



Introduction to Developmental Disabilities

Participant Guide

October 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

NAPSA Disability Advisory Group

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 developmental disabilities. This understanding will enhance their ability to conduct investigations and develop effective strength-based service plans when working with adults with developmental 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 developmental 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 developmental 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 developmental disabilities, accessibility, and communication, and improve service planning that leverages the strengths of individuals with developmental disabilities.

0.6. Learning Objectives

After completing this course, participants will be able to:

- Describe the characteristics of some common developmental disabilities
- Identify communication disorders related to developmental disabilities
- Identify factors that put people with developmental disabilities at disproportionate risk of abuse or neglect
- List best practices to conduct more effective interviews with people with developmental disabilities
- Describe strength-based service planning considerations for people with developmental disabilities

Module 1. Welcome and Overview

Introduction to Developmental Disabilities

October 2026



Notes:

Learning Objectives

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- Describe the characteristics of some common developmental disabilities
- Identify communication disorders related to developmental disabilities
- Identify factors that put people with developmental disabilities at disproportionate risk of abuse or neglect
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- Describe strength-based service planning considerations for people with developmental disabilities



Notes:



Introductions

Notes:

Module 2. Developmental, Cognitive, and Intellectual Disabilities

Developmental Disabilities

Developmental disability, cognitive disability, and intellectual disability

- NOT interchangeable
- NOT mutually exclusive
- NOT limited to younger populations – the average life expectancy for someone with a developmental disability is 70!

(Association on Aging with Developmental Disabilities, n.d.)



Notes:

Some Examples

ADHD

Developmental, Cognitive

Down Syndrome

Developmental, Cognitive, Intellectual

Cerebral Palsy

Developmental

Alzheimer's Disease

Cognitive



Notes:

Definitions: Developmental Disability

Developmental Disability: one of a group of conditions:

- Physical, learning, language, or behavioral impairment
- Begins during the child's development
- Likely to continue throughout the person's life
- Results in substantial functional limitations in many areas, including: receptive and expressive language, learning, self-direction, ADLs, IADLs

(Centers for Disease Control and Prevention, 2026)

Notes:

ADLs and IADLs

Activities of Daily Living

The fundamental tasks required for personal care, maintaining health, and basic functioning

- Eating
- Hygiene
- Mobility
- Dressing
- Toileting

Instrumental Activities of Daily Living

More complex tasks that support independent living

- Housekeeping
- Communication
- Meal preparation
- Transportation
- Medication management

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(Congressional Research Service, 2019)

Notes:

Definitions: Cognitive Disability

Cognitive Disability: an umbrella term for any impairment in mental processing

- Can occur at any age
- Can affect one skill or many
- Examples:
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Dyslexia
 - Traumatic Brain Injury (TBI)
 - Neurocognitive disorders like Alzheimer's Disease

(Neurolaunch, 2026)

Notes:

Definitions: Intellectual Disability

Intellectual Disability: a specific diagnosis that involves limitations in both intellectual functioning and adaptive behavior

- Under the umbrella of Cognitive Disability
- Usually diagnosed before the individual turns 18
- Often diagnoses will include severity level
- Examples:
 - Down Syndrome
 - Fetal Alcohol Syndrome (under Fetal Alcohol Spectrum Disorder)
 - Fragile X Syndrome

(Neurolaunch, 2026; CDC, 2026)

Notes:

Down Syndrome

Down Syndrome is a disorder caused by an extra chromosome.

The range of cognitive ability can vary widely.

People with Down Syndrome commonly have problems with:

- Memory
- Learning new things
- Focusing
- Thinking

(Neurolaunch, 2024; CDC, 2026)

Notes:

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome is a condition under the umbrella of Fetal Alcohol Spectrum Disorder (FASD).

Fetal Alcohol Syndrome represents the most severe end of FASD

People with Fetal Alcohol Syndrome commonly have problems with:

- Central nervous system and physical growth
- Learning
- Memory
- Attention span
- Communication

(Neurolaunch, 2026; CDC, 2026)

Notes:

Fragile X Syndrome

Fragile X Syndrome is the most common inherited cause of intellectual disability.

One in three people with Fragile X Syndrome also lives with Autism.

People with Fragile X Syndrome may have behaviors like:

- Sensory sensitivities
- Difficulty with eye contact
- Insistence on routine

(Neurolaunch, 2026; CDC, 2026)

Notes:

Other Developmental Disabilities

Non-Intellectual Developmental Disabilities:

- Autism Spectrum Disorder (ASD)
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Tourette Syndrome

(Reference and User Services Association, 2020)



Notes:

Other Developmental Disabilities

Non-Intellectual Developmental Disabilities:

- Autism Spectrum Disorder (ASD)
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Tourette Syndrome

(CDC, 2026)

Autism Spectrum Disorder (ASD)

- Caused by differences in the brain
- Problems with social communication
- Restricted or repetitive behaviors
- Language, speech, learning delays
- Potential co-occurring intellectual disability

Notes:

Other Developmental Disabilities

Non-Intellectual Developmental Disabilities:

- Autism Spectrum Disorder (ASD)
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Tourette Syndrome

(CDC, 2026)

Cerebral Palsy

- Impacts the brain and nervous system
- Abnormal muscle tone, movement, and posture
- Stiff muscles and exaggerated reflexes

Notes:

Other Developmental Disabilities

Non-Intellectual Developmental Disabilities:

- Autism Spectrum Disorder (ASD)
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Tourette Syndrome

Epilepsy

- Generalized seizures involve the entire brain; others involve only parts
- Some seizures are grand mal, others are subtle
- Seizures may leave people confused, tired, anxious, nauseated

A seizure longer than five minutes is a medical emergency.

(CDC, 2026)

Notes:

Other Developmental Disabilities

Non-Intellectual Developmental Disabilities:

- Autism Spectrum Disorder (ASD)
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Tourette Syndrome

Muscular Dystrophy

- More than 30 disabilities that weaken skeletal muscles
- Severity will vary
- Progressive difficulty walking or climbing stairs
- Muscle weakness
- Frequent falls or clumsiness
- Difficulty breathing or swallowing

(CDC, 2026)

Notes:

Other Developmental Disabilities

Non-Intellectual Developmental Disabilities:

- Autism Spectrum Disorder (ASD)
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Tourette Syndrome

Tourette Syndrome

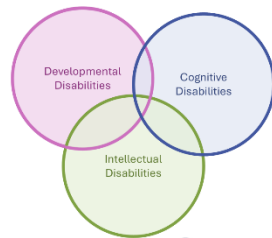
- Impacts the brain and nervous system
- Sudden, involuntary movements or sounds, called tics
- Tics can be simple or complex
- Not often severe enough to prevent someone from attending school or work

(CDC, 2026)

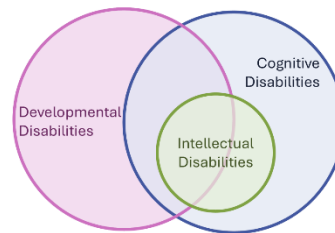
Notes:

Recap Time!

What is wrong with this diagram?



Recap Time!



Notes:

Distinctions and Expectations

Why bother to make distinctions
between types of disabilities?

Have you learned something you
weren't expecting so far?



Notes:

Person-First Language

Levels of severity and IQ are diagnostic information. They do not promote
dignity, autonomy, or respect for the individual.

When you are talking to or about people, use **Person-First Language**:

- She lives with cerebral palsy and uses a wheelchair
- He was born with Down Syndrome and has some hearing loss

Avoid:

- He's a high-functioning Autistic
- She's living with a birth defect that keeps her bedbound

(NIH, 2025)



Notes:

Notes:

Module 3. Communication Considerations



Cleveland Clinic Video: "Building Bridges: Interacting with Adults Who Have Developmental Disabilities"

Notes:

Two Types of Communication

Verbal	Non-Verbal
Includes spoken, written, and signed language. • Receptive: the ability to understand words and sentences; the “input” • Expressive: the ability to communicate thoughts and feelings; the “output”	• Body language • Facial expressions • Gestures • Eye contact

(Max Planck Institute for Human Cognitive and Brain Sciences, 2021)

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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:

Developmental Communication Disorders

- Social Communication Disorder
- Language Disorders
- Speech Sound Disorders
- Stuttering (Childhood-onset Fluency Disorder)

Note: Communication ability levels may vary even among people with the same diagnoses or communication differences

Notes:

Tools That Support 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.)



Notes:

Types of AAC Devices

AAC Devices exist across varying levels of technology:

- Paper and pencil
- Gestures and body language
- Picture or symbol boards (analog or digital)
- Devices that produce voice or written output
- Eye tracking or other input technology
- Text-to-speech devices



Notes:

Hearing Loss and Deafness

Hearing Loss: a partial or total inability to hear sounds, caused by genetics, aging, illnesses, 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 hearing impaired.



Notes:

Supports For Hearing Loss and Deafness

Some individuals use hearing support devices like hearing aids or volume amplifying devices. Others may have cochlear implants.

Deaf individuals may use an American Sign Language (ASL) interpreter and in some cases a Certified Deaf Interpreter (CDI):

- Prepare the interpreter(s) ahead of time
- Avoid using family or collaterals to interpret
- During the interview, speak to the person, not the interpreter
- The CDI does not replace the ASL interpreter



Notes:

Planning for the Interview

Plan your interviews in advance:

- What questions will you ask?
- What are the time considerations?
- Is an interpreter needed?
- What considerations related to the person's ability to communicate, receive information, or consider their answers need to be made?



Notes:

Interviewing Best Practices

- Speak directly to the person, even when they use an interpreter or device
- Match their pace and communication level
- Use plain language and avoid jargon
- Maintain an age-appropriate, respectful tone and volume level
- Keep your body language and face neutral
- Choose a quiet, low-distraction setting
- Repeat what you heard to make sure you understand
- Do not assume a difference in or difficulty with communication means the person is unintelligent or untrustworthy
- Meet the individual where they are



Notes:

Salient Information and Intellectual Disability

Salient: most noticeable or important

In general, people with intellectual disabilities will think concretely and will have trouble with storing and retrieving memories.

Instead of a specific chronology of events, someone with an intellectual disability may describe what was salient to them... whether or not that relates to your investigation.

- "Pokémon was on TV"
- "I saw Jimmy"
- "I got ice cream"

(Cambridge Dictionary, n.d.)



Notes:

Socially-Desired Responses

Socially-Desired Response: a guess, rather than a genuine answer, intended to please the asker

Avoid:

- Body language that reinforces answers or emotions
- Sarcasm, slang, or jargon the person may not understand
- Rushing through your questions



Notes:

Handout #1- Keep It Simple

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

- **The Speaker:** your job is to explain what APS is, what APS does, and what APS does not do. If you are not an APS professional, explain your own profession. Use simple, concrete language. If there is jargon, any acronym, or any slang, explain it. Jargon includes terms like “due diligence”, “hard copy”, or “AP”.
- **The Listener:** your job is to remain neutral during the Speaker’s explanation. Don’t smile, don’t nod, don’t give any encouraging or discouraging body language. If something is not explained clearly, ask clarifying questions.

Each Speaker will have five minutes. Trade roles until each person has been Speaker once.

1. **When you were the Speaker:** What was your experience trying to describe things in concrete terms?

Notes:

2. **When you were the Listener:** What was your experience remaining completely neutral?

Notes:

The Takeaway

When we're speaking...	When we're listening...
It takes intention to avoid slang, sarcasm, and jargon (even APS jargon!)	People with intellectual disabilities may give "socially desired responses" even when they aren't certain they've heard or understood your question. When we display positive, affirming body language, this can be misinterpreted as reinforcing a certain type of answer.

Communicate intentionally to ensure understanding.

Notes:

How Do You Ask Questions?

Avoid:	Do:
• Leading questions "He brought you to work, right?" • Questions posed in the negative "You don't like cake, do you?" • Socially-desired responses • Filling in the blanks • Finishing someone's sentences • Restating simple language more technically	• Use concrete language • Start broad, then narrow the focus • Try Yes or No, or Multiple Choice questions (with the option for "something else") • Check for understanding • Ensure informed consent

Notes:

Module 4. Risk and Service Planning



Risk and Service Planning

Notes:

Factors that Influence Risk

- Being socialized to accept touch
- Difficulty telling the difference between appropriate and inappropriate
- Lack of abuse awareness training
- Lack of sexual education and opportunities for healthy relationships
- Expectations of compliance
- Being seen by others as less credible
- Communication differences or challenges



Notes:



Person-Directed, Strength-Based Service Planning

Notes:

What is Person-Directed Service Planning?

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

- Look at what is important to the person to help increase their safety
- Look at the real desires or needs at the core of their positions
- Ask the person about their values and preferences to guide what services you suggest

(Federal Register, 2023)



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



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?



Notes:

Handout #2: Case Scenario Activity

Instructions: For this activity, you will be placed into breakout groups and given one case scenario (Spencer, Van, or Jenna). 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 concerns are present in the scenario? What are the strengths?

Notes:

2. What do you want to keep in mind when it comes to effective, respectful communication? What about decision-making?

Notes:

3. What are the accessible, person-directed service planning considerations?

Notes:

Case Scenario 1: Spencer

Spencer is a 35-year-old man living with Autism. His vocabulary is limited and he tends to use his own words for certain familiar or important items. He uses a digital AAC device as his primary method of communication; when he taps a picture, the device speaks. Spencer lives with his mother, Teenie, and her new boyfriend, Ralph.

Spencer's aunt Tammi reported the concern to APS. Tammi reports that Spencer has a small pool of "safe foods" he will eat. (Safe foods are predictable, low-stress foods that accommodate sensory needs, low energy, or physical limitations.) If he is presented with a food outside of the "safe" group, he will react with disgust, gag, or even vomit. On a recent visit, Tammi observed that Spencer gagged and cried even when presented with a meal only made of safe foods. When Tammi tried to coax him into eating, he began rocking in his seat and hitting his AAC tablet against the table. Spencer's mother didn't react beyond saying, "He'll tire himself out." Ralph said, "He knows what'll happen if he doesn't."

According to Tammi, Spencer's lips seemed swollen, and she saw a bruise on his cheek. She's concerned that Ralph might be "manhandling" Spencer. According to Tammi, Ralph has repeatedly complained about Spencer being a picky eater, and she's seen him raise his hand and threaten to strike Spencer before.

Case Scenario 2: Van

Van is 27 years old and has Down Syndrome. He lives independently with his roommate, Walker. They've been buddies since high school, but Van describes Walker as his brother.

The reporter is Yancy, the manager at the grocery store where Van works. Van is usually punctual, clean, and appropriately dressed. For the last couple of weeks, Van has been coming to work with bruises on his hands and arms. He said he was okay, that he and his brother are just getting into "normal brother fights".

This morning, Van called Yancy and asked if he could give Van a ride to work. When Yancy arrived, he found Van sitting on the front steps of his apartment building with a black eye. Van had clearly been crying, but he insisted that he and his brother just had another normal brother fight and he was ready to work. Van's shirt was not tucked in, and he smelled like body odor. Van told Yancy that his brother "can drive" him to work, but he was sleeping and wouldn't get up.

When Yancy suggested Van go see a doctor, Van refused.

Case Scenario 3: Jenna

Jenna is 61 years old and lives with Cerebral Palsy. She has limited mobility in her arms and only walks short distances without the assistance of her motorized wheelchair. Jenna's speech is imprecise and often sounds slurred. She lives alone and works remotely as a copyeditor for a fantasy fiction publishing agency.

The reporter is Jenna's occupational therapist (OT), Iman. She suspects that Jenna may be experiencing abuse.

Jenna has missed multiple therapy appointments without notice. When Iman emailed to follow up, Jenna replied that she accidentally kept forgetting to plug in her wheelchair and couldn't get far without it. When Jenna finally attended an appointment, she arrived in a regular wheelchair, pushed by a man who looked to be in his forties or early fifties.

During the appointment, Jenna appeared stiffer and more uncomfortable than usual. It seemed as though Jenna couldn't relax in her seat. Iman described her as "tense" and "not herself." However, Jenna denied any issues.

According to the receptionist, the man waited impatiently throughout the appointment, repeatedly attempted to use his e-cigarette indoors, and scoffed when Jenna emerged. He yanked the wheelchair away from Iman. As the pair left, both Iman and the receptionist overheard the man berating Jenna, calling her a cruel name and blaming her for wasting his time and money.

Module 5. Wrap-Up

Key Points

- Developmental disabilities, cognitive disabilities, and intellectual disabilities are unique categories. Some diagnoses include all three.
- Individuals with cognitive or intellectual disabilities have the right to autonomy and the ability to make the decisions they are capable of making.
- Some communication difficulties commonly occur in people with developmental disabilities.
- Adults with developmental disabilities are at disproportionate risk for abuse and neglect.
- When interviewing an adult with a disability, build in more time, patience, and flexibility.
- Least-restrictive alternatives preserve independence, choice, and autonomy to the greatest extent possible while also increasing well-being and safety.
- Service planning should focus on strengths, not deficits.



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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