

Silver Alerts and the Problem of Missing Adults with Dementia

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In the months following the introduction of the National AMBER (America's Missing: Broadcast Emergency Response) Alert plan used to locate missing and abducted children, Silver Alert programs began to emerge. These programs use the same infrastructure and approach to find a different missing population, cognitively impaired older adults. By late 2008, 17 states had enacted Silver Alert policies, and several more planned to take advantage of National Silver Alert grant funding to initiate policies in 2009. To date, however, no research has examined the efficacy of such programs, which have widely varying parameters and criteria to initiate the alerts. In this study, we empirically examine the 17 existing state Silver Alert and related policies. The analysis includes an examination of the varieties of programs: dementia related and AMBER extension, the dates of enactment, the criteria for activation, and the process of activation. We conclude with two salient questions that emerged from the analysis. We examine these questions and make recommendations for future research, including examining whether Silver Alerts are an appropriate response to address the problem of missing adults with dementia or cognitive impairments and examining the costs and benefits of the programs including determining how best to balance

efforts to keep cognitively impaired elders safe while keeping their basic human rights of autonomy and empowerment intact.

Key Words: Silver Alert, Cognitive impairment, Missing persons, Dementia, Wandering

In September 2008, the U. S. government enacted legislation to promote the establishment of "Silver Alert" policies throughout the nation. In general, these policies are an outgrowth of the perceived success of the AMBER (America's Missing: Broadcast Emergency Response) Alert system used to identify and return missing children; some, in fact, are merely adaptations of AMBER programs to older adults. These Silver Alert and related media alert programs provide information to media outlets (including the Department of Transportation to activate roadside signs) and/or activate an emergency alert system through law enforcement agencies when an adult is reported missing. Despite some variations, adults with significant cognitive impairments are the central focus of these programs.

Currently, Silver Alert and related programs are in place in 17 states, and several additional states have Silver Alert bills scheduled on their 2009 legislative agendas. Of the 17 programs in place, 13 were established by February 2007. The rapidity of the introduction of Silver Alert programs may be due to the fact that enacting these programs

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have been described by many legislators and service providers as a “no-brainer” because they are inexpensive (due to the use of existing infrastructure in place for the AMBER Alerts program). Silver Alert policies have also been depicted as being essential to prepare society for some of the impending problems associated with the rapidly aging population and a corresponding increase in the number of older adults with cognitive impairments who have the potential to wander outside their home and become missing.

On the surface, Silver Alert programs seem beneficial. They are designed to help formal and informal caregivers to older adults with dementia or cognitive impairments by facilitating a societal effort to help find older people if they go missing. Yet the creation of stringent surveillance mechanisms may threaten the civil liberties of those with dementia or cognitive impairments. These complex issues have important implications for the way Silver Alert programs are conceptualized and implemented. This article critically examines state Silver Alert policies, outlining social science knowledge about the problem and documenting how the programs are designed in order to create a foundation or framework to evaluate the efficacy of Silver Alert programs.

Background

Provider organizations that support individuals and families dealing with Alzheimer’s disease, related dementias, and other cognitive impairments appear to strongly support the introduction of Silver Alert policies in the United States. In fact, some provider organizations note that the growing number of older people expected in the future warrants the development of better mechanisms such as the Silver Alerts and other technologies to keep track of individuals with cognitive diseases related to aging (Alzheimer’s Association, 2008a). Similarly, media accounts of individuals with dementia wandering off and being found dead in different communities suggest that this is a serious problem. Silver Alert programs have certainly received strong legislative support, and the political power appears to be related to the targeted attention given to keeping track of older adults with dementia or cognitive impairments who may become lost and find themselves in dangerous situations. Despite this political support, little research on media alerts used to find adults and older adults, in particular, has been evaluated.

