Introduction to Physical Disabilities

Participant Guide

August 2026

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Module 0. Manual Guide

0.1. Partners and Acknowledgments

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

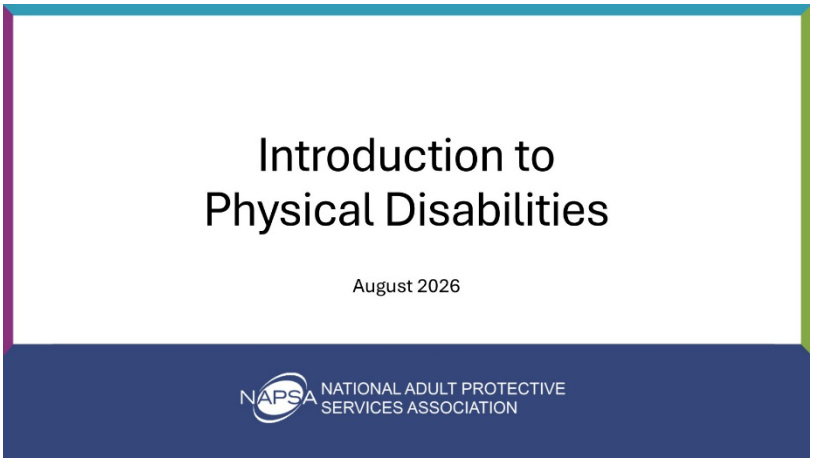
The purpose of this training is to enable APS professionals and allied professionals to have a better understanding of physical disabilities, accessibility, and communication, and improve service planning that leverages the strengths of individuals with physical disabilities.

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.

Module 1. Welcome and Overview



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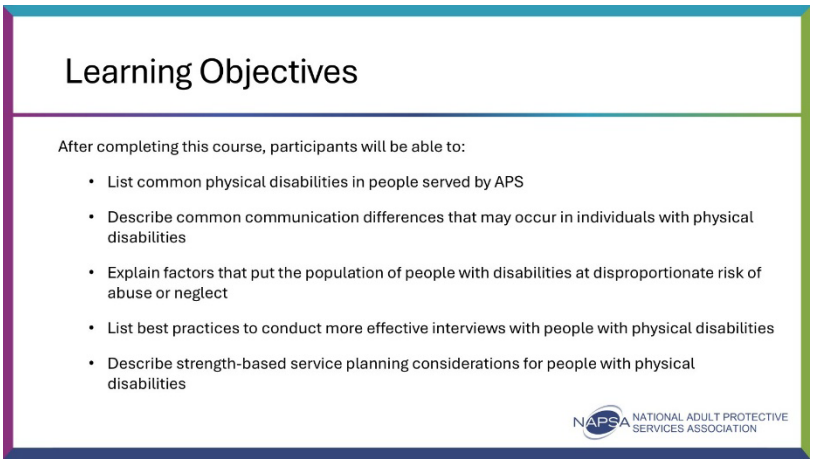

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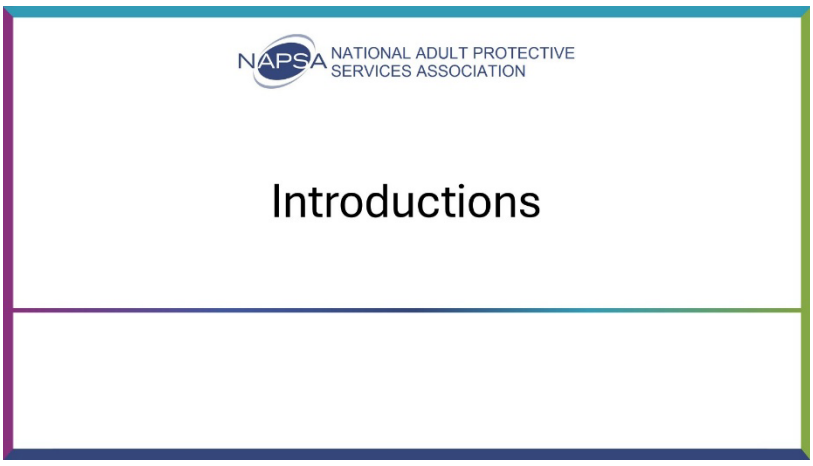

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Module 2. An Introduction to Physical Disabilities

The Population We Can All Join

Disability: a condition that limits our ability to engage in the activities of our daily lives.

Physical Disability: a wide range of conditions that limit a person's ability to move, coordinate, or use parts of their body.

