RESPECT – BRIEF AND ENHANCED COUNSELING

Brief Counseling – Best Evidence – Risk Reduction

Enhanced Counseling – Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Heterosexual, HIV-negative STD clinic patients

Goals of Intervention

- Eliminate or reduce sex risk behaviors
- Reduce sexually transmitted infections

Brief Description

There are **two *RESPECT*** interventions – ***Brief Counseling*** (Best-evidence) and ***Enhanced Counseling*** (Good-evidence). Both are one-on-one, client-focused HIV/STD prevention counseling interventions, consisting of either 2 (Brief) or 4 (Enhanced) interactive counseling sessions. In the first session (20 minutes) of both Brief and Enhanced Counseling interventions, HIV counselors help STD clinic patients to identify personal risk factors and barriers to risk reduction and work with patients to develop an achievable personalized risk-reduction plan. HIV-antibody testing is offered at the end of the first session. The second session of the Brief Counseling intervention (20 minutes) includes a discussion of the HIV test result and additional counseling to support patient-initiated behavior change and help patients develop a longer-term risk-reduction plan. Patients in the Enhanced Counseling intervention receive three weekly 60-minutes counseling sessions in addition to the first session. The additional sessions address condom use attitudes, social norms, and support for condom use; build condom use self-efficacy; discuss prior week's behavior change success and barriers; and develop a strategy for taking a risk-reduction step before the next session. If the patient had an HIV test done at the end of the first session, the HIV test result is given at the end of the third session and a longer-term personalized risk-reduction plan is developed at that time.

Theoretical Basis

- Social Cognitive Theory
- Theory of Reasoned Action

Intervention Duration

- *Brief Counseling*: Two 20-minute sessions (40 minutes total) delivered over 7-10 days
- *Enhanced Counseling*: One 20-minute and three 60-minute sessions (200 minutes total) delivered over 3-4 consecutive weeks

Intervention Setting

- Public STD clinics

Deliverer

- Trained HIV/STD counselors

Delivery Methods

- Counseling
- Exercise
- Goal setting
- Printed materials
- Risk reduction supplies (condoms)

INTERVENTION PACKAGE INFORMATION

Starting in October 2014, the Centers for Disease Control and Prevention (CDC) no longer offers face-to-face training or capacity building assistance for the **RESPECT** program nor will CDC fund the implementation of the **RESPECT** intervention. After an extensive review of recent evidence and consultation with CDC and external experts, findings clearly indicate that **RESPECT** with rapid testing should no longer be implemented. Please see the **RESPECT Intervention Prevention Partner letter** for more information.

EVALUATION STUDY AND RESULTS

The original research study was conducted in Baltimore, Maryland; Denver, Colorado; Newark, New Jersey; and Long Beach and San Francisco, California between 1993 and 1996.

Key Intervention Effects

- Reduced new STD infections
- Reduced unprotected sex
- Increased other safer sex behaviors

Study Sample

The baseline study sample of 5,758 STD clinic patients is characterized by the following:

- *59% black or African American, 19% Hispanic/Latino, 16% white, 6% other*
- *57% male, 43% female*
- *100% heterosexual*
- *Median age of 25 years*
- *Median education of 12 years*

Recruitment Settings

Public STD clinics

Eligibility Criteria

STD clinic patients were eligible if they tested HIV-negative and were 14 years of age or older. Men who reported having a male sex partner in the past 12 months or who identified as bisexual or homosexual were excluded.

Assignment Method

STD clinic patients (N = 5,758) were randomly assigned to 1 of 4 groups: Brief Counseling (n = 1,447), Enhanced Counseling (n = 1,438), Didactic Messages (n = 1,443), or Didactic Messages without follow-up (n = 1,430).

Comparison Group

The Didactic Messages group received two one-on-one informational sessions (5 minutes per session, one before and one after HIV-antibody testing) delivered by an HIV/STD prevention clinician. Brief messages about HIV and STDs are similar to didactic messages typical of usual STD care.