The Problem of “Wandering” in the Context of Dementia

“Wandering” has emerged as a particularly challenging behavior for caregivers of individuals with dementia or other cognitive impairments. Wandering behavior may be caused by several factors, including a side effect of medication; stress; confusion related to time; restlessness, agitation, anxiety, and/or fear; and/or inability to recognize familiar objects, people, or places. Although many existing definitions of and research on wandering frame it as a problem that must be controlled and, optimally, prevented (Dewing, 2006), many people with dementia do not fit a “textbook definition” of wandering such as “to move about without a definite destination or purpose” (Alzheimer’s Association, 2008b). In fact, wandering is often viewed as beneficial to individuals with dementia (Robinson et al., 2007); it is often purposeful in that the individuals may be searching for something that is lost, trying to locate a familiar person or environment, and/or trying to fulfill a former responsibility.

Estimates of the incidence and/or prevalence of wandering by individuals with dementia vary widely. In part, this could reflect a lack of clarity as to whether incidence or prevalence rates are being reported. For example, Pomerantz (2006) reports that approximately 12% of people with dementia who live at home wander. By contrast, the Alzheimer’s Association (2008b) indicates that 6 out of 10 people with Alzheimer’s disease will wander, and Silverstein, Flaherty, and Salmons (2002) reported that at some point in the disease process, *all* individuals with dementia wander. Given recent estimates that approximately 4.5 million adults are living with Alzheimer’s disease, a number that is estimated to quadruple over the next 40 years (Alzheimer’s Association, 2007), these variations suggest that wandering at least has the potential to be a severe problem. However, there is obvious disagreement regarding the extent and nature of the problem.

Among individuals with Alzheimer’s disease, dementia, or other cognitive impairments who do wander, the outcomes can be catastrophic. Understanding the unique varieties of people who do wander is therefore useful to addressing this problem. Rowe and Glover (2001) and Rowe and Bennett (2003) found that the majority of individuals with Alzheimer’s disease who wander are male, wander away on foot, and are typically found within five miles of their place of residence. Rowe

and Glover did not find an association between time of day and wandering away. Data from the National Alzheimer's Association Safe Return program collected during a 13-month period show that the majority (87%) of individuals with dementia who wander are typically found alive and returned safely within 12 hr of their departure time (Rowe and Glover). However, the 4-year (1998–2002) retrospective study of U.S. newspaper articles conducted by Rowe and Bennett indicates that among wandering-related deaths of individuals with dementia, 87% were found dead in a secluded area. The discrepancy between these studies may reflect the greater newsworthiness of cases of wandering that end in injury or fatality. It is troubling that with such scarce research on the subject, the impetus for most Silver Alert programs is locating older adults with cognitive impairments, primarily dementias.

Analysis of State Silver Alert Policies

In analyzing the Silver Alert and related media alert programs intended to help identify missing older adults, we examine and discuss the patterned characteristics of state programs. Due to the absence of scholarly literature on these programs, data are derived solely from a national report (National Association of State Units on Aging, 2008), state legislation documents, and media reports. The sources used in this research are listed in the Appendix.

Varieties of Media Alerts for Missing Adults

As is evident in Table 1, Silver Alert and related media alert programs are identified by different names. Through our analysis, two varieties emerged as salient categories of media alerts for missing adults: those which expand AMBER Alert policies and those focused on adults with cognitive impairments (e.g., dementia). Although both program types build upon the infrastructure of AMBER Alerts, they differ in their philosophy and purpose. The first type, “AMBER extension,” was created in response to the belief that AMBER Alerts are too limited and that mechanisms should be in place to help find missing adults, not just missing children. The second type of program, the “dementia focused,” was created directly in response to the concerns that adults with dementia or other cognitive impairments wander and become missing. These two varieties vary based on the target population that is of central concern.

