

Frequently Asked Questions CTR and RESPECT

What is CTR?

CTR is a collection of HIV prevention activities—Counseling, Testing and Referral, which can be conducted separately or together in order to assist people in knowing their HIV status and reducing their risk of acquiring or transmitting HIV.

What is RESPECT?

An evidence-based individual-level intervention (ILI) that uses a specific client-centered counseling script to assess risk, enhance client sense of self risk, and develop a risk reduction plan with the client. The HIV test was a component of the RESPECT study.

What is the difference between RESPECT and CTR?

CTR is a collection of activities which can be conducted separately or together in order to assist individuals in knowing their HIV status and/or reducing their risk for HIV. The RESPECT model is one approach to HIV prevention counseling that has been determined through research to be effective at helping people change behavior that puts them at risk for acquiring or transmitting HIV. It's important to point out that there are more similarities than differences in RESPECT and CTR. The main difference is that prompts with sample questions are used to conduct the RESPECT intervention. In addition, a comprehensive quality assurance component has been integrated into RESPECT as a core element.

Is RESPECT mandatory for any program that conducts CTR activities?

No. RESPECT is one evidence-based individual level HIV prevention counseling intervention that can enhance CTR activities by using a protocol (structured interview) that was found to be effective through scientific research.

Does using RESPECT require us to change our current CTR policies and/or procedures?

Maybe. The counseling method used in RESPECT is a protocol-driven method—which requires training and the use of a specific format and protocol (i.e., prompts with sample questions) when conducting the counseling sessions. Since RESPECT also has a detailed quality assurance (QA) component to it, both of these may require policy or procedural changes in some organizations.

Does implementing RESPECT require that we do anything differently with regard to HIV testing and referrals (the TR of CTR)?

Not necessarily. You may still offer testing according to your agency protocol and CDC guidelines. Quality assurance is required for RESPECT and strongly recommended for any CTR program.

Do you have to do RESPECT only with conventional HIV testing—can it be used with rapid HIV testing?

RESPECT can be used with rapid HIV testing. In 2004 CDC published results of another research project called RESPECT II which used a very similar protocol (structured interview format) in the context of rapid HIV testing. RESPECT II counseling with a rapid test was as effective as RESPECT brief counseling with conventional HIV testing, however, there was a suggestion that counseling with a rapid test might be less effective for men. The published results of the study may be found at <http://www.cdc.gov/hiv/projects/respect/default.htm>. Information about RESPECT-2 can be found at <http://www.cdc.gov/hiv/projects/respect-2/default.htm>.

Can I use the RESPECT counseling protocol without the HIV test?

Yes. The researchers feel the “teachable moment” offered by the HIV test was a critically important component. Teachable moments can present themselves in many settings, such as during STD screening or treatment, in case management sessions when risk is disclosed, or when working with persons living with HIV to support reduction of HIV transmission. RESPECT is a model which focuses on the specifics of the client’s personal risk and circumstances and is thought to be effective in settings other than an HIV test session.

What training is needed to conduct RESPECT?

Counselors must receive specific training in the RESPECT counseling protocol and how to use it with clients. The training includes interactive exercises to develop or enhance skills for practical application. In addition, counselors implementing the RESPECT protocol should receive ongoing supervisory support and feedback regarding their use of the protocol in counseling sessions.

All program managers and those who will supervise the staff implementing RESPECT should receive basic training on the intervention which includes the core elements and intent of the intervention, how it’s conducted, quality assurance activities related to performance, and evaluation of the intervention. It’s also recommended that program managers and supervisors overseeing counselors have a thorough understanding of the counseling protocol and the ability to assess when it’s been appropriately applied.

How does the RESPECT training differ from the Fundamentals of HIV Prevention Counseling course?

The RESPECT course is a 2-day training which uses a structured protocol developed and validated in the Project Respect study and does not address basic counseling skills and theory. RESPECT is considered an advanced course and requires participants to have basic counseling training and experience.

The Fundamentals of HIV Prevention Counseling course is a 3-day training that addresses the basic skills needed to conduct HIV prevention counseling as well as theory about how and why people change behavior. The course introduces a model that is very similar to the protocol used in RESPECT but does not specifically address

implementation or quality assurance procedures necessary to maintain fidelity. However, this course is consistent with the CDC Revised Guidelines for HIV Counseling, Testing and Referral that were published in 2001 and is an excellent protocol for programs not implementing RESPECT specifically.

Both trainings are highly interactive, skills-based courses which use a variety of adult learning techniques and various activities to achieve the objectives of the training.

Are the Fundamentals of HIV Prevention Counseling a prerequisite for counselors who do RESPECT?

No. However, the “Fundamentals,” a basic client-centered counseling, or an HIV prevention course is recommended as a prerequisite for counselors who will be implementing RESPECT because it will provide them with counseling skills and a model for a counseling intervention.

Should Program Managers and other Supervisors receive training too?

Yes. As is recommended with all related activities overseen by supervisors, appropriate training and follow-up coaching are critical to successful implementation of the RESPECT intervention. Training for supervisors may be of shorter duration, and may be less detailed than the original training, but will provide supervisors with information about the requisite knowledge and skills needed to successfully implement the intervention.

Who should take the RESPECT course?

Any counselor who will be implementing HIV prevention counseling using the RESPECT model should take this course. Any supervisor or manager who will be overseeing or supervising counselors using the protocol, or who will be conducting quality assurance activities associated with RESPECT should take the original, or an overview course. Similarly, any HIV prevention provider who is planning to conduct an ILI which focuses on developing a risk reduction plan with clients are encouraged to take this course.

Why implement RESPECT?

RESPECT is an evidence-based HIV prevention counseling intervention that was shown to be effective in helping people increase condom use, decrease risky behaviors, and reduce STD infections, as compared to patients who did not receive the intervention.

What TA is available after training?

Technical Assistance will be provided by the CDC and should be requested through the CBA Request Information System (CRIS). The web address for the CRIS system is <http://www.cdc.gov/hiv/cba/default.htm>.

Can RESPECT be adapted after training?

Because RESPECT uses a client-focused counseling approach and includes a personalized risk assessment and development of a specified risk-reduction step and plan

for action, it can be easily adapted to a variety of HIV service settings, including services provided to HIV-positive individuals.

How long does a RESPECT session take?

Each RESPECT counseling session takes approximately 15-20 minutes.

How does RESPECT support CDC's current HIV prevention goals?

As with other forms of CTR, RESPECT supports people knowing their HIV status and can provide behavioral support to prevent acquisition and or transmission of HIV. The model itself may be implemented in programs such as prevention case management, various programs within STD and/or HIV care or prevention settings, such as those serving persons living with HIV. RESPECT was shown to be effective in increasing condom use, reducing new STD infections, and risky behaviors. All of these reduce the risk of HIV transmission or acquisition.

In what settings can RESPECT be used?

The RESPECT counseling protocol is ideally suited for use with 2-session conventional HIV testing. The counseling protocol was originally tested in STD Clinics but can be used anywhere there is enough privacy for a conversation about risk-reduction lasting approximately 15-20 minutes.