



An Effective, Individual, Client-focused HIV Prevention Intervention FACT SHEET

Intervention Overview

RESPECT is an individual-level, client-focused, HIV prevention intervention, consisting of two brief interactive counseling sessions. The intervention is based on the Theory of Reasoned Action and Social Cognitive Theory. The provider follows a structured protocol (counselor cards) to engage in an interactive conversation with the client to: 1) determine what behaviors place the client at risk for HIV (or STDs); 2) use a “teachable moment” to increase the client’s concern about his/her personal HIV risk; and 3) develop a strategy to reduce identified risks.

RESPECT is intended to 1) heighten clients’ awareness of their personal risk for HIV through the use of “teachable moments,” and 2) support clients in developing a realistic and achievable plan to reduce their risk behaviors. The **RESPECT** model relies heavily on the concepts: **Teachable Moments** which are situations or circumstances that can create an opportunity for behavior change; and **Contradictions** between the client’s beliefs and behaviors. Teachable moments are used to enhance a client’s perception of their risk and level of concern for HIV infection. Teachable moments can also be used to increase a person’s motivation to change behaviors (i.e., being diagnosed with a new STD, or having a recent STD/HIV exposure).

RESPECT was adapted in 2012 to a Single-session RESPECT that includes the HIV Rapid Test, all conducted in one client visit. The HIV Rapid test is offered to the client at the beginning of the session and the results are provided during the second half of the counseling session. The counselor helps the client to understand the implications of the result, and provides additional support for a risk reduction plan and partner counseling and referral services. For clients testing positive for HIV, the risk reduction plans should include linkage to care, patient navigation services; or interventions such as ARTAS, prevention with positives (PWP), or other referral sources, depending on the client’s need and risk reduction plan

CORE Elements

Core elements are critical features of an intervention’s intent and design that are responsible for its effectiveness. They must be maintained without alteration.

- Conduct one-on-one counseling, using the RESPECT protocol prompts
- 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
- Implement and maintain quality assurance procedures

Research Results

Compared to those in a comparison group (who received a brief educational message), men and women receiving the counseling intervention:

- Reported significantly greater condom use and reduction of risk behaviors
- Were diagnosed with fewer new sexually- transmitted infections
- Significant changes were observed up to 12 months after the intervention

Research Findings

The efficacy of RESPECT was assessed in a multicenter randomized controlled trial with 5,758 HIV-negative heterosexual persons aged 14 and older who visited an STD clinic. Three interventions were compared in the Project RESPECT study:

1. Brief RESPECT counseling consisting of 2 sessions that totaled 40 minutes;
2. Enhanced RESPECT counseling consisting of 4 sessions that totaled 200 minutes; and
3. Brief educational messages consisting of 2 sessions that totaled 10 minutes, which was the standard practice at the time.

Compared with participants in the educational messages intervention, participants in the 2- and 4-session RESPECT interventions had lower STD incidences and higher self-reported 100% condom use up to 12 months after participating in the interventions. In subgroup analysis, not only were the differences for the adolescent groups (counseling vs. education) significant, there was risk reduction as well, including a 50% reduction in new STDs in adolescents (compared with 30% overall). Results were less effective with men who have sex with men. Therefore, clients should be assessed to determine placement into Single Session or 2-session RESPECT. That assessment should consider if the client is a repeat tester and the potential for the client to return for the second session.

Target Population

RESPECT can be implemented with any population at increased risk for HIV/STD. This intervention was originally studied in heterosexual persons, 14 years and older, who were accessing services from an STD clinic. RESPECT can also be adapted for School-based Health Clinics since results among adolescents were positive.

Program Materials

The RESPECT Implementation Manual contains the essential materials for conducting the intervention to include:

1. RESPECT Implementation Manual
 2. Video
 3. Quality Assurance Forms
 4. Evaluation/Monitoring Forms
 5. Guidance Documents
 6. An e-learning course that serves as a review or booster
- *A limited number of materials are provided in Spanish.

1. Kamb ML, Fishbein M, Douglas JM, Rhodes F, Rogers J, Bolan G, Zenilman J, Hoxworth T, Malotte CK, Iatesta M, Kent C, Lentz A, Graziano S, Beyers RH, Peterman TA, for the Project RESPECT Study Group. Efficacy of risk-reduction counseling to prevent human immunodeficiency virus and sexually transmitted diseases: A randomized controlled trial. Journal of the American Medical Association. 1998; 280:1161–1167.
2. Metcalf CA, Douglas JM, Malotte CK, Cross H, Dillon BA, Paul SM, Padilla SM, Brookes LC, Lindsey CA, Byers RH, Peterman TA, for the RESPECT-2 Study Group. Relative efficacy of prevention counseling with rapid and standard HIV testing: A randomized, controlled trial (RESPECT-2). Sexually Transmitted Diseases. 2005; 32:130–138.

Access the RESPECT online modules on Danya’s HIP e-Learning Center

<https://www.effectiveinterventions.org/elearning/login/index.php>

If you do not have access to the web, you may also call (866) 532-9565 or email interventions@danya.com.