Uses of Technology in Monitoring Older Adults With Dementia or Cognitive Impairments.—The literature on family caregiving suggests that the safety of a relative with dementia is an overriding concern for family caregivers (e.g., Kinney, Kart, Murdoch, & Ziemba, 2003). An emerging literature on the use of monitoring technology in the context of dementia demonstrates that there are family members who deploy Internet-based monitoring technologies in their home despite the reality (and, perhaps, hope) that the technology might not ever be activated (e.g., Kinney, Kart, Murdoch, & Conley, 2004; Kinney & Kart, 2005). This might reflect a larger issue in caregiving, whereby caregivers are determined to exert as much agency and/or control as possible over what they may view as a largely uncontrollable situation. At the societal level, the Safe Return program, which was administered by the Alzheimer's Association, was established as the first government-funded program to use community resources to assist caregivers in locating individuals with dementia who go missing and help raise attention to the dangers of problems like wandering. The use of media alerts are enticing because they appear to help assure the safety of individuals; thus, it is not surprising that caregivers and family members of individuals with dementia as well as the Alzheimer's Association support this form of technology.

AMBER Alerts and Their Extensions.—The first AMBER Plan was established in July 1997 in the Dallas, TX, area as a response to Amber Hagerman's 1996 abduction. AMBER Alerts, when activated, elicit a coordinated effort in the community through law enforcement agencies, the media, and the public to find a missing child. Although AMBER Alerts have been criticized for providing an expensive solution that targets a rare variety of child abductions (Griffin, Miller, Hoppe, Rebideaux, & Hammack, 2007; Muschert, Young-Spillers, & Carr, 2006), AMBER plans have been viewed as the primary solution to child abduction problems and were designed to quickly alert the public so that citizens can be on the lookout for missing children.

Like the visibility created by the kidnapping of Amber Hagerman, stories about missing elders with dementia, often with tragic endings, have been linked with discussions of the potential benefits of instituting Silver Alert programs in many states (e.g., Kim, 2008; Petonito, Muschert, Manning, &

Table 1. Characteristics of Media Alert Programs for Missing Adults

Year	State	Program name	Type of program		Age criteria		Health criteria	
			Dementia focused	AMBER extension	18+	60+	“At risk”	Dementia or related impairment
2001	Michigan	AMBER Alert		X		X		
2005	Utah	MEPA		X	(Implied)		X	
2006	Georgia	Maddie’s Call	X		(Implied)			X
	Illinois	Silver Alert	X		(Implied)			X
2007	Colorado	Silver Alert	X			X		X
	Oklahoma	Silver Alert	X		(Implied)			X
	Virginia	Missing Person’s Advisory	X			X		X
	Missouri	MEPA		X	(Implied)		X	
	North Carolina	Silver Alert	X		X			X
	Texas ^a	Texas Silver Alert Program	X			X		X
2008	New Mexico	MEPA		X	(Implied)		X	
	South Dakota	MEPA		X	(Implied)			
	Montana	MEPA		X	(Implied)			
	Louisiana	Silver Alert	X			X		X
	Kentucky	Golden Alert	X		X			X
	Delaware	Gold Alert		X		X	X	
	Florida	Silver Alert	X			X		

Notes: MEPA = Missing and Endangered Person’s Advisory.

^aTexas requires that individuals be 65 years or older and that they are diagnosed with a cognitive impairment by a medical doctor to qualify for a Silver Alert.

Bhatta, 2009). Through Kristen’s Act, passed in October 2008, the National Center for Missing Adults (NCMA) (2007) created a clearinghouse for missing adults in the United States and is also intended to provide funds to help find missing adults older than 18 years who were considered “at risk” or endangered. This program raised attention regarding the need for a systematic approach to identifying individuals who do not qualify for the enactment of AMBER Alerts.

“AMBER Extension” Programs.—Several states have enacted programs to help locate adults who go missing in an effort to compensate for the limitations imposed by the AMBER Alert program. In 2001, Michigan expanded its AMBER Alert program to include those individuals not otherwise covered by AMBER Alerts, focusing on using the AMBER Alert infrastructure to help locate individuals aged 60 years and older who go missing. Several other states have subsequently followed suit, though many do not specify age limits (as is further discussed in the analysis subsequently), introducing programs that more broadly target missing persons who do not fit the AMBER Alert criteria (i.e., all adults). In

2005, for example, Utah enacted a Missing Person’s Advisory, targeted to people considered “at risk” but who do not otherwise meet the criteria for an AMBER Alert. Other states appear to use a similar rationale, with slight variations in regard to the criteria for enactment. As indicated in the program descriptions, they are intended to help identify missing adults who could be in potentially dangerous situations (see Table 1).

