

# RESPECT: BRIEF COUNSELING plus BOOSTER

## Best Evidence – Risk Reduction

### INTERVENTION DESCRIPTION

#### Target Population

- Sexually active, HIV-negative STD clinic patients

#### Goals of Intervention

- Eliminate or reduce sex risk behaviors
- Prevent new STD infections

#### Brief Description

The *RESPECT Brief Counseling + Booster* intervention is a one-on-one, client-focused HIV/STD prevention intervention, consisting of two 20-minute interactive counseling sessions and one 20-minute booster session approximately 6 months later. The intervention is based on the 2-session model used in *Project RESPECT Brief Counseling* Intervention. HIV counselors help STD clinic patients identify personal risk factors and barriers to risk reduction, work with patients to develop an achievable personalized risk-reduction plan, and support patient-initiated behavioral change. At the initial clinic visit, STD clinic patients receive the first counseling session and are tested for HIV with either a rapid or standard HIV test. HIV test results and the second counseling session are given at the end of the initial clinic visit (rapid test group) or 1 week later (standard test group). The additional booster counseling session reinforces the previous counseling and includes a review of the risk-reduction plan, a revised risk assessment, the negotiation of a new risk-reduction plan, and identification of sources of support in carrying out the risk-reduction plan.

#### Theoretical Basis

- Social Cognitive Theory
- Motivational Interviewing principles
- Theory of Reasoned Action

#### Intervention Duration

- Two 20-minute sessions delivered in one day (rapid test group) or 1 week apart (standard test group) and a single 20-minute booster session delivered 6 months after the initial clinic visit

#### Intervention Setting

- Public STD clinics

#### Deliverer

- Trained HIV/STD counselors

#### Delivery Methods

- Counseling
- Goal setting
- Exercise

## 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 Denver, Colorado; Long Beach, California; and Newark, New Jersey between 1999 and 2002.

### Key Intervention Effects

- Reduced unprotected sex with non-primary partner
- Reduced number of sex partners
- Reduced sex with new partner or one-time partner

### Study Sample

The analytic study sample of 3,297 STD clinic patients is characterized by the following:

- 51% black or African American, 22% white, 18% Hispanic/Latino, 9% other
- 54% male, 46% female
- 95% heterosexual, 5% homosexual or bisexual
- Mean age of 26 years, range: 15-39 years
- 75% completed high school education or more

### Recruitment Settings

Public STD clinics

### Eligibility Criteria

STD clinic patients were eligible if they tested HIV-negative, were between 15 and 39 years old, and had vaginal or anal sex in the preceding 3 months.

### Assignment Method

STD clinic patients (N = 3,297) were randomly assigned to 1 of 2 groups: Brief Counseling + Booster intervention (n = 1,653) or Brief Counseling only comparison (n = 1,644).

### Comparison Group

The comparison group received the same two-interactive Brief Counseling sessions as the intervention group, but did not receive the Booster counseling session.

### Relevant Outcomes Measured and Follow-up Time

- Incident STDs (including gonorrhea, chlamydia, trichomonas) were confirmed by laboratory tests and measured at 3, 6, 9, and 12 months after the HIV testing at enrollment or at any other clinic visits during the 12-month period. The 9- and 12-month assessments translate to approximately 3 and 6 months after intervention.
- Sex behaviors during past 3 months (including having  $\geq 2$  sex partners, unprotected sex overall, with non-primary partner or while drunk or high, sex with a new partner on day of meeting, and sex with a 1-time partner) were measured at 3, 6, 9, and 12 months after the HIV testing at enrollment. The 9- and 12-month assessments translate to approximately 3 and 6 months after intervention.

### Participant Retention

- Brief Counseling + Booster
  - 74% retained at 3 months after intervention
  - 73% retained at 6 months after intervention
- Brief Counseling only
  - 72% retained at 3 months after intervention
  - 73% retained at 6 months after intervention

### Significant Findings

- At 3 months after intervention, a significantly smaller percentage of intervention participants than comparison participants reported the following sex risk behaviors:  $\geq 2$  sex partners, unprotected sex with non-primary partner, sex with a new partner on day of meeting, and sex with a 1-time partner (all  $p$ 's  $< .05$ ).
- Among female clinic patients, a significantly smaller percentage of intervention participants reported sex with a 1-time partner than comparison participants at 3 months after intervention ( $p < .05$ ).
- Among men who did not have male partners at enrollment, a significantly smaller percentage of intervention participants than comparison participants reported  $\geq 2$  sex partners and unprotected sex with non-primary partner at 3 months after intervention (all  $p$ 's  $< .05$ ).

### Considerations

- The Brief Counseling + Booster intervention was not more effective than Brief Counseling alone in reducing new STD infections during the 6-month period after booster counseling.
- The intervention effect was significant in reducing sex risk behaviors at 3 months, but not at 6 months after intervention.
- Participants were tested for HIV at enrollment using either a rapid or standard HIV test. The type of testing method did not significantly modify the intervention effects, so the effects of the booster counseling reported above are based on all subjects combined, regardless of type of HIV test.

## REFERENCES AND CONTACT INFORMATION

Metcalfe, C. A., Malotte, C. K., Douglas, J. M., Jr., Paul, S. M., Dillon, B. A., Cross, H., . . . RESPECT-2 Study Group. (2005). [Efficacy of a booster counseling session 6 months after HIV testing and counseling: A randomized, controlled trial \(RESPECT-2\)](#). *Sexually Transmitted Diseases*, 32, 123-129.

Metcalfe, C. A., Douglas, J. M. Jr., Malotte, C. K., Cross, H., Dillon, B. A., Paul, S. M., . . . RESPECT-2 Study Group. (2005). [Relative efficacy of prevention counseling with rapid and standard HIV testing: A randomized, controlled trial \(RESPECT-2\)](#). *Sexually Transmitted Diseases*, 32, 130-138.

**Researcher: Thomas Peterman, MD**

Centers for Disease Control and Prevention

National Center for Hepatitis, HIV/AIDS, STD, and Tuberculosis Prevention

Division of STD Prevention

1600 Clifton Road, NE MS E02

Atlanta, GA 30333

Email: [tpeterman@cdc.gov](mailto:tpeterman@cdc.gov)

