diagram.

We use semantic mapping extensively for problem solving. You simply put the core concept, for example, the problem, in the center and then map the solutions outwardly from the circle.

The students become very involved in this process because they enjoy seeing their contributions incorporated into the mapping. Mapping can be very simple or complex; it is easily adapted to student needs and abilities.



### Role Play

Role play has been very valuable to us and is another technique we use extensively throughout our program. Research has shown that individuals with developmental delays most often have difficulty in society, not because of the level of their intellect, but because of the level of their social skills. They frequently exhibit what sociolinguists call poor pragmatics. That is, they have difficulty in knowing how to behave or use language the right way, in the right place, or at the right time.

What we needed was a safe environment for our students in which they could learn appropriate ways of talking and behaving. Role play helps us meet this need. It provides students with the opportunity to practice appropriate behaviors over and over again

in order to be able to transfer these behaviors to naturally occurring settings.

We recommend that the role play originate out of actual events in which the students display inappropriate behaviors. We try to remediate in the natural context if possible. If not, we simulate the activity in the classroom. Simulated activities have an advantage over naturally occurring events in that we can produce variations on the theme. For example, a stranger asking someone for their name, or asking the time, or asking someone to go for a ride. Role play in the classroom means you can also generate and practice multiple solutions, something that is sometimes hard to do in the natural setting.

An example of a classroom activity involves students practicing appropriate bank behaviors (e.g., how to wait their turns in line, how to talk to a teller about making a deposit or withdrawal, how to end a conversation, and where to exit). They then have the opportunity to transfer their acquired skills to the real setting.

Role play is a process approach because the students must try to reach a solution through mental reasoning and by developing strategies. The eight-step process, with examples of actual student behaviors, will now be presented.

First, the teachers model the behavior (e.g., hugging anyone to whom one is introduced). For example, one teacher might introduce herself and the other would hug her.

In the second step, the students try to identify the

appropriate and inappropriate behaviors and explain why.

Requiring the students to explain why a behavior is appropriate or inappropriate is important because they have a difficult time perceiving how they look to other people. This helps them to begin to understand what contributes to their acceptable and unacceptable behaviors.

In the third step, the teachers carry on a dialogue to help the students focus on the relevant behaviors if they do not see anything wrong with the modeled behavior. For example:

Teacher A: "I went to a party last week and my friend introduced me to some people there. And one of the guys hugged me."

Teacher B: "How did that make you feel?"

Teacher A: "Kind of nervous."

Teacher B: "What would you have preferred for him to do?"

Teacher A: "I think introduce himself and maybe shake my hand."

In step four the teachers model the inappropriate behaviors again. In the fifth step the students identify, with success, the inappropriate behaviors and we discuss why they are inappropriate. During the sixth step the students begin developing solutions to the problem. We really push the students to come up with more than one solution. The seventh step provides each student the opportunity to role play the appropriate behaviors with peers critiquing. In the final step,

students transfer their abilities to develop multiple solutions to problems in new or familiar settings.

A spontaneous role play may result in completely unexpected events, as might actually happen in the real world. This added dimension makes role play even more like reality and helps us to teach a student to deal with unexpected events. It becomes a very interactive process with all the students helping.

### Problem Solving

We also use problem solving throughout our program. We want our students to be able to make judgments and solve problems on their own. Some of the work we have done in problem solving is taken from Miechenbaum (1977) and Camp and Bash (1981) and involves four steps.

The first step is to identify the problem and develop solutions. For example, you are on a field trip, you think you are lost, and you do not see the rest of your class. What can you do? We map the student responses on the chalkboard. If we do not get any responses from the students we might carry on a dialogue as described in the discussion on role playing.

The second step allows the students to role play one or more of the solutions. In the third step the students judge whether they are following their plan. In the last step students must evaluate the effectiveness of their plans.

Again, we usually select for problem solving those problems we see occur in the natural setting or ones that parents or teachers have reported to us.



### Groups

As is evident, we use groups in role playing, brainstorming and semantic mapping. Students in groups are able to generate multiple solutions and peer critiquing in groups is frequently more meaningful to the students than teacher critiquing. An interactive group setting allows communication to be more natural. Socialization and communication skills are more easily taught under these conditions. Peers identify more easily with each other in group activities and they learn how to collaborate and produce creative results in groups. Heterogeneous grouping allows for students with different strengths to be models for others at different times.