Examples:

- Blindness or vision loss
- Loss of limb or mobility
- Arthritis
- Spinal cord injury
- Multiple Sclerosis (MS)
- Cerebral Palsy
- ALS (Lou Gehrig's disease)
- Parkinson's

(Centers for Disease Control and Prevention, 2025)

Notes:

What You Might See

- People may have reduced mobility or motor control
- People may get fatigued faster or live with chronic fatigue
- Progression of disabilities over time
- Health changes that come with aging interact with disabilities
- People may use assistive devices or receive assistance from others

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Notes:

What You Might Hear

People may be making their best guess about:

- Physical ability
- Decision-making ability
- Cognitive ability

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Notes:

The Stories We Tell

What are some narratives about physical disabilities that we should challenge?

(Dunn, 2021)

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Notes:

Truths About Barriers

What are barriers that impact people with physical disabilities?

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Notes:

Accessibility Mitigates Barriers

Accessible design, tools, and considerations can benefit a wide range of people, not just those with physical disabilities.

You don't need to know someone lives with a disability to identify an accessible tool that might support them.

The goal is to preserve or promote independence.

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Notes:

Independence and Autonomy

- Independence and autonomy are linked, but not the same
- Asserting autonomy is a matter of safety
- Autonomy may be infringed by people who believe they are trying to help

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Notes:

Disability Etiquette

- Get to know people as individuals
- Presume competence
- Do not touch accessibility devices or service animals
- Respectful conversation
- Maintain appropriate physical distance
- Get comfortable talking about disability
- Person-First Language

(Disability:IN, n.d.)

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Notes:

Person-First or Not?

The disabled are such an inspiring population.

Person-First or Not?

He suffers from advanced arthritis.

Person-First or Not?

She's been bedridden for years.

Person-First or Not?

She had her leg amputated following a severe infection.

Notes:

To Recap

Not Person-First	Person-First
• The disabled	• People with disabilities
• Being "inspiring" just for living	• Lives with, has a disability
• Victim of, suffers from	• Uses a wheelchair, stays in bed
• Wheelchair-bound, bedfast	• Has a limb amputated
• "Became an amputee"	• Has hearing loss, someone who is deaf, person with autism
• Identity-first (Deaf, Autistic)	

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Notes:

CDC Video: "What's Disability to Me?"

Notes:

Notes:

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Video Discussion

What assistance did Bernard use?

What does Bernard do to remain independent?

Notes:

Module 3. Communication Considerations

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Communication Considerations

Notes:

Differences and Disorders

Communication Difference: a way to communicate that is different from verbal speech and hearing.

Communication Disorder: an illness or condition that impacts a person's ability to communicate, which may or may not respond to treatment, or progress over time.

(American Speech-Language-Hearing Association, 1993)

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Notes:

Hearing Loss and Deafness

Hearing Loss: a partial or total inability to hear sounds, caused by genetics, aging, illnesses, accident or injury, or exposure to loud noises

Deafness: having little to no hearing, under the umbrella of hearing loss.

A cultural note: Some people identify as Deaf, or as part of the Deaf community. Others prefer deaf or hard of hearing.

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Notes:

Interpreters

When an ASL interpreter is involved:

- Prepare the interpreter ahead of time
- Do not use family or collaterals to interpret
- Speak to the person, not the interpreter
- Position the interpreter beside you when possible

When a CDI (Certified Deaf Interpreter) is involved:

- The CDI does not replace the ASL interpreter

(Registry for Interpreters for the Deaf, 1997)

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Notes:

Augmentative and Alternative Communication

Augmentative communication devices supplement existing speech.

Alternative communication devices are used when speech is not present or functional.

When someone uses AAC:

- Learn about the device or method
- Tailor your questions to their experience level
- Slow down, allow for silence
- Do not touch any accessibility tool without that person's permission

(American Speech-Language-Hearing Association, n.d.)

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Notes:

Aphasia and Apraxia

Aphasia	Apraxia
Causes: strokes, TBI, tumors, progressive neurological disease Behaviors may include: • Be unable to say what they want to • May understand the speech or writing of others, or may be unable to understand others • Repeat the same words or phrases over and over • Be aware of their own difficulties	Causes: strokes, TBI, tumors, neurocognitive disorders, or genetics Behaviors may include: • Make up words or say something other than what they mean • Talk slowly or haltingly • Find it easier to use simple words and phrases • Say something once, then not be able to say it again • Be unable to make sounds or words at all

(National Institute on Deafness and Other Communication Disorders, 2025; 2017)

