Overview to RESPECT

RESPECT is the first individual level intervention to be added to the Diffusion of Effective Behavioral Interventions (DEBI) project. The RESPECT intervention utilizes a client-focused, interactive HIV risk reduction counseling model based on Project RESPECT. This study was a randomized controlled trial, implemented in 5 cities, to assess the efficacy of HIV prevention counseling in reducing high risk sexual behaviors and preventing new STDs. The study evaluated a 2-session and 4-session counseling interventions utilizing the RESPECT protocol, and found that risk taking behaviors were reduced in both counseling models. Delivery of brief didactic prevention messages was also evaluated, but did not result in significant behavior changes.

The RESPECT intervention is designed to support risk reduction behaviors by increasing the client’s perception of his/her personal risks and by emphasizing incremental risk-reduction strategies. Core elements of the intervention are to conduct one-on-one counseling using the RESPECT protocol, utilize a “teachable moment” to motivate clients to change risk-taking behaviors, explore circumstances and context of a recent risk behavior to increase perception of susceptibility, negotiate an achievable step which supports the larger risk reduction goal, and implement and maintain quality assurance procedures. The intervention uses a structured protocol that guides the provider/counselor throughout the sessions. This protocol also helps address barriers to risk reduction and validate previous attempts made by the client.

Because RESPECT was originally studied in an STD clinic utilizing HIV testing, counseling and referral, readers may have questions related to the similarities and differences between the two. Please refer to the Frequently Asked Questions (FAQ) document on the RESPECT website for more information.

RESPECT is an interactive counseling model that can be easily incorporated into many existing programs, such as comprehensive risk counseling and services (CRCS), early intervention programs, rapid or traditional HIV counseling and testing programs, and STD, HIV, or family planning clinics, where discussion of client risk and risk reduction strategies occur. Examples of the settings where RESPECT can be implemented are discussed in the “How RESPECT can be Integrated into other HIV Prevention Programs” document. By adopting this model, organizations can substantially increase the effectiveness of their individual-level interventions in their HIV programs. Both the 2-session brief counseling and 4-session enhanced counseling resulted in reduced risk taking behaviors and reductions in new STD infections. This is good news for busy clinic settings where brief counseling may be the only feasible approach.