### Follow-up Activities

Follow-up activities are important in order to evaluate the potential for generalization. Many activities are listed in the curriculum. One technique a teacher can use each session is to have each student state at least one thing he or she learned in the session that day.

### Card Game

We also use a card game in which each student has a card with a different problem. Often these problems originate from actual student experiences. Although we provide cards, a teacher can develop his or her own card catalog. The card is read by the student, a peer, or the teacher. Then we brainstorm solutions based on information learned that day.

### Parent Memo

We also send home memos to the parents/guardians at the end of each session listing the information discussed. This way, follow-up discussion can occur at home. In addition, it provides the parents/guardians an opportunity to call if they have any questions about the curriculum.

### Lesson Plans

Our curriculum, SSE, includes 31 lesson plans including topics such as hygiene, human reproduction, relationships, AIDS, and sexual abuse. A sample lesson from SSE is attached as an example of how to present and meet teacher and student objectives.

### Conclusion

We hope this paper will be useful to you. It is important for individuals with developmental delays to learn about sexual issues from teachers who are well informed and who are comfortable teaching current and relevant information about sexual issues. It is rewarding to see students develop appropriate decision-making skills and experience success in less restrictive environments.

For further information contact:

Carol P. Birch

75 Rincon Loop

Tijeras, New Mexico 87509 or

Geraldine R. Rouse

2814 Rio Vista Court S.W.

Albuquerque, New Mexico 87105 or

James Stanfield Publishing Company, Inc.

P.O. Box 41058

Santa Barbara, California 93140

## LESSON 3 PARTS OF THE BODY

*Life Horizons I, Parts of the Body, slides 1-19, pages 1-8*

### OVERVIEW/TEACHER

- PREPARATION:**
1. Review slides and narrative.
  2. Write Objective in Student Terms on board.
  3. Review Problem-Solving Cards for Lesson 3.
  4. Duplicate Parent/Guardian Memo form (see Appendix).
  5. Review Lesson Plan.

**OBJECTIVE:** Students will develop vocabulary related to male and female body parts and understand their functions.

- Name body parts
- State the function of each body part
- Identify similarities and differences between males and females
- State how to care for body and keep it healthy.

### OBJECTIVE IN

**STUDENT TERMS:** "Today we are going to learn about male/female bodies. To help you learn about this we will be showing you some pictures of people without any clothes on."

### PURPOSE IN

**STUDENT TERMS:** "It is important to understand your bodies so you can keep them healthy and protect yourself."

"We have divided you into two groups of males and females so you will feel more comfortable. We know at first you may be embarrassed but since you are adults it is important to have a mature attitude about this. (Review the meaning of mature). What does it mean when we say mature?"

"We are here to help you learn so if you have any questions be sure to ask them."

**VOCABULARY: Male Vocabulary                      Female Vocabulary**

nude/naked	testicles	nude/naked	vagina
penis	buttocks	breasts	clitoris
genital area	bladder	nipples	anus/B.M.
pubic hair	urine (pee)	genital area	egg sac
erect	sperm	belly button	ovary
flaccid	semen sac	pubic hair	fallopian tube
circumcised	anus/B.M.	vulva	uterus
uncircumcised	rectum	urethra	womb

**INSTRUCTIONAL**

**ACTIVITIES:**

1. Begin by teaching female body parts to the girls and male body parts to the boys. Then reverse for next lesson. (It is our preference to separate students, but it may not be feasible to do so.)
2. Proceed through slides and narrative. Stop throughout the narrative for further explanations and to define the vocabulary in student terms.
3. The following is a sample chart that is provided to elicit student ideas and promote student involvement. See page 9 for information on how charts may be adapted for the non-reader.

BODY PART	FUNCTION	MALE	FEMALE

\* Copyrighted material. Permission to duplicate must be obtained from James Stanfield Company, Inc. 31

4. Problem-Solving Cards. See page 10 for information on how the Problem-Solving Cards may be adapted for the non-reader.

- CLOSURE:**
1. Restate goal and ask students to state the purpose of the lesson.
  2. Ask each student to tell you one thing they learned from the lesson.
  3. Ask each student to tell you who they can talk to about this topic and where they can talk about this topic. Role play if necessary.

**PARENT/GUARDIAN**

- CONTACT:** Send home completed Parent/Guardian Memo on topics/issues that were discussed.

**ADDITIONAL**

- ACTIVITIES:**
1. Invite school nurse into class to talk about daily personal hygiene.
  2. Use semantic mapping to illustrate when it is appropriate for someone to see/touch your private parts.
  3. *LifeFacts: Sexuality*, Section I  
James Stanfield Company, Inc.  
Santa Barbara, CA.

## Bibliography

- Bloom, L. & Lahey, M. (1978). Language development and language disorders. New York: John Wiley & Sons.
- Camp, B.W. & Bash, M.A.S. (1981). Think aloud. Champaign, IL: Research Press.
- Clement-Heist, K., Siegel, S., & Gaylord-Ross, R. (1992). Simulated and in situ vocational social skills training for youths with learning disabilities. Exceptional Children, 58, 4, 336-345.
- Collet-Klingenberg, L. & Chadsey-Rusch, J. (1991). Using a cognitive-process approach to teach social skills. Education and Training in Mental Retardation, 26, 3, 258-270.
- Collins, B.C., Wolery, M., & Gast, D.L. (1991). A survey of safety concerns for students with special needs. Education and Training in Mental Retardation, 26, 3, 305-318.
- Cooper, J.D. (1986). Improving reading comprehension. Boston: Houghton Mifflin.
- Epps, S., Prescott, A.L., & Horner, R.H. (1990). Social acceptability of menstrual-care training methods for young women with developmental disabilities. Education and Training in Mental Retardation, 25, 1, 33-44.
- Goetz, L. & Sailor, W. (1988). New directions: Communication development in persons with mental retardation. Topics in Language Disorders, 8, 41-54.
- HIV/AIDS Guidelines for Special Education Populations. (1991). Santa Fe, N.M.: New Mexico State Department of Education.
- Kempton, W. (1988). Life horizons I and Life horizons II. Santa Barbara: James Stanfield & Company.
- Meichenbaum, D. (1977). Cognitive behavior modification. New York: Plenum Press.
- Pearson, P.D. & Johnson, D.D. (1978). Teaching reading comprehension. New York: Holt, Rinehart, & Winston.
- Rouse, G.R. & Birch, C.P. (1991). Socialization and sex education, the life horizons curriculum module. Santa Barbara: James Stanfield Company, Inc.
- Sabornie, E.J. & Beard, G.H. (1990). Teaching social skills. Teaching Exceptional Children, 23, 1, 35-38.
- Snyder, L.S. (Ed.) (1983). Pragmatics in language disordered children. Topics in Language Disorders, 4.

- Spinelli, F.M. & Terrell, B.Y. (1984). Remediation in context. Topics in Language Disorders, 5, 29-40.
- Stanfield, J. (1992). Life facts series. Santa Barbara: James Stanfield Company, Inc.
- Stanfield, J. (1990). Being with people. Santa Barbara: James Stanfield Company, Inc.
- Stanfield, J. (1989). Mind your manners. Santa Barbara: James Stanfield Company, Inc.
- Stanfield, J. (1985). TIPS. Santa Barbara: James Stanfield Company, Inc.
- The Illusion Theater Company. (1983). Touch. Bloomington, IN: Indiana University A/V Center.
- The Illusion Theater Company (1983). No easy answers. Bloomington, IN: Indiana University A/V Center.
- U.S. Dept. of Health and Human Services, Public Health Service, CDC. (1988). Guidelines for effective school health education to prevent the spread of AIDS. Morbidity and mortality weekly report, 37.
- Walker-Hirsch, L. & Champaign, M. (1989). Circles III. Santa Barbara: James Stanfield Company, Inc.
- Watson, K. & Young, B. (1986). Discourse for learning in the classroom. Language Arts, 63, 126-133.
- Welch, J., Nietupski, J., & Hamre-Nietupski, S. (1985). Teaching public transportation problem solving skills to young adults with moderate handicaps. Education and Training of the Mentally Retarded, 287-295.
- Williams, W., Fox, T.J., Thousand, J., & Fox, W. (1990). Level of acceptance and implementation of best practices in the education of students with severe handicaps in Vermont. Education and Training in Mental Retardation, 25, 120--131.
- Young Adult Institute. (1987). AIDS: How to better protect yourself through safer sex. New York.
- Contact local and state health departments for current resources and information.
- National AIDS Hotline: 1-800-342-AIDS (Spanish: 1-800-344-7432; deaf access: 1-800-243-7889)
- National American Indian AIDS Hotline: 1-800-283-2437
- ARC USA: 1-800-433-5255