

Developing the Individual Abuse Prevention Plan (IAPP)

HOME CARE PROVIDERS

All clients receiving services from a Home Care provider are required to have an IAPP. Below are some suggested approaches providers can take when developing the IAPP with clients who may be concerned about the suggestion to participate in developing this plan.

Things to Keep in Mind

Let's talk about what we know about the diverse population of Minnesotans that Home Care providers serve.

- Some clients fear that completing an IAPP implies they are vulnerable or incapable. They may feel it contradicts their self-perception as independent and self-sufficient adults.
- Some clients receiving Home Care not for their own needs, but to support a spouse who requires care. They may not see the relevance of the IAPP to their own life.
- Clients may be living with mental health conditions (diagnosed or undiagnosed) that impact their insight, communication, or willingness to engage. These conditions may also influence their reactions to questions about abuse, risk, or safety.

The importance of Language

Completing the IAPP is required, but how the designated staff (admissions or employee) engage each client, identify possible risk areas, and develop a customized plan, can be the difference on whether the client participates or answers the questions honestly.

Clients may not want to be described as vulnerable.

Avoid using words like “vulnerable, risk, or abuse” if you can. Focus on having conversations and asking questions that will get you to the same answers.

Avoid reading questions straight from the IAPP document, or using language that most clients are going to interpret as meaning they are less independent, or able to care for themselves, etc.

Start questions by asking, “How do you..., When you do..., what does it look like when... and, if someone did this..., how would you respond?”

If the client begins to go off topic and/or over share, use this to your advantage by asking other questions that may help you assess risk or get additional social history. The more you engage, the more trust you'll gain.

Approach

Service providers are also encouraged to evaluate who is designated to develop the IAPP with new clients. Look at your admissions process and ensure the tasks are assigned to a trained and competent staff member who can take more time to ask questions and develop a rapport with the individual which will benefit the development of the IAPP. Ideally the IAPP is not developed under time restraints or with a lot of other documents or assessments. This could lead to the client (and the staff) getting tired, short on time, and rushing the process.

It is important that the person who will be completing the IAPP reviews any social and medical history related to the new client prior to meeting with them to develop the IAPP. This will assist in knowing what kinds of questions to ask and where to steer the questions. Being open with the client (unless records suggest otherwise) about having read through their history is a way to also steer the conversation if needed.

Other Considerations

When developing the IAPP it will be important to consider what setting the client lives in (public housing, house/apt and the accessibility in their home, etc.). Additionally, consider who the client lives with and who else is regularly present (do they live with family, minors or other vulnerable adults?). You would adjust the below questions based on their living arrangements.

Example questions

Abuse by others

Q. What would you do if you felt unsafe?

Q. Do you have safe relationships in your life? How about unsafe? What does/would that look like?

Q. Is there anyone you are concerned about visiting you at your home?

Q. If you were at a store and a stranger wanted to use your phone or borrow money from you, what do you think you would do?

Q. If you said no, and they start screaming at you and threatening you, what would you do?

Q. Has anyone ever treated you like that before? What was that like?

Q. Do you like to meet new people? How do you go about doing that? Are you dating? What does that look like?

Abusing others

- Q. Do you like to be around people, or do you mostly stay to yourself?
- Q. Have you ever been in a physical or verbal altercation? If yes, with who?
- Q. Do you get along with your family?
- Q. Can you tell me about some of your past relationships? Healthy relationships? Unhealthy?
- Q. Have you ever been in a fight? What did that look like?
- Q. What are some things that can upset you? What do you do when you are upset?
- Q. Do you ever have difficulty staying calm. Is that something you are working on?

Abuse to self

- Q. How do you plan to access the community?
- Q. How will you get around?
- Q. Do you have any concerns about being out in this area alone at night?
- Q. Have you ever gotten lost or hurt while out? Do you use your equipment?
- Q. What does it look like when you are not taking your medication, are there signs?
- Q. How do you manage your medications, have you ever taken too many or stopped taking your medications?
- Q. Do you feel like you are pretty good at knowing when you are having a hard time with your mental health, feeling sad or depressed? Have you ever thought of hurting yourself?
- Q. Do you feel confident managing your finances independently? Do you have someone you trust to help you with your financial decisions if needed? Are you aware of scams targeting older adults (asking for money, email scams)?
- Q. Do you feel you take good care of yourself? What do you think is important about that?
- Q. Do you eat regularly, bathe regularly? Are there any self-care areas that have been difficult for you in the past?
- Q. Do you have adequate access to food?

IAPP Revisions

The IAPP is an ever-evolving document that will need to be reviewed and revised by the team as incidents, a change in condition, or circumstances change for the client. The team should

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continue to co-create the document with the client as new vulnerabilities are identified and/or change, so the plan remains current to his/her needs.

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