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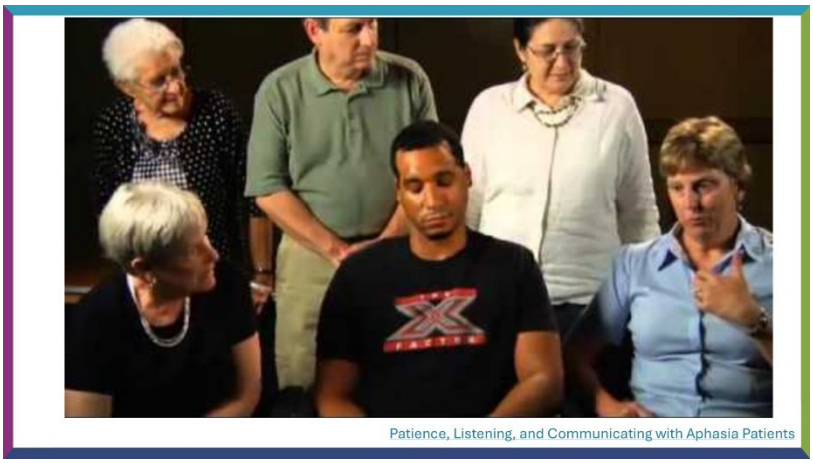
Notes:



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Communication Best Practices

Notes:

Notes:

Handout #1- Interview Activity

Instructions: For this activity, you will be assigned to a breakout group. In your group, you will play each of the following three roles once:

- **The Interviewer:** your job is to ask the Interviewee questions to learn a fact they have decided on ahead of time.
- **The Interviewee:** your job is to answer the Interviewer's questions with ONLY "Yes" or "No", or physical gestures that can be interpreted to mean Yes or No. Before the interview, choose a fact about yourself that the Interviewer will need to learn:
    - Your coffee order
    - Your favorite movie
    - Your current job role, and the month and year you started
- **The Referee:** your job is to make sure the interview lasts three minutes, and that the other two members of your group follow the rules.

Each interview will last three minutes. Trade roles until each person has been Interviewer and Interviewee.

1. **When you were the Interviewer:** Did you get the right answer? What strategies did you use?

Notes:

2. **When you were the Interviewee / Referee:** What did the Interviewer do well? Was there anything you wish they had asked?

Notes:

Module 4. Risk and Service Planning

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Risk Considerations

Notes:

Risk Factors

- Assistive devices for mobility or communication
- Caregivers
- Transportation services
- Isolation
- Communication differences

(Badakhshiyan, et al., 2024; Office for Victims of Crime, 2012)

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Notes:

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Strength-Based Service Planning

Notes:

Strength-Based, Person-Directed

Strength-Based: focused on leveraging strengths, not compensating for deficits

Person-Directed: places the individual at the center of all decisions about their lives

- Support fully informed decisions
- Preserve autonomy
- Allow for change over time

(APS TARC, 2024)

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Notes:

Considerations: Safety

Service Plans are individualized. When someone lives with a physical disability, include disability-specific considerations.

Ask: How does the person reach out for help?

- How do they communicate when they are in an unsafe situation?
- Who are their trusted people?
- Where can they go when they feel unsafe?
- How do they say "no"?

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Notes:

Considerations for Service Planning

What are other service planning considerations for individuals with physical disabilities?

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Notes:

Least-Restrictive Alternatives

The principle of the **Least-Restrictive Alternative** states that any intervention, treatment, or action should impose the minimum necessary restrictions on a person's rights or freedoms.

- Protect individual rights and autonomy
- Tailor each intervention to the specific person's needs
- Minimize social and physical isolation
- Avoid unnecessary restrictions or institutionalization
- Preserve the right to make as many decisions as possible

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Notes:

Resources and Services

APS cannot determine eligibility, but can assist with applications

- What community programs or local services are available?
- Are there state initiatives or programs?

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Notes:

Notes:

Handout #2: Case Scenario Activity

Instructions: For this activity, you will be placed into breakout groups and given one case scenario (Alan, Carmela, or Ferdie). Review the case scenario on the following pages. Use this information to discuss the questions below.

You have 15 minutes to discuss. Be sure to designate a spokesperson because, when we come back, each group will be asked to summarize their discussions.

Discussion Questions:

1. What risk factors are evident in the scenario? What are the strengths?

Notes:

2. What do you want to keep in mind when it comes to effective, respectful communication? Refer to the **Communication Best Practices list** if you like.

Notes:

3. What are the accessible service planning considerations?

Notes:

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."

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."

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."

Module 5. Wrap-Up

Key Points

- 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.

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Notes:

P-I-E Wrap-Up

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

P – Priceless piece of information. What has been the most important piece of information to you today?

Notes:

I – Item to implement. What is something you intend to implement from our time today?

Notes:

E – Encouragement I received. What is something that I am already doing that I was encouraged to keep on doing?

Notes:

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