

Name of Intervention	Protocol Based Counseling (PBC)
Based on Behavioral and Social Science Theory(ies)	Based on Project RESPECT which was built on Theory of Reasoned Action Social Cognitive Learning Theory
Summary of Intervention	<p>This is a two (2) session counseling intervention that is a tailoring of Project RESPECT. An agency should give careful consideration to: 1) their setting, 2) availability and capacity of counseling staff, and 3) resources. This intervention involves interactive counseling methods that are designed to facilitate the adoption and change of specific factors influencing the behaviors that place members of this target population at significant risk for acquiring STI's including HIV. Specifically, this intervention focuses on strategies to promote the adoption of "safe" sexual or substance use behaviors (e.g. not engaging in unprotected anal, vaginal or oral sex with multiple partners, not sharing needles, bleaching needles and works,etc).</p> <p>This intervention is designed to utilize intensive individual counseling sessions to address various factors influencing high risk sex behaviors (e.g. perceived susceptibility, attitudes &amp; norms, intentions, self-efficacy with condom use and condom negotiation, etc). The approach of the counseling sessions is "client centered" focused specifically on those elements placing a client at risk. The initial counseling session assists the participants in strategizing specific risk reduction steps that the participants feel they can achieve before the next session. Lastly, the counseling sessions assist participants in identifying costs and benefits of testing for status knowledge. If a client tests, the risk reduction step is revisited and the progress is evaluated during the follow-up visit. For clients that test and are HIV Positive, the risk reduction specialist will also provide partner elicitation and links into medical and other early intervention services.</p> <p>Key elements of the counseling protocol include:</p> <ol style="list-style-type: none"> <li>a) Introducing and Orienting the Client to the Session</li> <li>b) Enhance the Client's Self-Perception of Risk</li> <li>c) Exploring the Specifics of Most Recent Risk Incident</li> <li>d) Review Previous Risk Reduction Experiences</li> <li>e) Synthesize Risk Incident and Risk Pattern</li> <li>f) Negotiate a Risk Reduction Step</li> </ol>

	<p>g) Identify Sources of Support and Provide Referrals</p> <p>h) Support Test Decision</p> <p>i) Summarize and Close the Session</p> <p>For clients who test, key elements also include:</p> <p>a) Providing Test Result</p> <p>b) Revising Risk Reduction Steps</p> <p>c) Negotiate Disclosure and Partner Referral (for HIV Positive)</p>
Clearly Defined Audience	High Risk Heterosexuals/MSM/IDUs of any race 14 and over (male and female) HIV Negative or HIV Positive
Goals and Objectives of the Intervention	To utilize intensive one-on-one protocol guided counseling to reduce high risk behaviors and to prevent new STI's; maintaining fidelity to the PBC protocol
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> <li>• Unprotected Anal, Vaginal or Oral sex</li> <li>• Sex with Multiple partners, and Inconsistent condom use</li> <li>• Sharing Needles or Works</li> </ul>
Factors Influencing Behaviors (FIBs)/Behavioral Determinants	<ul style="list-style-type: none"> <li>• Attitudes</li> <li>• Group norms</li> <li>• Intentions</li> <li>• Self-efficacy</li> <li>• Expected Outcomes</li> <li>• Perceived susceptibility</li> <li>• Perceived Severity</li> <li>• Peer pressure</li> </ul>
Core Elements	Intensive one-on-one "client centered" Counseling
Setting	STI Clinic, CBO, Family Planning Clinic, Outreach settings, etc
Duration	<p>PBC with Standard Testing Technology (Elisa, Western Blot, RPR): 7-14 Days</p> <p>PBC with HIV Rapid Testing Technology: 35-75 minutes</p>
Outcomes as a result of the Intervention	Participants in the original study reported significantly higher condom use compared to participants in the comparison condition. Of the counseling participants, 30% fewer had new STIs compared with participants in the comparison condition. In the counseling interventions, benefits accrued equally to men and women, and STI reduction was higher among adolescents than older participants. Lastly, modest differences for "safe" behaviors unrelated to condom use (eg, "no casual partners" and "no new partners", etc).
Type of Intervention	ILI