“Dementia-Focused” Programs.—The model of AMBER Alerts as a media response system is recognized as a useful way to assist in finding missing adults. But discussions about the importance of Silver Alerts in particular have centered on those adults who are at the highest risk of becoming missing. As a result, several states enacted media alert programs with a focus on helping locate individuals with cognitive impairments who go missing (see Table 1).

These two varieties of media alerts—those seeking to include those individuals who go missing who are not otherwise covered by AMBER Alerts (AMBER extension) and those seeking to help identify adults with dementia who wander

and go missing (dementia focused)—are conceptualized here as varieties of Silver Alerts for the purposes of this analysis despite the differences in the actual names of the programs from one state to the next.

Characteristics of State Silver Alert Programs

Particularly interesting is the speed with which Silver Alert programs were enacted, beginning with Michigan in 2001 (see Table 1). Whereas state legislation frequently endures long subcommittee processes and rigorous debate, these programs sailed through the legislative process with near universal support in as little as 1 month from the bill's introduction. Indeed, in Florida, the legislative process was bypassed altogether by the establishment of a Silver Alert program via a gubernatorial order. The federal Silver Alert program, conceptualized as the dementia-focused variety of media alerts, was passed with similar ease in mid-September 2008 and provides grant funding to states to institute a plan. With this financial incentive, it is likely that many other states will adopt plans in the near future. In fact, several states have already passed legislation and are awaiting the final introduction of such programs (e.g., Ohio) or are seriously considering alert programs or have legislation pending (e.g., California, Connecticut, Iowa, Kansas, Maryland, Missouri, New York, Pennsylvania, Rhode Island, South Carolina, Tennessee, Washington, and West Virginia [see Kim, 2008]).

Across states, the criteria used to activate a Silver Alert reveal some inconsistencies. Although the Silver Alert plan is often touted as a solution to the problem of missing adults with dementia or cognitive impairments, in some states, the criteria for activating a Silver Alert does not call for missing adults to have cognitive impairments or mental disabilities. Other policies have age requirements, and most limit initiation of alerts to those missing adults aged 60 or 65 years (Texas). Some state programs do not have any age requirements but rely on other criteria for initiation such as disability status, cognitive impairment, or that people are considered to be “at risk” by virtue of either their age or their health status.

Dementia-focused Silver Alert programs tend to focus on just that, adults with dementia; however, there are some variations in how they are structured. For all these programs, to activate an alert, a missing adult must have dementia or a related

cognitive impairment. Texas has stringent guidelines (an individual must have been diagnosed with dementia by a doctor), but for most, observed behaviors that suggest cognitive impairment warrant an alert activation. Some states set a minimum age threshold in addition to the requirement of cognitive impairment. As noted in the Table 1, 5 of the 10 programs in this category have age requirements differentiating them as age-based policies. The remaining programs either specify that an individual must be aged 18 years or older (North Carolina and Kentucky) or do not have age requirements, implying that individuals must be aged 18 years or older because they would otherwise qualify for an AMBER Alert (Georgia, Illinois, and Oklahoma).

Of the seven AMBER extension Silver Alert programs, only two (Michigan and Delaware) have age requirements of 60 years or older. For the remaining programs (Utah, Missouri, New Mexico, South Dakota, and Montana), age is (implicitly) 18 years or older. Unlike the dementia-focused Silver Alerts, AMBER extension policies tend to be less stringent about specific health issues that might warrant activation. Rather, these programs use language that suggests that an alert can be activated if someone is considered “at risk” of becoming harmed (or potentially harming another person). As seen in the Table 1, four state programs specify that someone must be described as “at risk,” whereas the others leave the decision to activate an alert in the hands of law enforcement.