Relevant Outcomes Measured and Follow-up Time

- Incident STDs (including gonorrhea, syphilis, chlamydia, and HIV) were confirmed by laboratory tests and measured at 6 and 12 months after baseline, which translates to approximately 5 and 11 months after intervention.
- Sex behaviors during past 3 months (including condom use during anal and vaginal intercourse, number of sex partners) or at last sex (including condom use with primary, causal, or new partner) were measured at 3, 6, 9, and 12 months after baseline, which translates to approximately 2, 5, 8, and 11 months after intervention.

Participant Retention

- Brief Counseling
  - 71% retained at 5 months after intervention
  - 67% retained at 11 months after intervention
- Enhanced Counseling
  - 68% retained at 5 months after intervention
  - 65% retained at 11 months after intervention
- Didactic Messages
  - 70% retained at 5 months after intervention
  - 67% retained at 11 months after intervention

Significant Findings

Brief Counseling intervention compared to Didactic Messages (Best-evidence):

- The Brief Counseling intervention group had a significantly lower rate of new STD infections over the 5 and 11 months after intervention (all ps < .05) than the comparison group.
- A significantly greater percentage of Brief Counseling intervention participants reported no unprotected vaginal intercourse than comparison participants at 5 months after intervention ($p < .05$).
- Additionally, the following findings met the promising evidence criteria: at 2 months after intervention, a significantly greater percentage of Brief Counseling intervention participants than comparison participants reported no unprotected vaginal intercourse, ≤ 1 sex partner, no causal partners, no new sex partner, and condom use with other partners during last sex episode (all ps < .05).

Enhanced Counseling compared to Didactic Messages (Good-evidence):

- The Enhanced Counseling intervention group had a significantly lower rate of new STD infections over the 5-month and 11-month periods after intervention (all ps < .05) than the comparison group.
- At 2 months after intervention, a significantly greater percentage of Enhanced Counseling participants than comparison participants reported no unprotected vaginal intercourse, any condom used, and having ≤ 1 sex partner in past 3 months, and condom use with primary partner and condom use with other partner in the last sex (all ps < .05). A significant intervention effect was also found for any condom use at 5 months after intervention ($p < 0.05$).

Considerations

- The Brief Counseling intervention is considered to meet the best-evidence criteria. The Enhanced Counseling intervention did not meet the best-evidence criteria due to the retention rates, but met the Good-evidence criteria.
- While both Brief and Enhanced Counseling interventions are effective in reducing new STD infections over the 5-month and 11-month periods after intervention, the intervention effects on sex risk behaviors were not found to be significant beyond 5 months after intervention.
- Metsch and colleagues (2013) evaluated an adaptation of RESPECT, called *Project AWARE*, against an HIV information-only comparison in a randomized controlled trial. *Project AWARE* consists of a single-session, risk-reduction counseling session with a rapid test designed to reduce sexually transmitted infection (STI) incidence and risky sexual behaviors among STD clinic patients.
    - At six months post-intervention, four statistically significant, positive intervention effects were observed:
        - Intervention participants reported lower rates of unprotected sex with non-primary partners (IRR = 0.66, CI = 0.55 – 0.79).
        - Intervention participants reported fewer sex partners (IRR = 0.81, CI = 0.75 – 0.87). This effect was also observed for the subgroup of women/men who have sex with women (IRR = 0.76, CI = 0.69 – 0.84).
        - Among the subgroup of men who have sex with men (MSM), intervention participants reported fewer unprotected sex partners (IRR = 0.71, CI = 0.61 – 0.83)
    - However, one statistically significant, negative intervention effect was observed: among the subgroup of MSM, incident STI was higher among intervention participants than comparison participants (aRR= 1.41, CI = 1.05 – 1.90) at 6 months post-intervention.
    - There were no significant intervention effects on STI incidence, the number of sex acts, the number of unprotected sex acts, or the number of unprotected partners for the entire sample.
    - This study did not meet the PRS best- or good-evidence criteria due to the significant, negative intervention effect on STI incidence among MSM (aRR = 1.41, 95% CI = 1.05, 1.90).

REFERENCES AND CONTACT INFORMATION

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