

**Project  
RESPECT  
Didactic Messages  
Intervention  
Manual**

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*Baltimore  
Denver  
Long Beach  
Newark  
San Francisco*

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**Centers for  
Disease  
Control and  
Prevention**

**Informational Message Intervention (2 sessions)**

## **Project RESPECT**

### **Informational Messages Intervention (2 Sessions)**

**(Study Arms 3 and 4)**

**Project RESPECT was a multicenter randomized trial evaluating the efficacy of HIV prevention counseling in changing behavior and reducing new STDs. The Informational Messages Intervention was the comparison (control) intervention used in the study, and was based on typical practice in STD clinics 1991 - 1995..**

**This two session intervention was conducted by the study clinician (session 1) and either the clinician or a study educator (session 2). Each session used an informational (didactic) approach, with sessions lasting 5 minutes each. Session 1 was given during the enrollment visit, and session 2 was conducted when the HIV test results returned, from 7 to 10 days later.**

**This educational intervention had the following aims:**

**Inform participants about their personal STD/HIV risks, increase participants' knowledge about HIV/STD transmission and the effectiveness of specific risk reduction strategies. Whenever applicable, emphasize condom use strategies. A condom demonstration may be appropriate in many situations.**

## Informational Messages Intervention

*Session 1 is conducted by the study Clinician. Session 2 is conducted by either the study clinician or an HIV counselor associated with the study.*

### Session 1: Day of the clinic visit, before the HIV test

*The session takes place at the end of the initial clinic visit after the clinician has talked with the participant about the findings from the clinic visit and, if applicable, given a treatment plan.*

**Estimated time**      5 minutes

**Goals** Overall goals for Session 1:

- Inform the participant about the sexual risk behaviors (participant risks and sex partner risks) that place him or her at risk for HIV and other STDs.
- Inform the participant about the important elements of the HIV test.

**Guidelines** (both Sessions 1 and 2)

- This intervention is informative, but *not* interactive. Information should be given in a courteous, direct, and professional manner; however, interactive discussion should not be attempted (e.g., avoid open ended questions). If the participant has questions, these should be answered appropriately.
- Strict protection of client confidentiality for all persons taking the HIV test must be maintained.
- During the session, the clinician/educator should communicate at the participant's level of understanding, avoiding technical terms, jargon, or words beyond the comprehension of the client (e.g., *window period*, *antibody*, *non-reactive*).
- Whenever applicable, the clinician/educator should discuss the participant's risk for HIV in the context of the participants' clinic visit.

## **Session 2: Informational Messages Intervention**

*Session 2 is conducted either by the clinician or an HIV educator. The session takes place when the HIV test results return, 7-10 days after the initial clinic visit.*

**Estimated time** 5 minutes

**Goals** Overall goals for session 2:

- Give the HIV test results.
- Remind the participant about the general and specific sexual risks that place him or her at risk for HIV and other STDs.
- Answer any questions the participant has about the HIV test.

**Guidelines** See session 1

**Elements of the session** (*in order of application*)

- Give the participant the HIV test results.
- Inform the participant that negative results indicate that he or she was not infected in the past. However, the test is not useful to assess recent infection. To be safe, any client with risk in the past 30-60 days should “practice safe sex”, then repeat the HIV test in about 6 months. Give examples of safe sex that are consistent with the participant’s risks (*e.g. abstinence with particular partners; consistently and correctly using latex condoms*).
- Remind the participant about his or her specific high risk behaviors.
- Ask if the participant has any questions, and answer all questions posted.
- Ask the participant if he or she would like more condoms.

**Elements of the session**

*The clinician/educator should employ each of the 6 points listed below in each session, in the following order:*

- Mention that the participant has come to the clinic for an STD exam, and that like other sexually transmitted diseases, HIV is spread through sexual contact.

- Reinforce the participant for taking the HIV test. Discuss aspects of the test, including:

The test can detect infection in the past, but is not good at detecting infection that happened recently, i.e., the past month.

The test result will return in 7 days. Ask the participant to come back to the clinic to get the test results the.

- Inform the participant about specific ways he or she can avoid HIV/STDs in the future. Try to include strategies that this participant can use.

*Examples:* • *Use latex condoms whenever you can.*

- *Avoid sex with an HIV-infected partner or with anyone who doesn't know whether s/he has HIV or another STD.*
- *Have fewer partners.*
- *If you have sex, oral sex is probably safer than vaginal sex, and vaginal sex is probably safer than anal sex for preventing HIV (but nothing is risk free!)*
- *Your safest bet is, Never share needles. But if you do share, at least clean the works with bleach/H<sub>2</sub>O for at least 60 seconds; etc.*

***Note: For many participants, a condom demonstration may be applicable. This should be done in an informative (rather than interactive) manner.***

- Ask if the participant has any questions, and answer all questions posed.
- Give the participant a supply of at least 10 condoms.
- Make an appointment for the post-test session (HIV test result) 7-10 after clinic visit. Write the date and time on the back of the clinic card.

***In some clinics, the clinician may not him- or herself give the condoms and/or the appointment card to the participant. In these cases, the clinician should still discuss that condoms will be given to the participant by <name> \_\_, and that \_\_ <name> \_\_ will be making him or her an appointment for the HIV test results.***

## **Project RESPECT**

### **Informational Messages Intervention (2 Sessions)**

**(Study Arms 3 and 4 )**

**This two session intervention was conducted by the study clinician (session 1) and either the clinician or a study educator (session 2). Each session used an informational (didactic) approach, with sessions lasting about 5 minutes each. Session 1 was given during the enrollment visit, and session 2 was conducted when the HIV test results returned, from 7 to 10 days later.**

**This educational intervention had the following aims:  
Inform participants about their personal STD/HIV risks, increase participants' knowledge about HIV/STD transmission and the effectiveness of specific risk reduction strategies.  
Whenever applicable, emphasize condom use.**

#### **Quality Assurance components included:**

**1) Standard training for all clinicians and educators (done by the same clinician).**

**2) Observation of information sessions by counseling supervisors, with immediate feedback to clinicians/educators. (Forms follow).**

**Throughout the study, clinicians or educators were routinely observed on whether the informational messages interventions goals were achieved and how well they followed the protocols. Check off forms were used to indicate how well clinicians/educators achieved specific objectives, but supervisors attempted to make this a “discussion” more than a “rating”.**

**3) Process evaluations for clinicians and study participants (Forms follow).**

## Process Evaluation -- Informational Messages Intervention

As part of this study, you were seen by a clinician prior to taking an HIV test, and you were given your test results by a counselor. We'd first like to find out how you felt about the time you spent talking to the clinician AFTER the physical exam. That is, we want to know your reaction to the time you spent talking to the clinician about preventing STD's and HIV infection.

1. **Would you say that the time you spent talking to the clinician about HIV and STD prevention was:**

	extremely	somewhat	somewhat	extremely	
Pleasant	_____	_____	_____	_____	Unpleasant
Informative	_____	_____	_____	_____	Uninformative
Helpful	_____	_____	_____	_____	A waste of time
Good	_____	_____	_____	_____	Bad

2. **When you and the clinician talked about HIV and STD prevention, would you say that:**

_____	(1)	the clinician talked and you listened
_____	(2)	you talked and the clinician listened or
_____	(3)	that you each talked and listened that you had a real conversation

3. **How well did the clinician cover your questions, problems or worries?**

	very	somewhat	somewhat	very	
Well	_____	_____	_____	_____	Poorly

4. **How honest were you with the clinician?**

	very	somewhat	somewhat	very	
Honest	_____	_____	_____	_____	Dishonest

5. **Do you have anything you'd like to say about your experience with the clinician?**

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6. Now we'd like to ask about the [Messages] you received when you got your HIV test results.

6b. Would you say that the post test counseling you received was:

	extremely	somewhat	somewhat	extremely	
Pleasant	_____	_____	_____	_____	Unpleasant
Informative	_____	_____	_____	_____	Uninformative
Helpful	_____	_____	_____	_____	A waste of time
Good	_____	_____	_____	_____	Bad

7. When you received your post-test counseling, would you say that:

- \_\_\_\_ (1) the counselor talked and you listened
- \_\_\_\_ (2) you talked and the counselor listened or
- \_\_\_\_ (3) that you each talked and listened, i.e., that you had a real conversation

8. How well did the [counselor/clinician] cover your questions, problems or worries?

	very	somewhat	somewhat	very	
Well	_____	_____	_____	_____	Poorly

9. How honest were you with the [counselor/clinician]?

	very	somewhat	somewhat	very	
Honest	_____	_____	_____	_____	Dishonest

10. Do you have anything you'd like to say about your experience with the [counselor/clinician]?

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## INFORMATIONAL MESSAGES OBSERVATION AND FEEDBACK GUIDE

CLINICIAN/COUNSELOR -EDUCATOR _____	
Project RESPECT Site: _____	
Duration of Session(s): _____	
<b>Informational Messages – Session 1</b>	
Observer: _____	Date completed: _____
Client Age: _____	Race/Ethnicity: _____ Sex: _____

1. This Informational Messages inventory is a tool to assist counselors and intervention coordinators by summarizing single or multiple (4) observations of the clinician/educator’s communication, information and seronegative information skills. Conclusions should be based on counselor demonstration each skill and achievement of informational messages.
2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS	Status of Informational Messages Objective				
	Not Achieved	Achieved			Excellent
1. Demonstrated professionalism.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
2. Establishes rapport (introduction, define scope and duration of session)	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
3. Communication in a didactic rather than interactive approach.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
4. Communicated at the client’s level of understanding.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
5. Provides results of HIV test.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
6. Instruct participant that negative results mean he/she not infected in the past. Still don’t know about recent infection. Be safe, should practice safe sex from now on, repeat HIV test in about 6 months, if appropriate.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
7. Identified aloud behaviors or situations that placed client at risk for HIV or STDs (e.g., STD diagnosis at clinic visit. C&T form behaviors.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
8. Follow-up on key ways this participant can reduce his or her personal risk for HIV or other STDs.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
9. Asks the participant if he/she has questions.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
10. Appropriately answers the questions.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
11. Offers the participant more condoms.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>

**PROJECT RESPECT**

## INFORMATIONAL MESSAGES: OBSERVATION AND FEEDBACK GUIDE

HIV CLINICIAN/COUNSELOR-EDUCATOR _____	
Project RESPECT Site: _____	
Duration of Session: _____	
<b>Informational Messages Session 2:</b>	
Observer: _____	Date completed: _____
Client Age: _____	Race/Ethnicity: _____ Sex: _____

1. This Informational Messages tool is designed to assist clinicians and counselor-educators and intervention coordinators by summarizing observation of a single informational messages session documenting the clinician or counselor-educator's communication skills and completion of the required enhancement activities. Conclusions should be based on clinician or counselor-educator's demonstration of each skill, completion of the activity and identification of client initiated risk reduction plan/task. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.
2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS	Informational Messages Session Two				
	Not Achieved	Achieved	Achieved	Excellent	Excellent
1. Demonstrated professionalism.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
2. Established rapport (briefly) introduces the educational message/defines the scope of the message.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
3. Communicated the main points of the educational message effectively and succinctly.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
4. Communicated at participant's level of understanding, avoided technical terms, jargon, and words beyond the comprehension of the participant.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
5. Used a primarily didactic rather than interactive approach with the participant.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
6. Identified aloud any behaviors or situations that placed this participant at risk for HIV or STDs (e.g., participant has an STD today.)	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
7. Describes the key ways this participant can reduce his or her personal risk for HIV or other STDs.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
8. Describes the important elements of the HIV test, including the inability of the test to detect recent infection.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
9. Asks the participant if he/she has questions.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
10. Appropriately answers the questions the participant asks.	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>

COMMUNICATION SKILLS	Informational Messages Session Two				
	Not Achieved	Achieved			Excellent
11. Keeps the educational message appropriately brief (depending on the participant's risk situation.)	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
12. Offers the participant more condoms.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

**ADDITIONAL COMMENTS AND RECOMMENDATIONS:**

**End Time:**