The processes for activating Silver Alerts have substantial variations from one state to the next. Some states provide very specific guidelines about the procedure to be followed and others allow law enforcement agencies to decide what the best approach for finding an individual may be given the unique details of each case. In general, however, the process for initiating an alert mimics that of AMBER Alerts, whereby media outlets, law enforcement, and often the Department of Transportation are involved in disseminating information to the public. Many states require the involvement of broader search organizations such as the Bureau of Criminal Identification (e.g., Utah) and the National Crime Information Center (Georgia). Overall, however, the process of activation for each state varies widely. For example, in Montana, the Division of Criminal Investigation issues an advisory through the National Weather Service, the Montana Department of Transportation, and

the Montana Lottery. The media is informed either in a specific region or statewide depending on the case, and they are notified via the Weather Service System via e-mail or fax. The requesting agency is expected to send the advisory to border points of entry or other public agencies as deemed necessary. Missouri, by comparison, allows alerts to be initiated by law enforcement agencies in whatever way they deem appropriate. In North Carolina, all law enforcement agencies must submit alert requests to a missing person's center and that organization decides whether or not to issue the alert. The efficacy of these processes has not been empirically tested.

Concluding Remarks

The policy development related to Silver Alerts programs has been rapid and largely unquestioned. Given the minimal knowledge about missing older adults with dementia and cognitive impairments, this analysis suggests a variety of social scientific questions, two of which we believe warrant attention before additional resources are invested in similar programs of this type: (a) are Silver Alert policies an appropriate solution for the problem of missing older adults with dementia? and (b) what are the financial, personal, and emotional costs-benefits of Silver Alert programs? These questions lead us to note the limitations of available knowledge about the problem of missing adults and point to the kinds of issues that should be addressed in continued study along a variety of trajectories.

With respect to whether Silver Alert policies are an appropriate solution to the problem of missing older adults with dementia, there are two issues to consider. Are missing older adults with dementia a significant social problem (that warrant a social policy intervention) and what do we know about efforts to find missing adults? Neither of these issues can be easily answered. The category of elders with dementia has been distinctly absent from much of the research on missing persons. Although some of the research on search and rescue involves examinations of dementia-related cases (e.g., Rowe & Glover, 2001; Perkins, Roberts, & Feeney, 2005), this research is limited and does not provide much evidence that missing adults, even those with dementia, are considered to be a serious problem. In fact, in order to examine whether Silver Alert programs are an appropriate solution to the problem of dementia, it is critical to examine the extent to which wandering itself poses problems to

those with the condition, those caring for people with dementia (formal and informal caregivers), and to society.

Furthermore, most information about older adults with dementia who go missing has been found in reference guides for search and rescue (see e.g., Koester, 1999) or in mass media discourse (e.g., Lai et al., 2003; Rowe & Bennett, 2003). We are thus far unable to identify the emergence of the problem in scholarly literature, suggesting the need for continued studies of the problem of missing adults in general and particularly those with dementia. The Nation's Missing Children Organization, Inc., which was expanded in 2000 to serve the needs of missing adults through the introduction of a program called the NMCA, may provide a useful place of departure. The NMCA is a clearinghouse for missing adults in the United States. The development of a comprehensive database on missing adults has the potential to create a stronger foundation of knowledge for more in-depth research on the problems unique to this group. However, as useful as such a database will be, it will be incomplete in that it cannot include information on those adults who go missing and are not reported.

Second, we recommend a cost-benefit analysis of Silver Alert programs. Despite the fact that Silver Alerts can be enacted for individuals who go missing in the community or in an institutional setting, they have been depicted as a resource for those caring for older adults in the community. Thus, they have been characterized as a societal support mechanism to help elders stay in the community rather than having to move into an institution. Discourse of "aging in place" is often touted as a method of empowerment for older adults with dementia (Braun, 2008). With the number of community-dwelling individuals who suffer from dementia projected to increase as the population continues to age, any support to help offset long-term care costs is viewed as beneficial. