Introduction to Physical Disabilities

INSTRUCTOR GUIDE

August 2026

Contents

Module 0. Manual Guide

0.1. Acknowledgments and Partners

The curriculum was originally created by NAPSA in collaboration with the Academy for Professional Excellence. It was then used as a foundation for training content and materials developed by NAPSA under the grant for the National APS Training Center.

The creation of this curriculum was the result of a collaborative effort between Adult Protective Services professionals, professional educators, and NAPSA members. NAPSA would like to thank the following:

Committees

NAPSA Education Committee

NAPSA Curriculum Development Committee

NAPSA Curriculum Review Committee

No AI was used in the development of this curriculum.

0.2. Course Summary

In this interactive and engaging introductory training, participants will gain a basic understanding of physical disabilities, including those that people are born with, and those that are acquired over the course of a lifetime. This understanding will enhance their ability to conduct investigations and develop effective strength-based service plans when working with adults with physical disabilities.

0.3. Target Audience

The course is intended for new APS professionals but is also applicable to allied disciplines and partners that work with adults with physical disabilities (law enforcement, conservatorship investigators, workers in aging networks). This training is also appropriate for tenured staff who require knowledge or skill review.

0.4. Course Requirements

There are no course requirements. It may be helpful for participants to have some experience of working with adults with physical disabilities and service planning.

0.5. Goal

The purpose of this training is to enable APS professionals and allied professionals to have a better understanding of physical disabilities, accessibility, and communication, and improve service planning that leverages the strengths of individuals with physical disabilities.

0.6. Learning Objectives

After completing this course, participants will be able to:

- List common physical disabilities in people served by APS
- Describe common communication differences that may occur in individuals with physical disabilities
- Explain factors that put the population of people with disabilities at disproportionate risk of abuse or neglect
- List best practices to conduct more effective interviews with people with physical disabilities
- Describe strength-based service planning considerations for people with physical disabilities.

0.7. Course Length

This curriculum was developed as a 4-hour training. It is recommended that time be permitted for two 15-minute breaks, determined by the trainer's discretion.

0.8. Trainer Preparation

This instructor-led curriculum is designed for both classroom delivery and virtual delivery.

The optimal size for this training is 20-25 participants.

Suggestions for virtual delivery:

- Have a moderator or co-host who can focus on the virtual aspects (chat, creating breakout groups, etc.) Some individuals will be more comfortable coming off mute to speak, but other participants may prefer to use the chat box exclusively.
- **This curriculum includes video.** Ensure that the person sharing their screen is also sharing their system audio. You may be more comfortable opening the videos ahead of time and pausing at the indicated timestamp.
- Consider accessibility features, such as auto-captioning, transcriptions, or even real-time American Sign Language (ASL) interpretation where applicable.

Module 1. Welcome and Overview

Time: 20 minutes

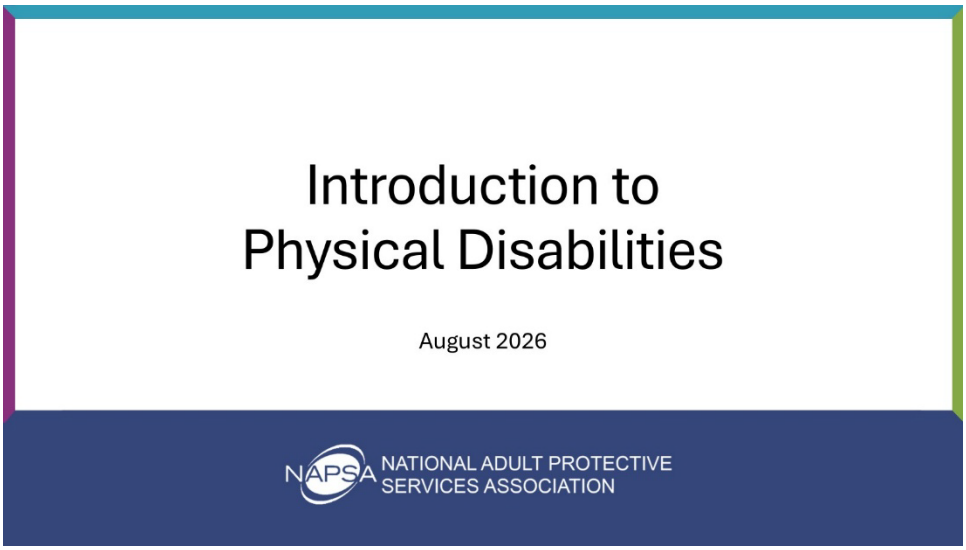
Associated Objective: None

Purpose: Welcome and introduction of the course. This section includes the introduction of the trainer, participants, and the purpose and background of the course.

Facilitation Instructions: Follow the talking points and associated prompts.

Tools: PowerPoint Presentation

Slide 1: Welcome



Do: Welcome participants to the course and introduce yourself by name, job title, organization, experience, and qualifications as the trainer.

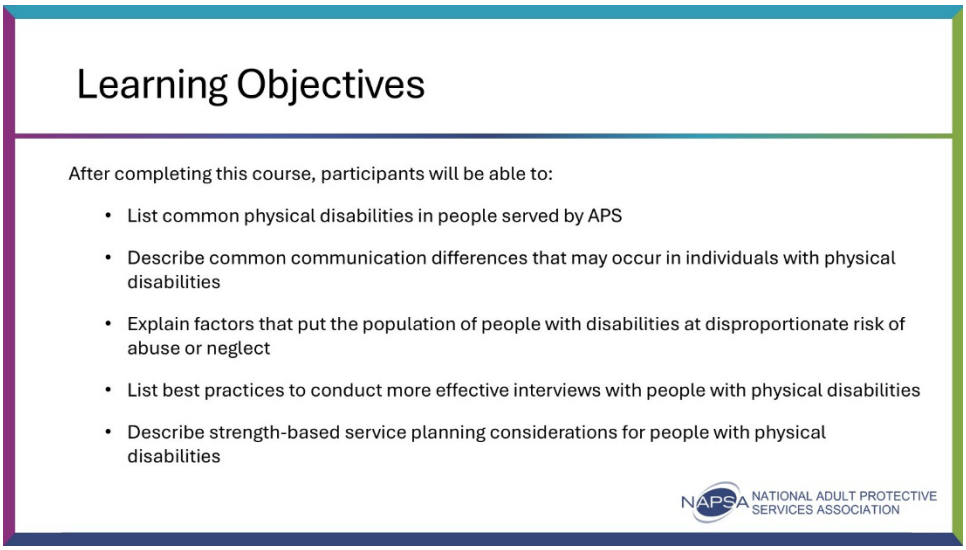
Review the following housekeeping items:

- Respect everyone's opinions, each other's time, and speakers.
- Timeliness: Be on time for breaks.
- Confidentiality: At any point when we discuss real cases, do not share names or identifying information.
- Sensitive Content Warning: Content and discussion today may activate feelings based on personal or professional experiences. Please do what you need to do to safely engage in the training today.

Virtual Additions

- Always keep your microphone on mute unless instructed otherwise.
- Use the raise hand option to ask questions and reactions to interact.
- Post any questions in the chat box that need additional clarification or information.
- Explain the process for breakout groups, including any prompts that learners need to accept to enter or leave the group and how they can request help

Slide 2: Learning Objectives



Discuss the learning objectives:

After completing this course, participants will be able to:

- List common physical disabilities in people served by APS
- Describe common communication differences that may occur in individuals with physical disabilities
- Explain factors that put the population of people with disabilities at disproportionate risk of abuse or neglect
- List best practices to conduct more effective interviews with people with physical disabilities
- Describe strength-based service planning considerations for people with physical disabilities.

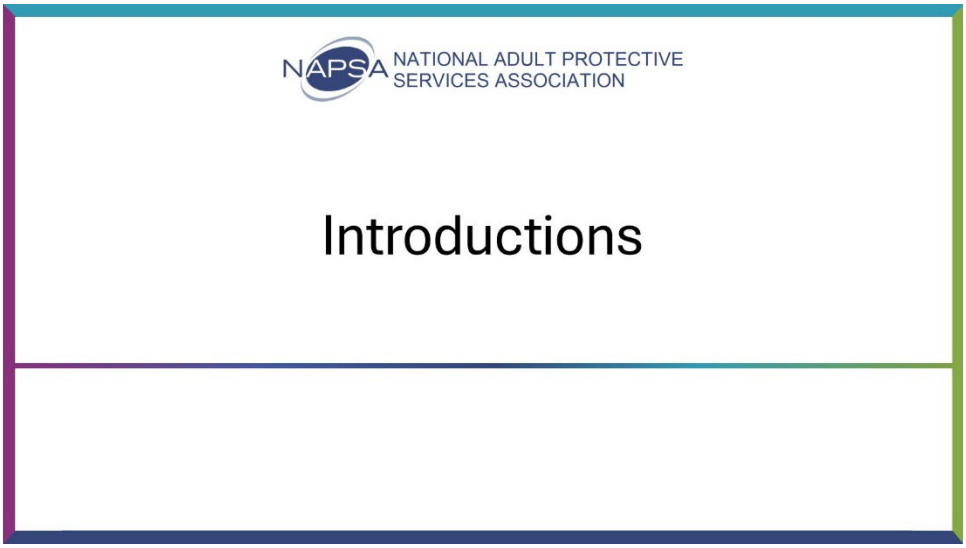
Explain class expectations: what they will learn, upcoming activities, length of class, number of breaks, etc.

1.1. Introductions

Time: 10 minutes

Method: Will vary depending on selected activity

Slide 3: Introductions



Do: Facilitate an icebreaker to help participants feel comfortable interacting in class. There is flexibility in this activity, as adjustments must be made based on class size and participants' familiarity with one another. The trainer may use an icebreaker of their choice. Examples include:

- Invite all participants to state their name, job role, and, if applicable, organization
- If in a virtual environment, invite all participants to pick an emoji to describe their mood, energy level, or level of excitement about the training (this can be a useful way to introduce emoji reactions and use of the chat function as well)
- Invite learners to introduce themselves, then describe an accessible/adaptive tool or practice they use or appreciate. (For example: curb cuts make it easier to cross the street with a stroller, automatic door-open buttons are great when you don't have a free hand for the doorknob, closed captions on videos make it easier to understand what's being said, jar openers allow you to open a jar with one hand, reading glasses or reading magnifiers.)
  Trainer note: If you use this icebreaker, make note of the participants' answers to return to on slide 9. If you do not use this icebreaker, participants will have the chance to answer this question on slide 9.

Module 2. An Introduction to Physical Disabilities

Time: 40 minutes

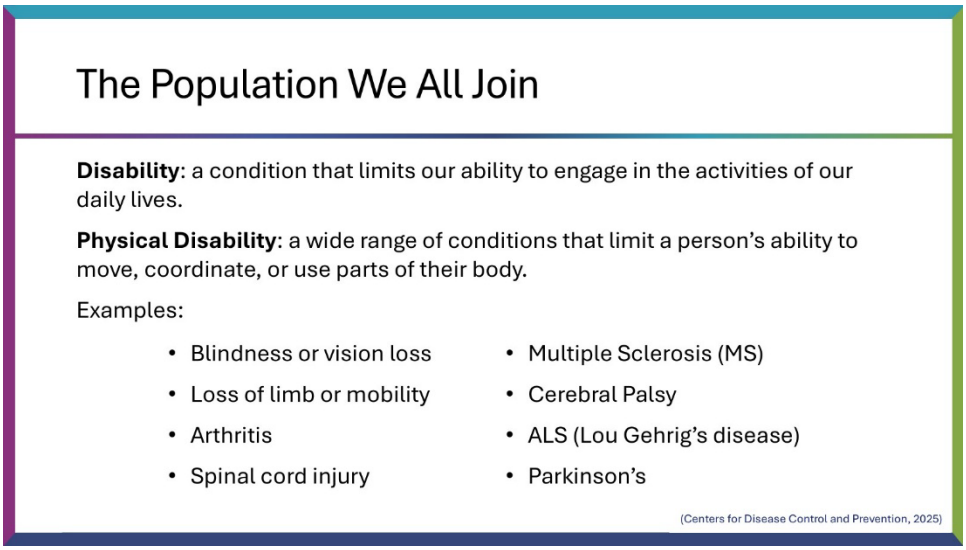
Associated Objectives:

- Recognize common physical disabilities in people served by APS.

Facilitation Instructions: Follow the talking points and associated prompts. Prepare the video.

Tools: PowerPoint presentation, participant guide, video

Slide 4: The Population We Can All Join



Trainer note: *During the lecture portion, it is advised that you encourage participation via the "Raise Hand" or chat features, accept questions, and encourage discussion.*

Say: At some point, we all may experience a disability: some kind of condition that limits our ability to engage in the activities of our daily lives. Some disabilities are temporary; for example, as a result of a serious medical procedure, someone may experience loss of mobility, or the loss of the use of a limb. Other disabilities, whether we're born with them or acquire them later on, may stay with us for the rest of our lives.

This course will focus specifically on familiarizing you with physical disabilities you're likely to encounter in your caseload. Physical disability refers to a wide range of conditions that limit a person's ability to move, coordinate, or use parts of their body. Not all of these are connected to, nor are they a result of aging.

Let's review a few:

- Blindness or vision loss

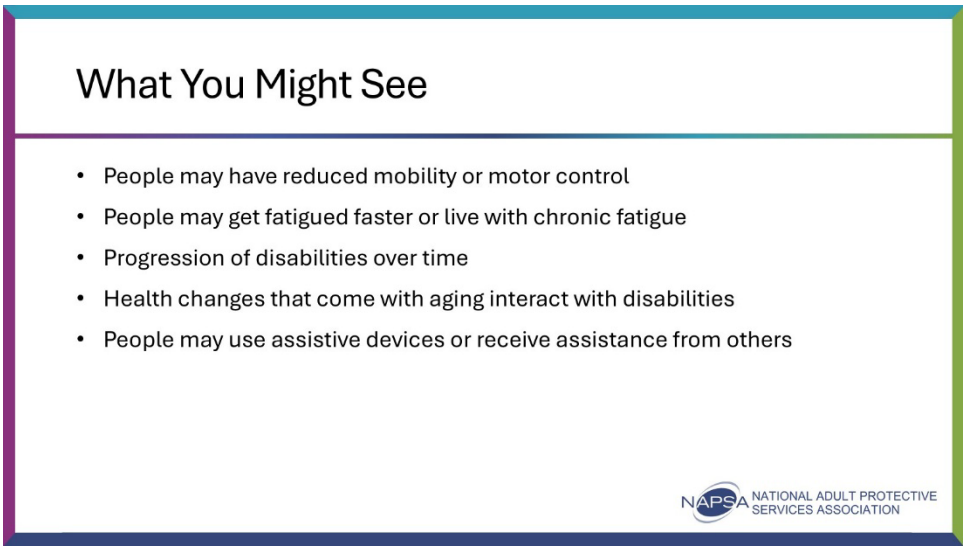
- Loss of limb or mobility
- Arthritis
- Spinal cord injury
- Multiple Sclerosis (MS)
- Cerebral Palsy
- Amyotrophic Lateral Sclerosis (ALS, often called Lou Gehrig's disease)
- Parkinson's disease

Ask: What are other common physical disabilities you've encountered? Have you worked with anyone who lives with a physical disability?

Allow for answers in the chat or using the "Raise Hand" feature.

You might have noticed that some of these disabilities may include neurocognitive impairments; in particular, ALS and Parkinson's. However, we want to be clear that the presence of a physical disability doesn't automatically mean cognitive impairment.

Slide 5: What You Might See

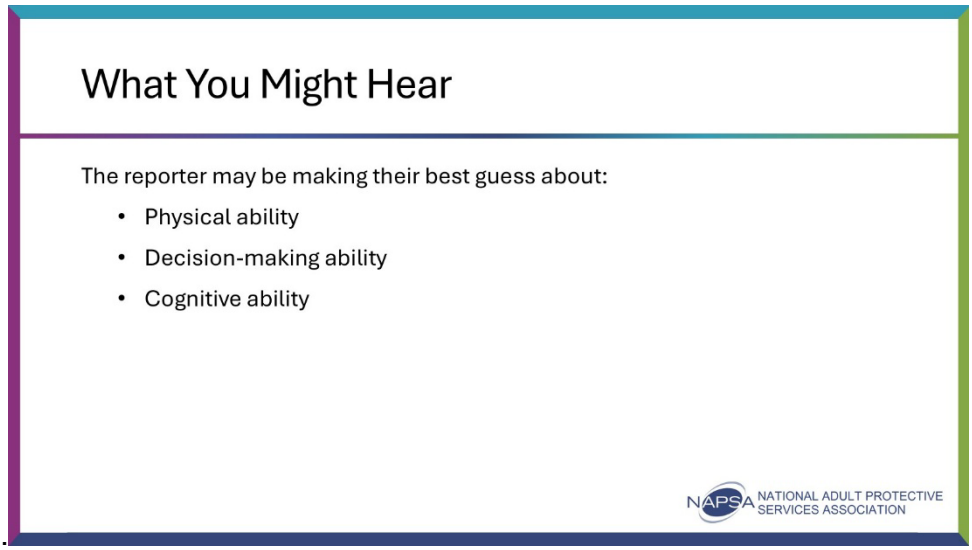


Say: We're not going to focus on becoming experts on every physical disability. Instead, we're going to look at general characteristics and experiences you're likely to encounter when you're working with someone with a physical disability.

For example:

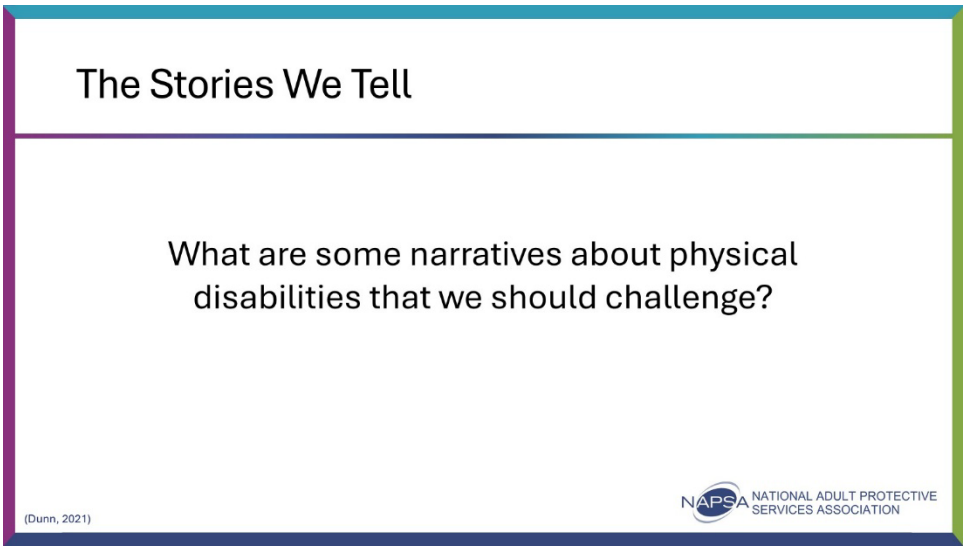
- People with physical disabilities may have reduced mobility, reduced motor control, or both.
- People with physical disabilities may get fatigued faster.
- Some disabilities progress over time, with changes to, or development of new symptoms.
- As people get older, their health changes. This may interact with pre-existing physical disabilities, changing the person's needs.
- People may use assistive devices or receive assistance from other people.

Slide 6: What You Might Hear



Say: When someone talks about another person's experience, they may or may not be accurate. They may describe someone's physical ability, decision-making ability, or cognitive ability through the lens of their own experience, whether or not that's based in objective facts. Anyone who is involved in the life of an individual with a disability may make these generalizations, including the person who makes the first report to APS. Take the reporter seriously, *and* use your own observations, your investigation, and any information you have about the diagnoses or assessments of medical professionals to verify what you're told.

Slide 7: The Stories We Tell



Say: Each of us has likely heard some stereotypes or stories about physical disabilities.

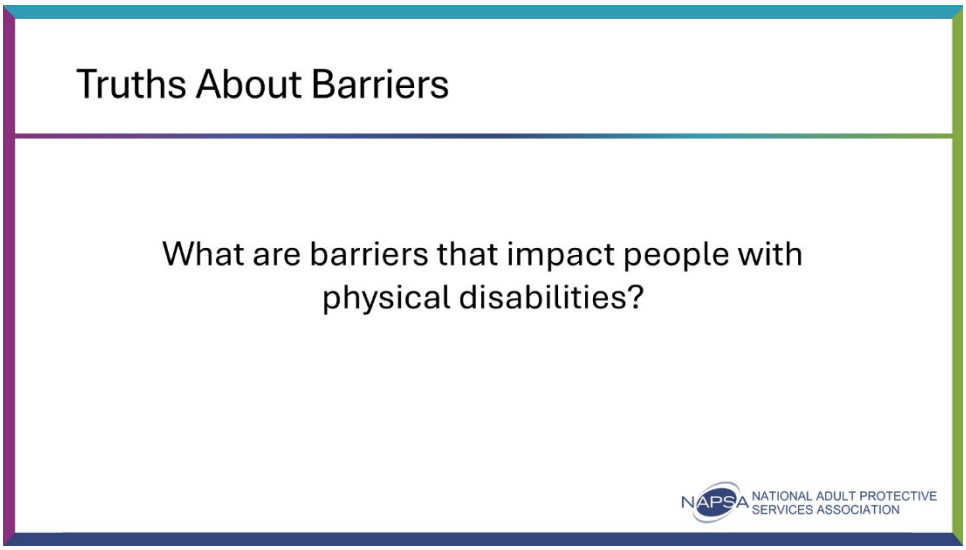
Ask: What are some narratives about physical disabilities we should challenge?

If the training is virtual, encourage participants either to come off mute or use the chat feature to respond. Depending on the size of the group and the trainer's preference, you may want to ask them to use the "Raise Hand" feature and wait to be called upon.

Possible answers: People with physical disabilities can't live on their own. People with physical disabilities always need assistance. It's better to anticipate someone's needs and prepare ahead of time, rather than make them ask. People with physical disabilities are unhealthy. People with physical disabilities are going to need more intensive case management. People with physical disabilities probably live with some kind of cognitive or intellectual impairment as well. An allegation of abuse, neglect, or exploitation will always be related to the person's disability.

Say: Some of these statements come from a place of wanting to be helpful or supportive. Unfortunately, these statements all reinforce ableism, or prejudice and discrimination against people with disabilities. Ableism portrays people with disabilities as inferior or abnormal, and can imply that living with a disability is unhealthy or shameful. Take the time to challenge ableist beliefs in yourself, your colleagues, and, when appropriate, provide education to the supporters of the people you're working with.

Slide 8: Truths about Barriers



Ask: Now, what are some systemic or external barriers that impact people with physical disabilities?

As on the previous slide, direct participants to use the chat feature or share their responses verbally. If needed, clarify to participants that this question is not about a person's functional limitations.

Possible answers: Ableism is a barrier! The reactions, microaggressions, and assumptions of others (especially in cases of disabilities that are not obvious or may not have visible signs). Barriers to physical access or free movement: transportation, navigation of space, timed interactions, inaccessible infrastructure. Barriers to effective communication: written, verbal, or signed. Barriers impacting someone's ability to rest, access healthcare, recover.

Say: In general, when someone has the right tools or supports, or if the environment is accessible, these types of systemic barriers can be overcome. Keep this in mind when we're talking about the ways we prepare for and conduct interviews, and what factors might be important to consider for service planning.

Slide 9: Accessibility Mitigates Barriers

Note to trainer: If you used the suggested icebreaker to open the class ("what accessible tool do you use or appreciate?") tie the answers from that icebreaker into this slide. If you did not use that icebreaker, use the "Solicit" prompt below.

Solicit: Who uses accessible features they don't technically "need"?

Direct participants to use the chat feature or share their responses.

Some examples: Closed captions for loud environments. Curb cuts help people with strollers or wagons. Text-to-speech.

Say: Accessible design, tools, and considerations can benefit more people in more situations than the systemic barriers they're designed to mitigate. There are some best practices we'll talk about today that you'll find are broadly applicable to everyone you work with. But on the whole, the goal of accessible infrastructure, tools, or processes is to preserve or promote a person's independence.

Slide 10: Independence and Autonomy

Say: Independence – or, the ability to be self-reliant – and autonomy – the control we have over our own decisions – are different, but closely-linked concepts. A tool, design, or accommodation can only go so far in our goal of preserving someone's autonomy.

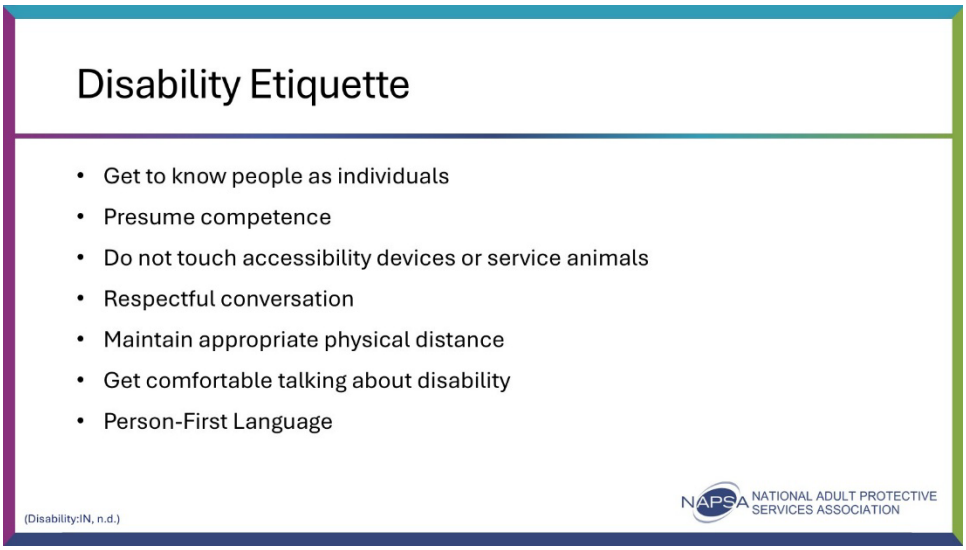
Sometimes, autonomy is a matter of safety. Pictured on this slide is an image of wheelchair spikes, a tool some people who use wheelchairs use to prevent strangers from touching the handles of their wheelchairs to move them against their will. Some people who grab wheelchair handles might genuinely think they're helping and find this form of self-advocacy rude.

Solicit: So, let's talk about rudeness and safety. What are some ways people with physical disabilities might be "rude" to preserve their safety?

Allow for some discussion about this topic.

Some examples: Avoiding events or spaces that aren't accessible, or that don't have functioning accessible facilities. Not allowing others to touch or move them. Refusing to divulge medical history to justify accessibility. Not pushing themselves physically in ways that are unhealthy or cause greater fatigue. Reacting "aggressively" when someone grabs or touches a mobility aid or communication tool.

Slide 11: Disability Etiquette



Say: How do we promote autonomy? What does respectful assistance look like?

You can start with the principles of disability etiquette, including:

- Get to know people as individuals, without assuming their needs, wants, or ability level.
- Presume competence in the person: their ability to make choices, their ability to communicate their decisions and opinions, their expertise on their own experience. Remember that needing assistance or using a tool to do something doesn't mean that person is incapable.
- Do not touch a person's tools, whether they're for mobility or communication. This includes service animals!
- Respectfully initiate conversation, such as identifying yourself if the person has low or no vision, or making eye contact before you start attempting to communicate if the individual has low or no hearing. Do not finish their sentences, and speak at your usual volume.
- Maintain appropriate physical distance: do not stand over someone in a bed or wheelchair, do not enter someone's personal space *or* place yourself further away than usual.
- The more comfortable you are talking about disabilities and the reality of living with disability, the better you'll be at listening, responding, and supporting. You need to be able to talk without vague platitudes or idioms, and without reverting to the safety of medical jargon.
- And finally, use person-first language to keep the focus on the individual.

2.1. Activity: Person-First or Not?

Time: 10 minutes
Method: Slideshow and show of hands, group discussion

Slides 12 through 15: Person-First or Not?

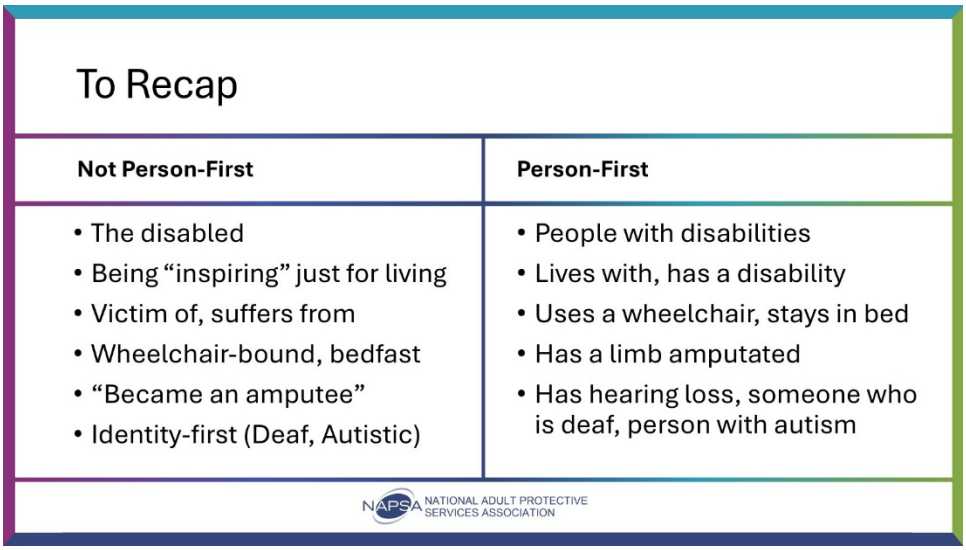
Show Each Statement, and Ask: Is this an example of a person-first statement or not?

Treat this as an informal poll. Show the slide and wait for the response from the class before moving to the next slide. Virtual learners can use online reactions or emojis in the chat, in-person learners can call out verbal answers, or answer by show of hands.

The correct answers are:

- "The disabled are such an inspiring population" **is not** person-first
- "He suffers from advanced arthritis" **is not** person-first
- "She had her leg amputated following a severe infection" **is** person-first
- "She's been bedridden for years" **is not** person-first

Slide 16: To Recap



Say: Person-first language puts the individual before their ability, diagnosis, or current physical or emotional health. Here are some common phrases and some person-first revisions.

It's likely you've heard well-meaning people use language that isn't person-first. You'll probably hear other people, including medical professionals, caregivers, and other professionals use it, too. You might know someone who prefers identity-first language in some circumstances; members of the Deaf community, or some people with autism are common examples.

We need to lead by example and use person-first language wherever possible. If someone specifically requests that you use identity-first language *for them*, that's your primary exception.

2.2. Video: What's Disability to Me?

Time: 10 minutes
Method: Video, group discussion

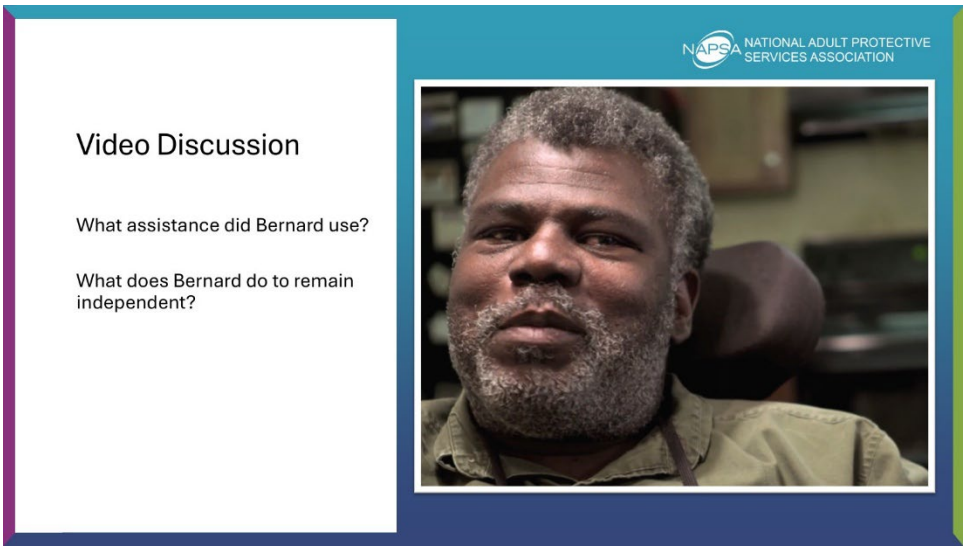
Slide 17: Video: What's Disability to Me?

Say: The CDC followed Bernard, an adult living with a disability, throughout his day. We'll watch a part of that video, then discuss it afterward.

Play the Video: https://www.youtube.com/watch?v=nhrqH8xW7E0 [from 0:00 through the end]

Note: The video link is embedded in the PowerPoint and can be clicked to play inside the presentation. The direct link is also provided in case you would rather open the video in the background.

Slide 18: Video Discussion



Ask: What assistance did Bernard use, and what does he do to remain independent? Try giving your answers in person-first language.

Direct participants to use the chat feature or share their responses.

Possible answers: Bernard has an at-home caregiver who helps with transfers and other activities of daily living. He uses a wheelchair and has transportation assistance.

Bonus person-first note: Natalie is impressed by Bernard, not for living with his disability but for his courage to speak in front of others.

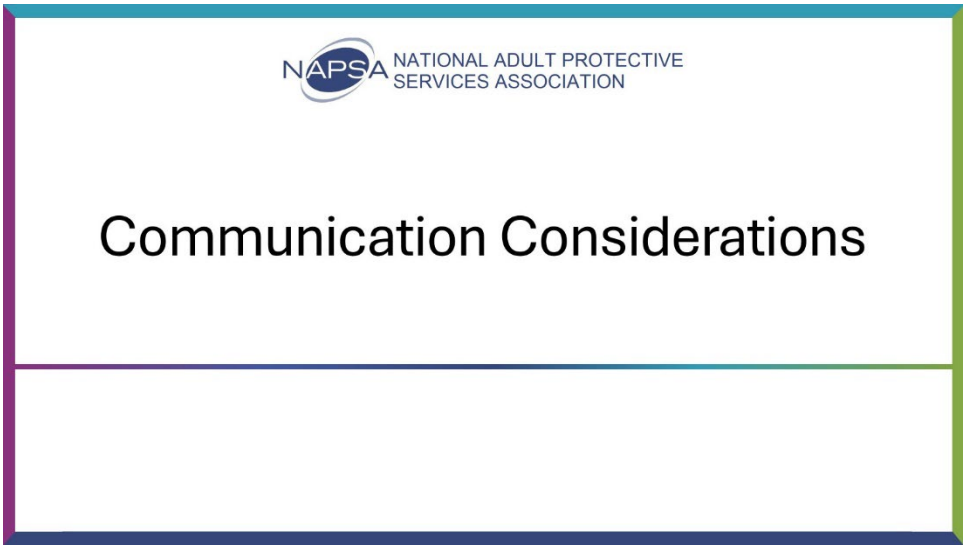
Module 3. Communication Considerations

Time: 80 minutes
Associated Objectives:

- Recognize common communication differences that may occur in individuals with physical disabilities
- List best practices to conduct more effective interviews with people with physical disabilities that affect their ability to communicate.

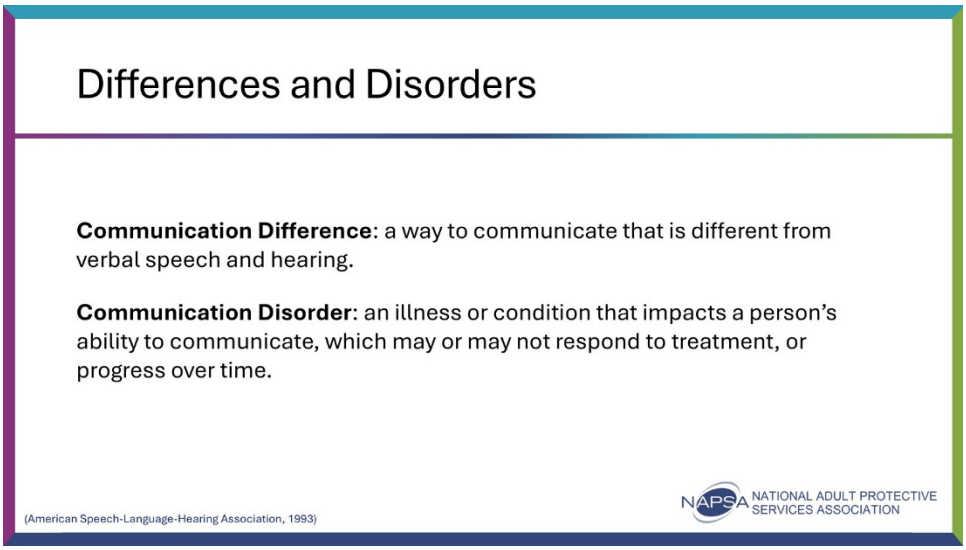
Facilitation Instructions: Follow the talking points and associated prompts. Prepare for breakout room activity and Communication Best Practices list.
Tools: PowerPoint Presentation, participant guide, breakout groups

Slide 19: Communication Considerations



Say: Some physical disabilities will impact the ways people communicate or receive the communication of others. A difference in, or an impaired ability to communicate doesn't necessarily mean someone also lives with cognitive or intellectual impairment. When someone communicates a choice, regardless of how they do it, we uphold their autonomy by respecting it.

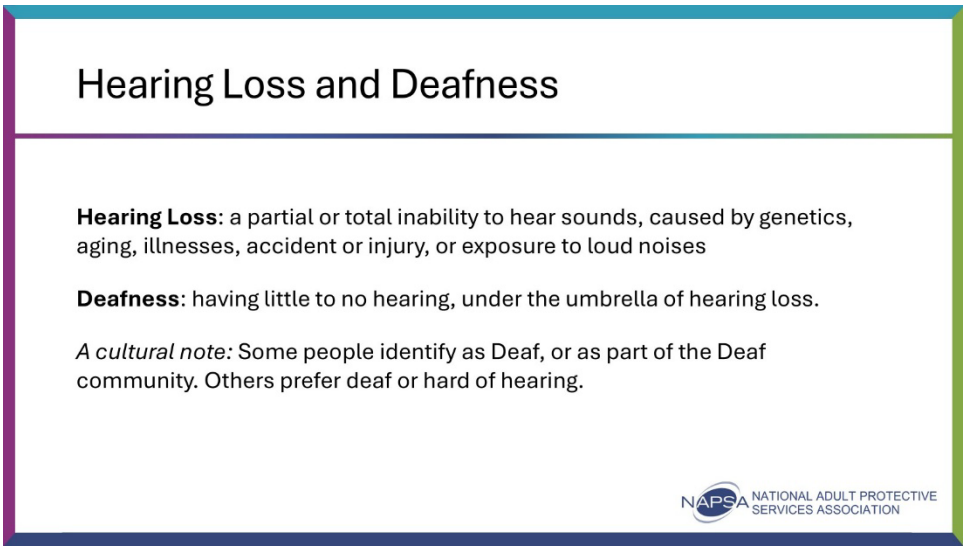
Slide 20: Differences and Disorders



Say: Let's pause to acknowledge some cultural nuance. Some people–for example, people who use sign language–have a primary method of communication that isn't verbal speech, and consider that part of who they are, their community, and their culture.

So, we're going to differentiate between a communication difference, or a way someone uses to communicate that isn't verbal speech, and a communication disorder. Disorders are illnesses or conditions that can respond to treatment, and may or may not progress over time. People with communication disorders will use different or assisted communication methods instead of, or in support of speech.

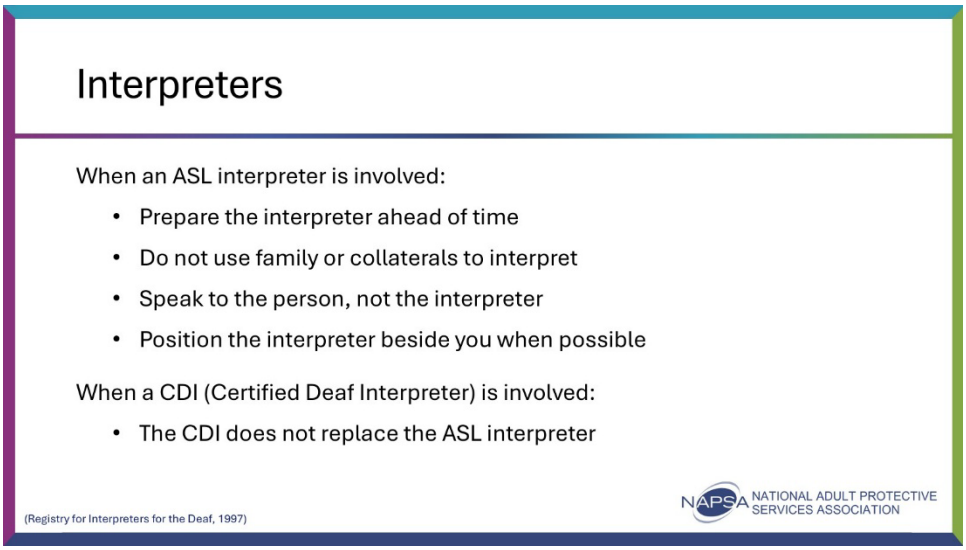
Slide 21: Hearing Loss and Deafness



Say: Hearing loss may occur as a result of aging, injury, or together with physical disability. Some people are born with low or no hearing. Deafness falls under the umbrella of hearing loss. In general, you will want to refer to these individuals as "people with hearing loss" or "people who are deaf."

A cultural consideration comes into play here: Some folks identify as part of the Deaf community, and others may use "deaf" or "hard of hearing".

Slide 22: Interpreters



Say: If the individual communicates using sign language, most commonly American Sign Language (ASL), it's best practice to communicate with the assistance of an ASL interpreter. Here's what you need to bear in mind:

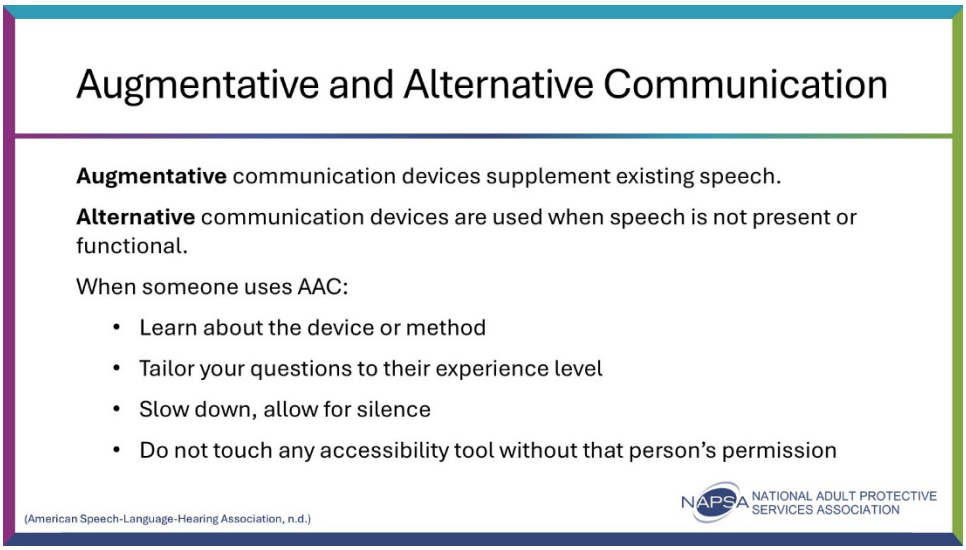
- Whenever possible, prepare the interpreter ahead of time with the questions you're planning to ask and the information they're likely to need to interpret.
- Do not use any individual connected with the investigation as an interpreter.
- And, once you're ready to go, speak to the person, not the interpreter. Whenever possible, have the interpreter sit next to you, so that the individual you're communicating with can see you both at the same time.

Another person who may be involved is a Certified Deaf Interpreter (CDI). These are people with lived experience of hearing loss, who may even be deaf themselves. They're trained to help ensure clear communication in conjunction with a hearing interpreter. A CDI, when they are available, can be of assistance when someone is:

- Not fluent in sign
- Also living with low or no vision
- Or, has other unique communication needs.

The same best practices for ASL interpreters apply when you're working with a CDI.

Slide 23: Augmentative and Alternative Communication



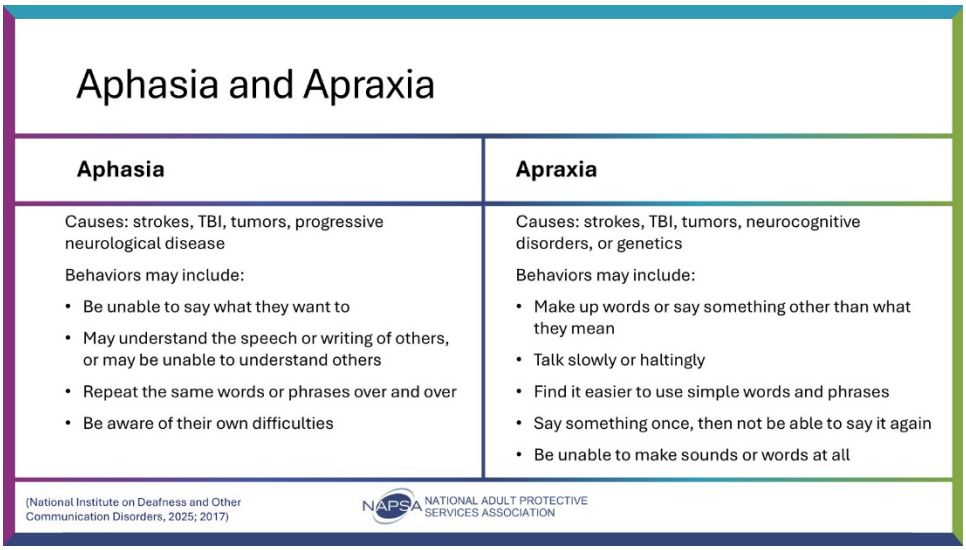
Say: Some people will use devices or tools that help them communicate. We call these Augmentative and Alternative Communication devices, or AAC devices for short.

- **Augmentative communication devices** supplement existing speech. For example, after having a stroke, someone may be able to speak in short phrases, but use a text-to-speech app for longer passages.
- **Alternative communication devices** are used in place of speech. For example, that same text-to-speech app could be used as someone's primary method of communication.

When someone uses an AAC device, take the time to learn about it. This will also help you tailor your questions to the experience level and comfort level the person has with using the device. They may be new to the device or need more time. Being comfortable with silence allows the person to gather their thoughts and communicate more comfortably.

And finally, as with any accessibility tool, don't touch it unless you have been asked to!

Slide 24: Aphasia and Apraxia



Say: Now, let's move on to some communication disorders you're likely to encounter: aphasia and apraxia. Both of these disorders impact the brain; people living with them may be physically capable of speaking, reading, writing, and hearing, but are unable to fully participate in communication.

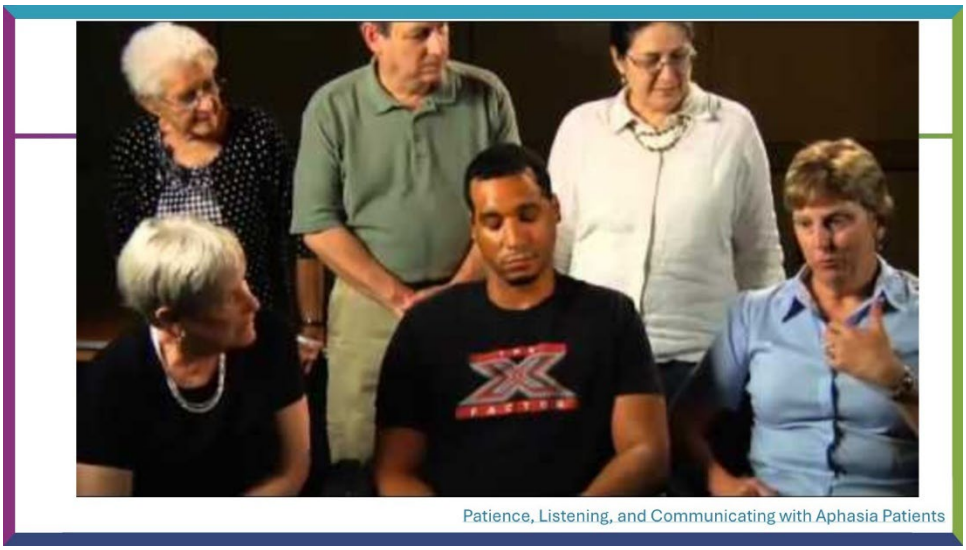
- **Aphasia** is a neurological condition that impacts the language centers of the brain. People with aphasia will have difficulties comprehending or expressing meaningful communication. There are a variety of types of aphasia, based on the areas of the brain that are affected, so the behaviors you might see will vary. People with aphasia may:
    - Be unable to say what they want to.
    - Understand the speech and writing of other people… or not!
    - Repeat the same words and phrases over and over.
    - Be aware of their own difficulties, and feel the emotional impact!
- **Apraxia** is a neurological disorder that impairs the ability to perform movements. Apraxia of speech impacts the ability to form sounds, syllables, or words. This has nothing to do with their ability to understand the communication of others or express themselves via other methods of communication. People with apraxia may:
    - Make up words, or say something other than what they mean, because those syllables are accessible to them.
    - Talk slowly or haltingly.
    - Find it easier to use simple words and phrases.

- Say something once, then be unable to say it again.
- Or, be unable to make sounds or form words at all.

3.1. Aphasia and Communication: Video and Discussion

Time: 15 minutes
Method: Group discussion/chat feature, video

Slide 25: Video: Communication Strategies



Say: The National Aphasia Association asked a group of people with aphasia how best to communicate with them. As you watch the video, make note of any recommendations they suggest for communicating with people with aphasia. We'll use their experiences as the basis for our own best practices.

Play the Video: https://youtu.be/aPTTjRTmgq0?si=-0E85S_z8D18HD0f&t=448 [from 7:29 through 14:21]

Note: The video link is embedded in the PowerPoint and can be clicked to play inside the presentation. The direct link is also provided in case you would rather open the video in the background. The link will bring you to 7:29 in the video, but you will need to pause at 14:21.

3.2. Activity: Communication Best Practices List

Time: 15 minutes
Method: Group discussion, note-taking

Slide 26: Communication Best Practices

Trainer Note: *Use this slide as a background if needed. If you are using a digital whiteboard, cover this slide.* ***See Appendix A*** *for technical support if needed.*

Say: Now, let's come up with a Communication Best Practices list together as a group. Based off of what you learned in the video, what we've talked about so far, and your own experiences, what are some best practices for communicating with individuals with physical disabilities?

Do: Prompt the learners to come up with other best practices for communicating with individuals with physical disabilities. As you receive answers, write them down where the class can see them. Encourage discussion and broad thinking beyond supporting people with communication differences. For example, "Don't stand over someone in a wheelchair."

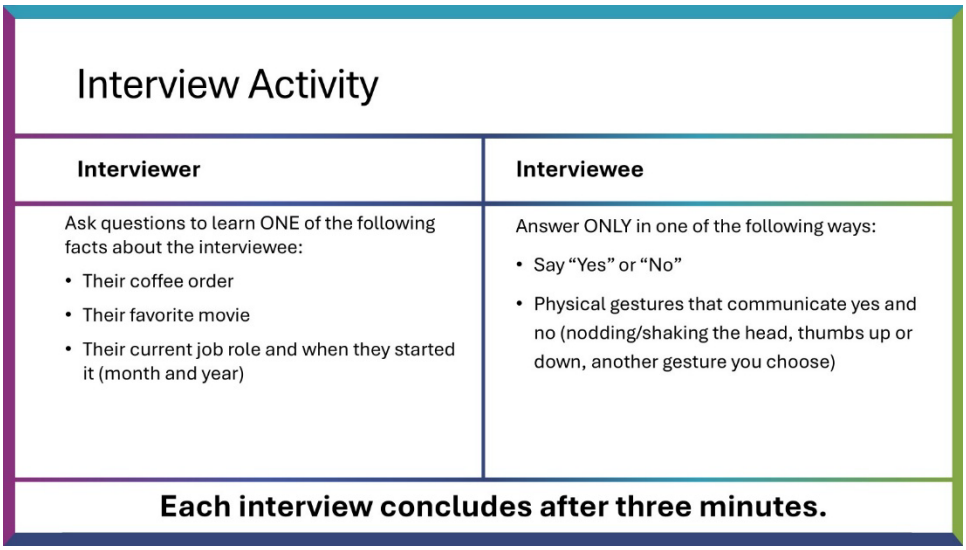
Create a class ***Communication Best Practices*** *list.*

Possible answers include: Slow down, actively listen, speak clearly, reword your questions or statements if needed, attempt other methods of communication, follow disability etiquette, minimize distractions like the TV or radio, sit facing the person (or on their "good" side if they hear better out of one ear than the other).

3.3. Activity: Interview in Breakout Groups

Time: 30 minutes
Method: Breakout groups, class discussion, note-taking
Note: This activity requires breakout groups of no more than three people. If the class is not divisible by three, prioritize groups of two so everyone can participate.

Slide 27: Interview Activity



Say: This is an activity that will help you experience interviewing someone with a communication difference. We're going to break into groups of three. In each group, there is the Interviewer, the Interviewee, and the Referee. Everybody will get to take each role one time.

- The **Interviewer** will ask the interviewee questions to learn one of the following facts:
    - Their coffee order
    - Their favorite movie
    - Their current job and the month and year they started
- The **Interviewee** can only answer using some way to indicate Yes or No
- And, the **Referee** makes sure the interview only lasts three minutes, and that the other two follow the rules!

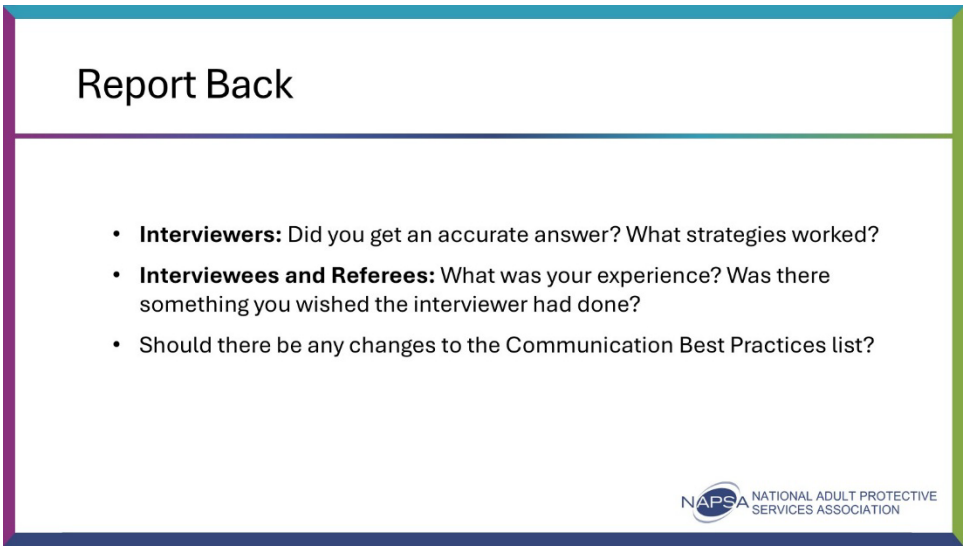
This activity is designed to challenge the Interviewer to try questions they might not otherwise ask. Get creative!

When you're being interviewed, pay attention to the questions your interviewer chooses to ask, and how well they respond to your answers.

After three minutes, that interview is done and it’s time for the next one. You’ll go through three interviews, three minutes each, and trade roles each time. Once everybody has been the Interviewer and Interviewee, I’ll bring you out of the breakout rooms and we’ll talk about how it went.

Do: After 12 minutes, close the breakout rooms.

Slide 28: Report Back



Ask: When you were the interviewer, did you get the right answer? If so, how did you get there, and what did you choose to do?

Allow for discussion. Guide learners toward the following points as they come up:

- *Approaching someone with a communication difference is a matter of creativity and active listening, rather than going down a checklist of prescribed questions*
- *When you're engaged in tailoring your questions to the person you're talking with, you can get more information and build better rapport*
- *Only having three minutes, feeling the pressure of time, is detrimental to being creative – and thus, detrimental to the kind of respectful conversation that allows someone to answer to the best of their ability*
- *Who was successful, and what strategies did you use?*

Ask: When you were being interviewed or observing, what was your experience? Is there anything you wish the interviewer had asked, or done?

Again, allow for discussion. Guide learners AWAY from talking about how challenging it might have been to be the interviewee – the activity is not meant to inspire pity or imply that communication differences will always be frustrating or challenging.

Guide learners to the following questions as they come up:

- *Your experience as an interviewee was, in part, a result of the actions of the interviewer. Is there anything you wish the interviewer had done?*
- *Did anyone have a great experience as an interviewee? What did the interviewer do?*

- *Was anyone tempted to give up, or just agree to an answer because the yes-or-no game was not what they wanted to do? What could an interviewer do to make that less tempting?*

Once there has been a full discussion, bring up the existing ***Communication Best Practices*** *list.*

Ask: Should there be any changes or additions to our best practices list?

Note any changes and additions. If not already added to the list, make sure to include "ASK the person how they would like you to communicate" or something to that effect in the participant's words.

Prompt learners to save or take pictures of the list. If the list is digital, you might want to export and share the list to attendees after the training event ends.

Module 4. Risk and Service Planning

Time: 60 minutes

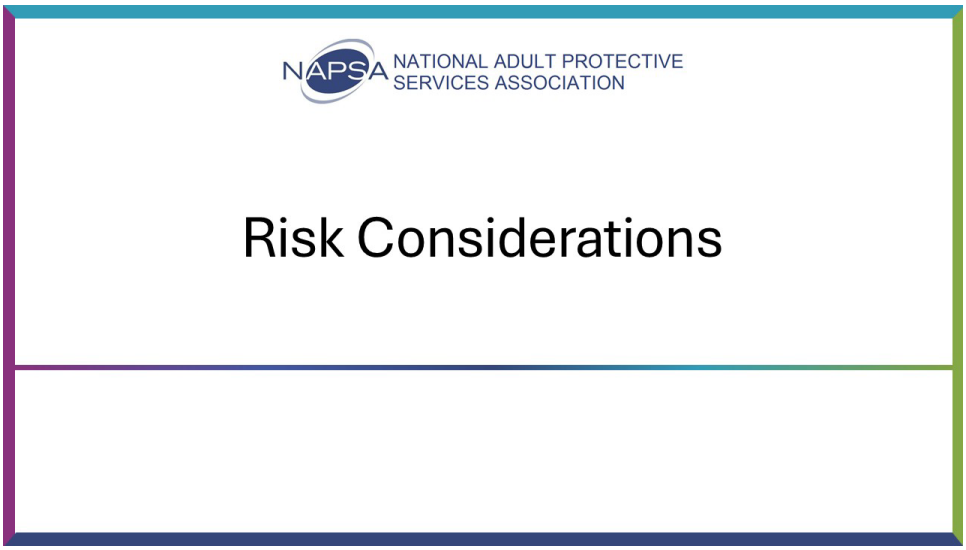
Associated Objectives:

- Explain factors that put the population of people with disabilities at disproportionate risk of abuse or neglect
- Describe strength-based service planning considerations for people with physical disabilities

Facilitation Instructions: Follow the talking points and associated prompts. Prepare for breakout room activity.

Tools: PowerPoint Presentation, participant guide, breakout groups

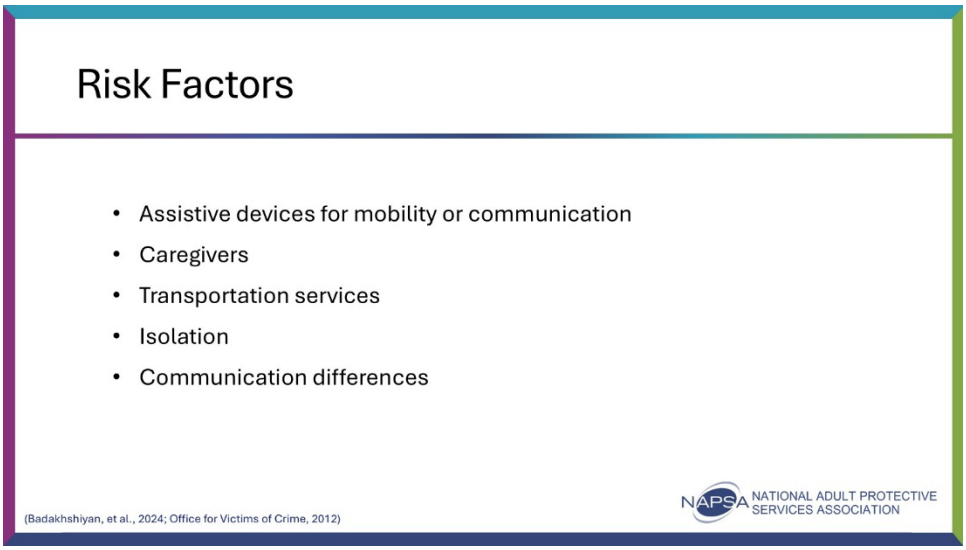
Slide 29: Risk Considerations



Ask: What are risk factors unique to adults with physical disabilities?

Let the learners respond verbally or via the chat feature. The next slide is meant to help provide more responses if needed.

Slide 30: Risk Factors



Say: Adults with disabilities are at disproportionate risk of experiencing abuse, neglect, and exploitation. While it's good to be aware of these risk factors, they aren't always the reason for, or even related to the abuse, neglect, or exploitation. We also want to acknowledge that these risk factors are external, not the fault of the person living with the disability, and that mitigation of these risk factors will prioritize the unique strengths and wishes of each individual.

With that said, risk factors can include:

- use of assistive devices (for example, if the device breaks or is out of reach)
- use of caregivers for daily activities (for example, if there is a break in caregiving because the caregiver is unavailable)
- use of transportation services or public transit (for example, if transportation is unavailable)
- and increased risk of isolation due to physical accessibility and societal discrimination.

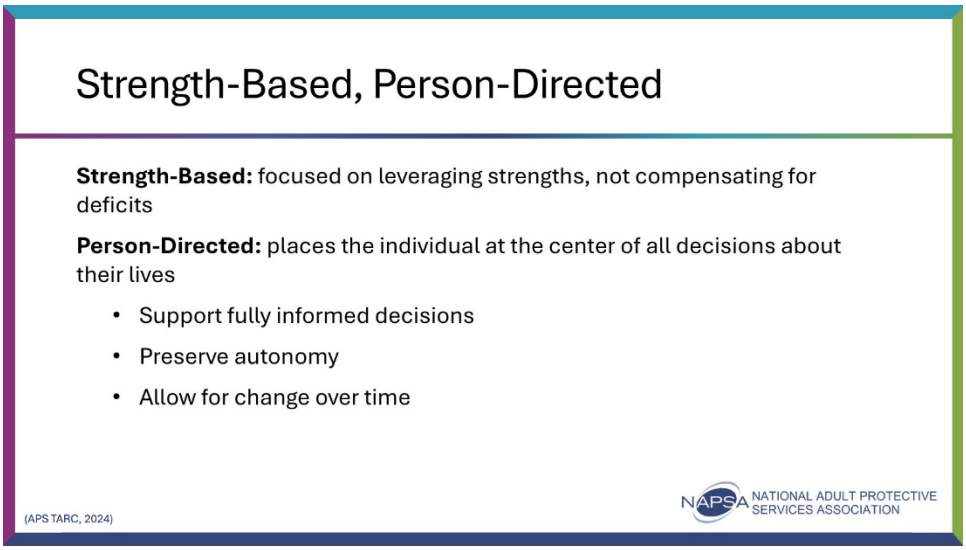
Communication differences are not, by themselves, risk factors. However, a risk does exist if the individual is isolated from their methods of communication or from people who make the effort to understand them.

Remember, even people with communication difficulties have ways to give or revoke consent, express their wishes, and get their needs met.

Slide 31: Strength-Based Service Planning

Say: So, let's move from risk factors toward using strengths.

Slide 32: Strength-Based, Person-Directed



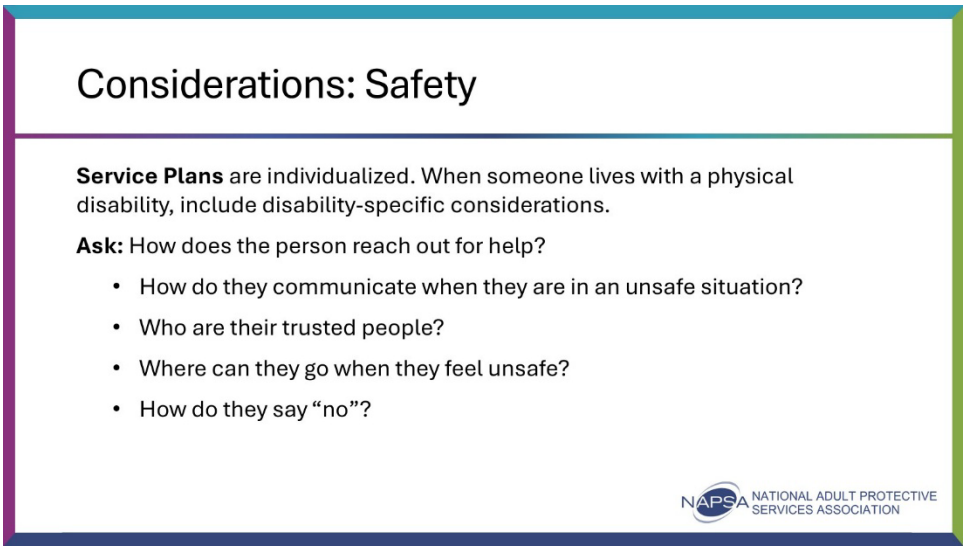
Say: First, let's review: strength-based means a focus on leveraging strengths, not compensating for deficits. This doesn't mean we ignore or minimize the deficits or risks, but that the primary focus is on the individual's strengths and capabilities.

For example, a person's strengths can be internal, such as their resilience, independence, or ability. Strengths can also be external, like a supportive family, friends, a pet, or a faith community.

Person-directed service planning supports a focus on strengths by placing the individual at the center of all decisions about their life. It supports fully informed decision-making, preserves autonomy, and remains flexible so that the plan and the people can change over time.

When the individual is in charge of their own goals, they might make choices that their family, their community, or you disagree with. This is going to be true no matter who you're working with, but it bears repeating!

Slide 33: Considerations: Safety

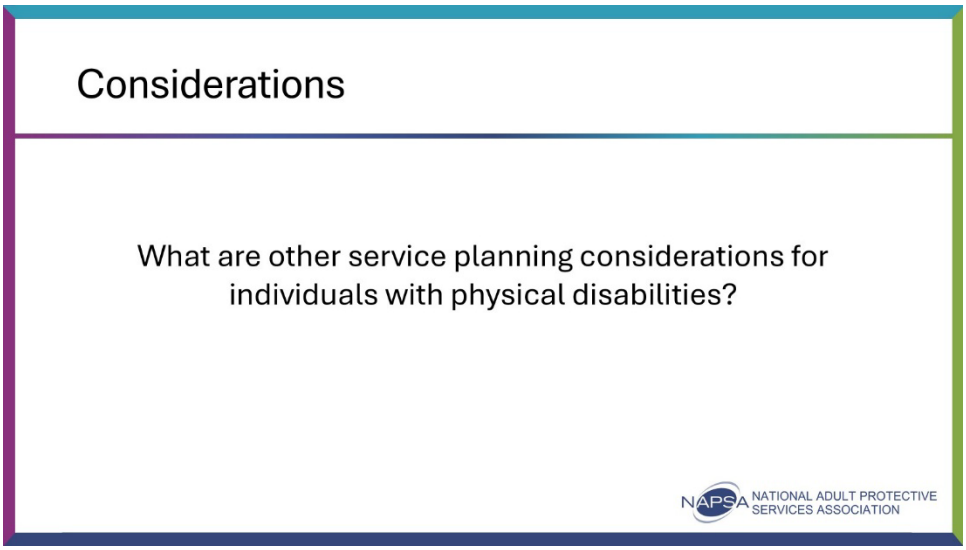


Say: Service plans are individualized to the person's concerns, desires, and needs. When someone lives with a physical disability, the plan should include disability-specific considerations, including access to services, supports, and tools. Let's look at one aspect of safety planning in detail.

When someone lives with a physical disability, whether or not they communicate differently, they have special considerations for the ways they reach out for help. How do they communicate when they are in a situation that isn't safe? To whom? Where can they go when they are unsafe? What do they need to take with them, and how? How do they say "no"?

These answers are going to look very different depending on the person and the situation. Some individuals may be able to leave an unsafe situation entirely, and others may not. Some individuals may have many trusted people, and others may not.

Slide 34: Considerations for Service Planning



Ask: What other accessibility considerations might be helpful when you're working with someone with a physical disability?

Treat this as a group discussion. Allow for answers, discussion, and make sure the considerations stay broad and consider multiple types of physical disabilities. Some potential seeds for discussion include:

- Are there accessibility modifications that could be made in their environment? (Ramps, grab bars)
- If the person needs to remove a caregiver, how can they safely do so, and what opportunities are there for continuation of care?
- How would the person leave their home in an emergency?
- What items, tools, or belongings does the person need to have with them, or prepared, if they need to go somewhere suddenly?
- If the person has a service animal, what is needed for its care?
- If they use a communication device–a phone, a tablet, a computer–are their emergency contacts programmed in? How can accessible devices be protective factors?
- Are printed materials in a size and font that the person can read?
- If referred to another facility, can the person enter the building with ease? Are there parking challenges if they drive, or is transportation available? If you're providing referrals, are the materials and methods of communication accessible?

Slide 35: Least-Restrictive Alternatives

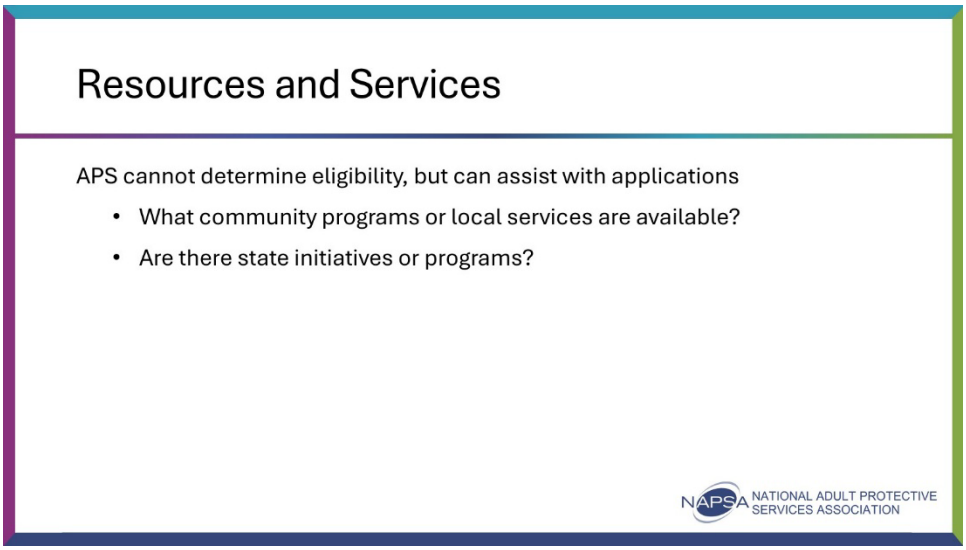
Say: When someone lives with a physical disability, sometimes the people around them will be tempted to escalate the intensity of the supports they need, whether these are physical, mental, or psychological supports.

When service planning with anyone, regardless of whether or not they live with a disability, remember the principle of Least-Restrictive Alternative: any intervention, treatment, or action taken should impose the minimum necessary restrictions on a person's rights or freedoms.

Least-Restrictive interventions protect the individual's rights and autonomy by tailoring each intervention to meet the specific person's unique needs. This helps to minimize social and physical isolation ,and avoid unnecessary restrictions or institutionalization.

This goes hand-in-hand with preserving the person's right to make decisions about their lives.

Slide 36: Resources and Services



Say: APS can't determine eligibility for services, but we *can* help with applications.

Use this to pivot to local resources and services that are available.

Ask: What local services, initiatives, or programs do you know about?

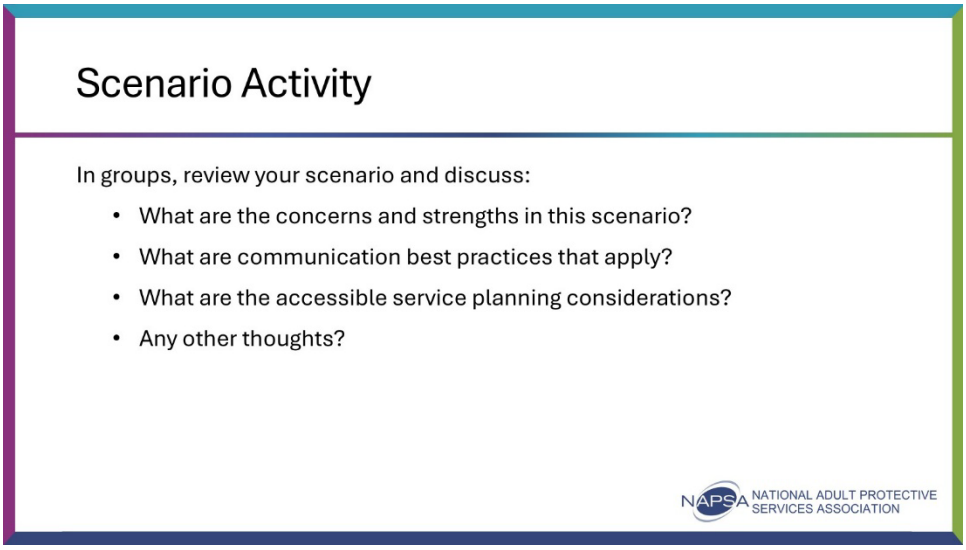
Trainer note: *We suggest you prepare a brief list of local supports prior to the event to help seed responses. Allow the learners to share the information they have and learn from one another.*

Some examples could include: adult day programs, support groups, meal delivery, task assistance (for example, BeMyEyes)

4.1. Case Scenario Activity (Breakout Groups)

Time: 45 minutes
Method: Group discussion, breakout groups
Note: There are three scenarios. Break the learners into groups of no more than six people. If there are more than eighteen participants, allow multiple breakout groups to review the same scenario.

Slide 37: Scenario Activity



Say: For this activity, you'll go into breakout groups to discuss a case scenario. The questions can be found in your participant guide, along with the full case scenario. Once you've read through the scenario, discuss these questions as a group:

1. Concerns and Strengths
   What risk factors are evident in the scenario? What are the strengths?
2. Communication Best Practices
   What do you want to keep in mind when it comes to effective, respectful communication? Refer to our **Communication Best Practices** list if you like.
3. Accessible Service Planning Considerations
   Talk through some of the initial thoughts or questions you have for an accessible service plan.

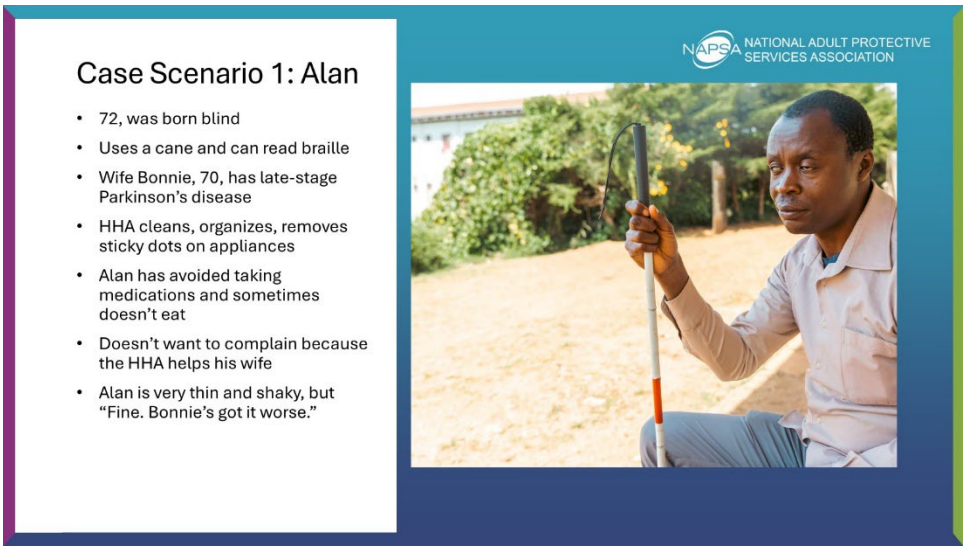
These scenarios are brief, so you won't have as much information as you'd uncover in a real investigation.

Each group will have fifteen minutes to review and discuss. Be sure to designate a new spokesperson because when we come back, each group will be asked to summarize their discussions.

Do: After 12 minutes, send a “three-minute warning” chat to the breakout groups. After 15 minutes, close out the breakout groups.

Trainer Note: *The training guide includes possible answers to each question, which may help generate discussion if participants are having difficulties with any of the scenarios or questions.*

Slide 38: Case Scenario 1: Alan



Do: Review each of the three questions for the case scenario as a group. Ask the spokesperson (or spokespeople, if multiple groups) to share their group's answers to each question. Some suggested answers are provided below:

1. What are the concerns and strengths in this scenario?

Possible Answers: Concerns include: Alan is losing independence because his tools are being taken from him. If he can't use the microwave, is he eating enough? He's not taking his medications out of worry he might take the wrong pills. Reluctance to ask for help because his wife has it worse, prioritizing his wife's care needs over his own. Fall risk because of the state of the house.
Strengths include: He has a daughter who is engaged and checks in on him. He's resilient, he's lived with blindness his whole life and has an array of tools to navigate the world. He is connected to his wife and may depend on her for emotional support.

2. What are communication best practices that apply?

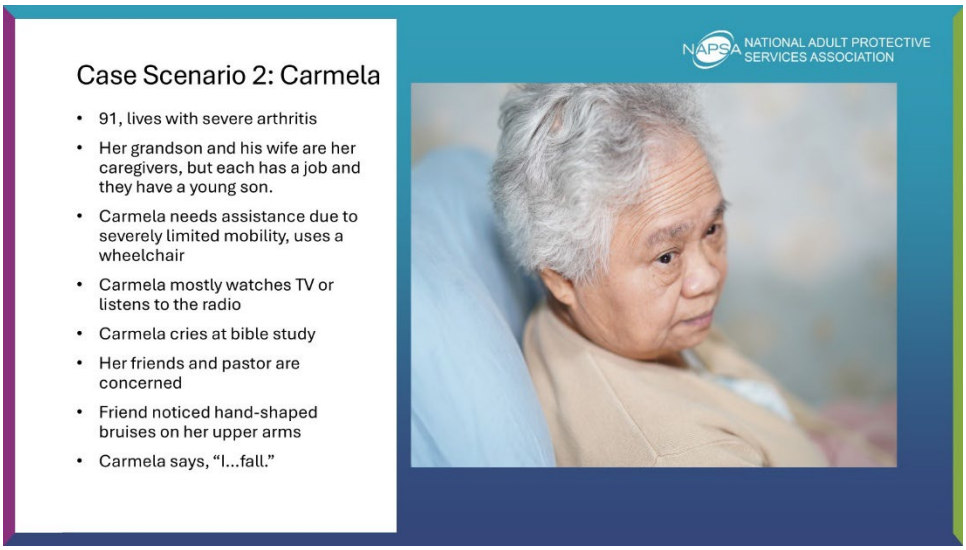
Possible Answers: Ensure you can speak with Alan alone, without the HHA present. You will also want to speak with Bonnie about what she may or may not have noticed. Etiquette when someone lives with blindness: introduce yourself, identify the actions you're taking in the space, make sure Alan is oriented to you and where you are.

3. What are some considerations for Alan's service plan, assuming he is willing to accept help and referrals?

Possible Answers: Scheduling an appointment with his primary care provider, speaking with his PCP and pharmacist about making sure his medications are all unique and accessible. Educating the HHA on Alan's needs at a minimum, replacement or investigation if you're suspicious of their behavior. Replacing the sticky dots around the

house so Alan can use them again. Does Bonnie see any of these events occurring? How does Alan reach out for help?

Slide 39: Case Scenario 2: Carmela



Do: Review each of the three questions for the case scenario as a group. Ask the spokesperson (or spokespeople, if multiple groups) to share their group's answers to each question. Some suggested answers are provided below::

1. What are the concerns and strengths in this scenario?

Possible answers: Concerns include: Carmela has very limited mobility and needs assistance with her ADLs and IADLs. She's isolated during the day and seems only to have one occasion for socializing: church. She might be experiencing depression or emotional distress. The bruises on her arms may be evidence of rough handling, if not repetitive physical abuse. The family is very busy with work and a small child. Strengths include: Motivation from faith and church community – Carmela has friends at church. Her family is important to her and they are supporting her in staying connected with her church by taking her to bible study.

2. What communication best practices apply?

Possible answers: Do not stand over her wheelchair or her bed. Make sure the TV and radio are off, and that you have and give your full attention. Ensure you are in a safe place to interview, where Carmela's family is not present.

3. What are some considerations for Carmela's service plan, assuming she is willing to accept help and referrals?

Possible answers: Carmela's family may need education, maybe a recurring visit from a professional who can assist them. What about the rest of the family? Can Carmela spend time in more common spaces? Once it is determined how Carmela received the bruises, if it was caused by another person, can they be educated? When is the last time she saw her physician? Would she consent to assessment for depression?

Slide 40: Case Scenario 3: Ferdie

Do: Review each of the three questions for the case scenario as a group. Ask the spokesperson (or spokespeople, if multiple groups) to share their group's answers to each question. Some suggested answers are provided below:

1. What are the concerns and strengths in this scenario?

Possible Answers: Concerns include: Ferdie's limited mobility and limited speech have led to isolation in the real world, limiting her socialization to the internet. She hasn't been going to the doctor. She doesn't see the need to go outside. Nutrition concerns – is she living off food delivery? Lack of transportation.
Strengths include: Ferdie is adept with her adaptive device, even if it's frustrating when people insist on talking. She has a friend, even if that friend moved, and an online community for social support. She's solving her problems independently.

2. What communication best practices apply?

Possible Answers: Ferdie gets annoyed when you can't understand her – let her use her assistive device to communicate, lean into her strengths. Don't touch her device, allow her time to type out what she wants to say.

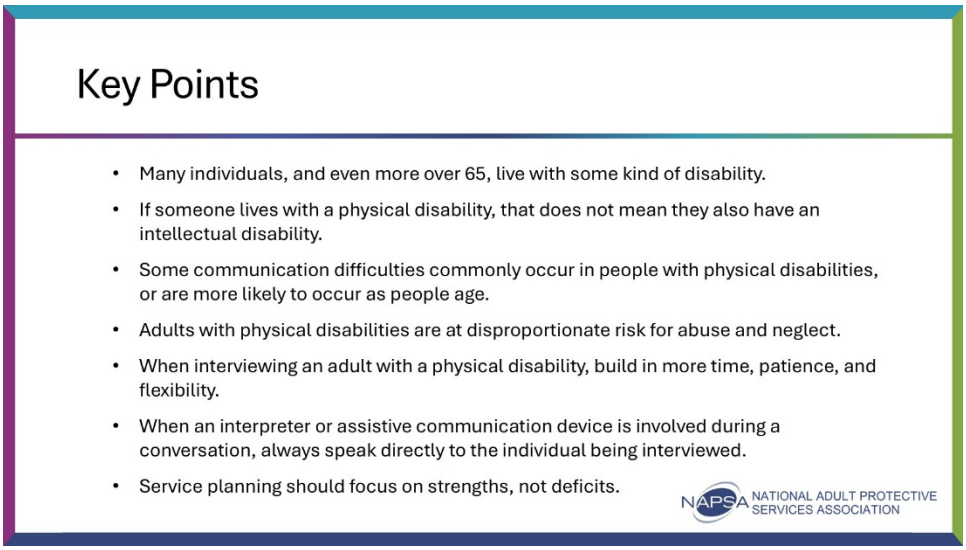
3. What are some considerations for Ferdie's service plan, assuming she is willing to accept help and referrals?

Possible Answers: Arrange for transportation support. A visiting physician might be another option.

Module 5. Wrap Up

Time: 20 minutes
Associated Objectives: None
Purpose: Identify how to apply knowledge gained from the training to practice
Facilitation instructions: Follow the talking points and associated prompts
Tools: PowerPoint presentation, participant guide, group discussion

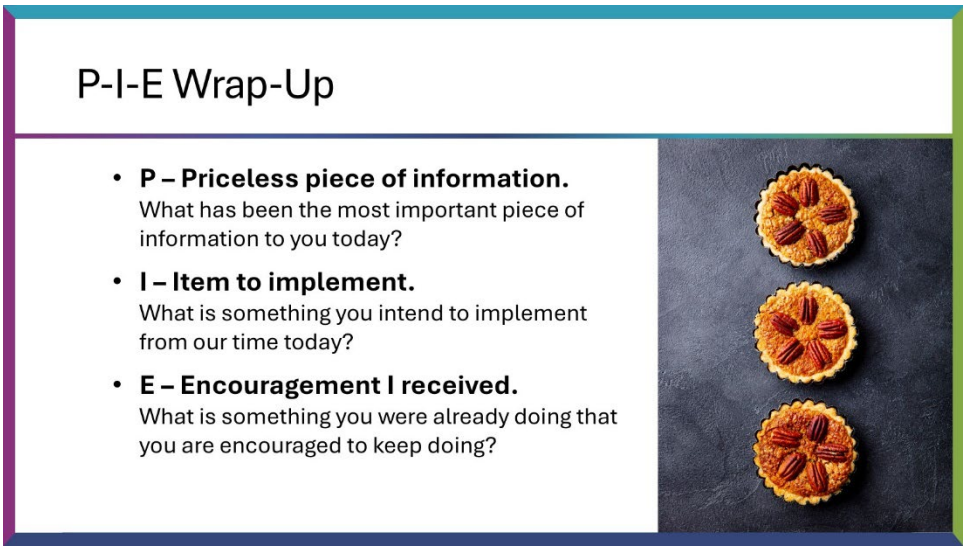
Slide 41: Key Points



Summarize key points from the training, including:

- Many individuals, and even more over 65, live with some kind of disability.
- If someone lives with a physical disability, that does not mean they also have an intellectual disability.
- Some communication difficulties commonly occur in people with physical disabilities, or are more likely to occur as people age.
- Adults with physical disabilities are at disproportionate risk for abuse and neglect.
- When interviewing an adult with a physical disability, build in more time, patience, and flexibility.
- When an interpreter or assistive communication device is involved during a conversation, always speak directly to the individual being interviewed.
- Service planning should focus on strengths, not deficits.

Slide 42: P-I-E Wrap-Up



Say: Based on what we have talked about during our time together, I want you to answer a few questions.

1. **P – Priceless piece of information.** What has been the most important piece of information to you today?
2. **I – Item to implement.** What is something you intend to implement from our time today?
3. **E – Encouragement I received.** What is something that you are already doing that you are encouraged to keep on doing?

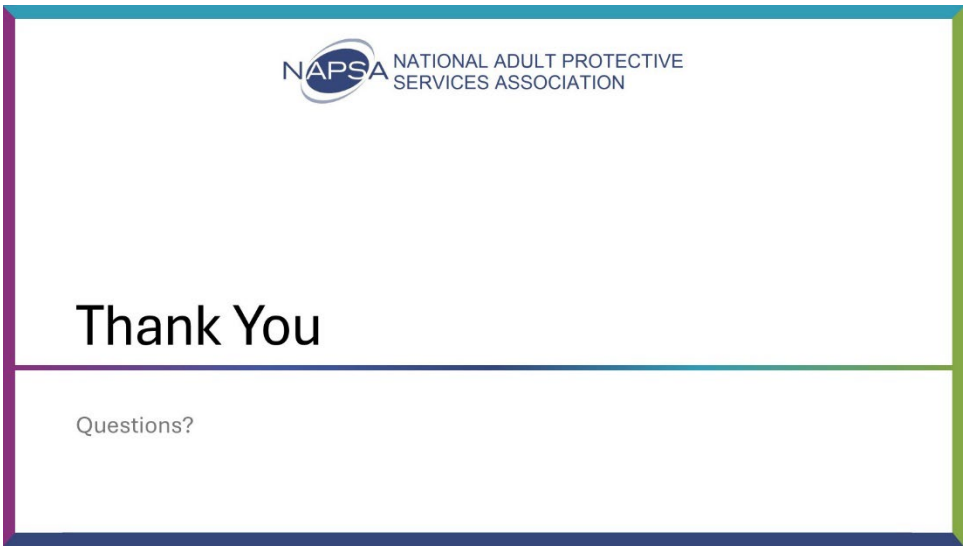
You have 5 minutes to answer the questions on your own.

Do: Once complete, ask for volunteers to share what they wrote down. Request the participants to use the “Raise Hand” feature to volunteer to speak.

Use the following questions for debrief:

- What were some of the key words that you heard while you shared?
- What were the common themes that kept coming up?

Slide 43: Thank you!



Say: Thank you for your time and participation today.

If you have time for further questions, or have any end-of-day housekeeping, do so here.

Appendix A: Technical Support

Note: These are some suggestions of programs to use to create the **Communication Best Practices List**.

Online Whiteboard:

If you would like to use a collaborative space, sticky notes, or add pictures or drawings, use onlinewhiteboard.org. Export as a PDF or a PNG image to share the results. Requires internet connection.

Text Editor:

If you would rather take notes in text only, use your computer's text editor, such as Microsoft Word or Notepad. Export as a PDF or save as a document to share the results. No internet connection required.

Appendix B: Case Scenario Activity (Trainer Copy)

Case Scenario 1: Alan

APS receives a report of self-neglect about a 72-year-old man named Alan. Alan was born blind and uses multiple assistive tools and can read braille. He walks with a white cane, uses sticky dots on the buttons for his appliances, and so on.

Alan's wife, Bonnie, is 70. Bonnie lives with late-stage Parkinson's disease. A home health aid (HHA) visits to assist her because Alan isn't physically strong enough to help his wife get around anymore.

The reporter is Alan and Bonnie's daughter, Carole. Carole lives out of state, but talks regularly to her father on the phone. Last time they spoke, Alan had a list of complaints:

- The HHA keeps cleaning, which means the furniture keeps moving around. He can't get around the house without bumping into something, and his legs hurt.
- The HHA also cleaned the microwave and the coffee maker, which means the sticky dots Alan uses to operate them were removed, so sometimes Alan just doesn't eat.
- The HHA put all their medicines away, so sometimes Alan can't tell which of the bottles are which. He's worried about taking the wrong ones, so sometimes he just doesn't take them at all.

Alan says the HHA isn't all bad, and he doesn't want to complain about her because of how helpful she's been to Bonnie. He's afraid that the HHA might stop helping.

When you visit, you observe that Alan is very thin and shaky.

When you ask him how he's doing, he says, "I'm fine. Bonnie's got it worse."

Discussion Questions:

1. What are the concerns and strengths in this scenario?

Possible Answers: Concerns include: Alan is losing independence because his tools are being taken from him. If he can't use the microwave, is he eating enough? He's not taking his medications out of worry he might take the wrong pills. Reluctance to ask for help because his wife has it worse, prioritizing his wife's care needs over his own. Fall risk because of the state of the house.
Strengths include: He has a daughter who is engaged and checks in on him. He's resilient, he's lived with blindness his whole life and has an array of tools to navigate the world. He is connected to his wife and may depend on her for emotional support.

2. What are communication best practices that apply?

Possible Answers: Ensure you can speak with Alan alone, without the HHA present. You will also want to speak with Bonnie about what she may or may not have noticed.

Etiquette when someone lives with blindness: introduce yourself, identify the actions you're taking in the space, make sure Alan is oriented to you and where you are.

3. What are some considerations for Alan's service plan, assuming he is willing to accept help and referrals?

Possible Answers: Scheduling an appointment with his primary care provider, speaking with his PCP and pharmacist about making sure his medications are all unique and accessible. Educating the HHA on Alan's needs at a minimum, replacement or investigation if you're suspicious of their behavior. Replacing the sticky dots around the house so Alan can use them again. Does Bonnie see any of these events occurring? How does Alan reach out for help?

Case Scenario 2: Carmela

APS receives a report on a 91-year-old woman named Carmela. Carmela lives with severe arthritis that limits her ability to use her arms and hands.

Carmela lives with her grandson and his wife, both in their early twenties. They act as her caregivers. Carmela's grandson works outside the home full-time, and her granddaughter has a side business selling crafted items online. They also have a six-year-old boy, Carmela's great-grandson.

Because she has so little mobility in her arms and hands, Carmela needs assistance with transfers, bathing, toileting, dressing, and feeding herself. She primarily uses a wheelchair that members of her family push for her. She spends most of her time watching TV in her bed or listening to a small radio tuned to a religious station.

The reporter is Carmela's pastor. He's noticed that Carmela cries quietly when her family leaves her at bible study almost every week, and some of the others in the congregation have also come to him with their worries about her – she's skinny, she's not saying much anymore, her hair and clothes aren't as put-together as they used to be. And, although he hasn't seen it himself, one of Carmela's friends has told him that she's seen hand-shaped bruises on Carmela's upper arms.

When you visit Carmela, you have to convince her family to let you speak with her alone. Carmela agrees to let you see the bruises on her arms. There are multiple, overlapping bruises on Carmela's upper arms, and some appear to have finger marks. When you ask how she obtained them, she tells you "I… fall."

Discussion Questions:

1. What are the concerns and strengths in this scenario?

Possible answers: Concerns include: Carmela has very limited mobility and needs assistance with her ADLs and IADLs. She's isolated during the day and seems only to have one occasion for socializing: church. She might be experiencing depression or emotional distress. The bruises on her arms may be evidence of rough handling, if not repetitive physical abuse. The family is very busy with work and a small child. Strengths include: Motivation from faith and church community – Carmela has a pastor who pays attention and friends at church. Her family is important to her and they are supporting her in staying connected with her church by taking her to bible study.

2. What communication best practices apply?

Possible answers: Do not stand over her wheelchair or her bed. Make sure the TV and radio are off, and that you have and give your full attention. Ensure you are in a safe place to interview, where Carmela's family is not present.

3. What are some considerations for Carmela's service plan, assuming she is willing to accept help and referrals?

Possible answers: Carmela's family may need education, maybe a recurring visit from a professional who can assist them. What about the rest of the family? Can Carmela spend time in more common spaces? Once it is determined how Carmela received the bruises, if it was caused by another person, can they be educated? When is the last time she saw her physician? Would she consent to assessment for depression?

Case Scenario 3: Ferdie

APS receives a report regarding Ferdie, a 48-year-old woman with advanced multiple sclerosis (MS). Ferdie uses an electric wheelchair for mobility and is largely independent, with assistive supports around her apartment. Ferdie's speech is slow and difficult to understand, but she uses a joystick device to type to communicate.

Ferdie has been missing doctor's appointments, and her doctor's office made the report to APS out of concern for her health.

When you visit Ferdie, you discover a food delivery bag outside the door. You bring it inside for Ferdie when she lets you in, and you see a stack of paper delivery bags on the kitchen counter.

You find it incredibly difficult to understand Ferdie's speech. She gets annoyed with you, but then uses her joystick device to communicate by typing to you and showing you her computer screen. You learn that her primary mode of transportation around town was her friend, Georgia's, van. Two months ago, Georgia got a divorce and moved out of state. Now, Ferdie is stuck.

Ferdie seems unconcerned since "nothing happens at the doctor's anyway." Her main method of socialization is online. There, her disability doesn't impede communication at all; she's just as fast at typing as everyone else and she has a bunch of online friends. If she needs help, she can use the internet to get it.

Ferdie tells you, "I don't see why I need to go outside anymore at all, it all comes to me."

Discussion Questions:

1. What are the concerns and strengths in this scenario?

Possible Answers: Concerns include: Ferdie's limited mobility and limited speech have led to isolation in the real world, limiting her socialization to the internet. She hasn't been going to the doctor. She doesn't see the need to go outside. Nutrition concerns – is she living off food delivery? Lack of transportation.
Strengths include: Ferdie is adept with her adaptive device, even if it's frustrating when people insist on talking. She has a friend, even if that friend moved, and an online community for social support. She's solving her problems independently.

2. What communication best practices apply?

Possible Answers: Ferdie gets annoyed when you can't understand her – let her use her assistive device to communicate, lean into her strengths. Don't touch her device, allow her time to type out what she wants to say.

3. What are some considerations for Ferdie's service plan, assuming she is willing to accept help and referrals?

Possible Answers: Arrange for transportation support. A visiting physician might be another option.

Appendix C: Case Scenario Activity (Participant Copy)

Case Scenario 1: Alan

APS receives a report of self-neglect about a 72-year-old man named Alan. Alan was born blind and uses multiple assistive tools and can read braille. He walks with a white cane, uses sticky dots on the buttons for his appliances, and so on.

Alan's wife, Bonnie, is 70. Bonnie lives with late-stage Parkinson's disease. A home health aid (HHA) visits to assist her because Alan isn't physically strong enough to help his wife get around anymore.

The reporter is Alan and Bonnie's daughter, Carole. Carole lives out of state, but talks regularly to her father on the phone. Last time they spoke, Alan had a list of complaints:

- The HHA keeps cleaning, which means the furniture keeps moving around. He can't get around the house without bumping into something, and his legs hurt.
- The HHA also cleaned the microwave and the coffee maker, which means the sticky dots Alan uses to operate them were removed, so sometimes Alan just doesn't eat.
- The HHA put all their medicines away, so sometimes Alan can't tell which of the bottles are which. He's worried about taking the wrong ones, so sometimes he just doesn't take them at all.

Alan says the HHA isn't all bad, and he doesn't want to complain about her because of how helpful she's been to Bonnie. He's afraid that the HHA might stop helping.

When you visit, you observe that Alan is very thin and shaky.

When you ask him how he's doing, he says, "I'm fine. Bonnie's got it worse."

Discussion Questions:

1. What are some of the concerns and strengths in this scenario?
2. What are communication best practices that apply?
3. What are some considerations for Alan's service plan, assuming he is willing to accept help and referrals?

Case Scenario 2: Carmela

APS receives a report on a 91-year-old woman named Carmela. Carmela lives with severe arthritis that limits her ability to use her arms and hands.

Carmela lives with her grandson and his wife, both in their early twenties. They act as her caregivers. Carmela's grandson works outside the home full-time, and her granddaughter has a side business selling crafted items online. They also have a six-year-old boy, Carmela's great-grandson.

Because she has so little mobility in her arms and hands, Carmela needs assistance with transfers, bathing, toileting, dressing, and feeding herself. She primarily uses a wheelchair that members of her family push for her. She spends most of her time watching TV in her bed or listening to a small radio tuned to a religious station.

The reporter is Carmela's pastor. He's noticed that Carmela cries quietly when her family leaves her at bible study almost every week, and some of the others in the congregation have also come to him with their worries about her – she's skinny, she's not saying much anymore, her hair and clothes aren't as put-together as they used to be. And, although he hasn't seen it himself, one of Carmela's friends has told him that she's seen hand-shaped bruises on Carmela's upper arms.

When you visit Carmela, you have to convince her family to let you speak with her alone. Carmela agrees to let you see the bruises on her arms. There are multiple, overlapping bruises on Carmela's upper arms, and some appear to have finger marks. When you ask how she obtained them, she tells you "I… fall."

Discussion Questions:

1. What are some of the concerns and strengths in this scenario?
2. What are communication best practices that apply?
3. What are some considerations for Carmela's service plan, assuming she is willing to accept help and referrals?

Case Scenario 3: Ferdie

APS receives a report regarding Ferdie, a 48-year-old woman with advanced multiple sclerosis (MS). Ferdie uses an electric wheelchair for mobility and is largely independent, with assistive supports around her apartment. Ferdie's speech is slow and difficult to understand, but she uses a joystick device to type to communicate.

Ferdie has been missing doctor's appointments, and her doctor's office made the report to APS out of concern for her health.

When you visit Ferdie, you discover a food delivery bag outside the door. You bring it inside for Ferdie when she lets you in, and you see a stack of paper delivery bags on the kitchen counter.

You find it incredibly difficult to understand Ferdie's speech. She gets annoyed with you, but then uses her joystick device to communicate by typing to you and showing you her computer screen. You learn that her primary mode of transportation around town was her friend, Georgia's, van. Two months ago, Georgia got a divorce and moved out of state. Now, Ferdie is stuck.

Ferdie seems unconcerned since "nothing happens at the doctor's anyway." Her main method of socialization is online. There, her disability doesn't impede communication at all; she's just as fast at typing as everyone else and she has a bunch of online friends. If she needs help, she can use the internet to get it.

Ferdie tells you, "I don't see why I need to go outside anymore at all, it all comes to me."

Discussion Questions:

1. What are some of the concerns and strengths in this scenario?
2. What are communication best practices that apply?
3. What are some considerations for Ferdie's service plan, assuming she is willing to accept help and referrals?

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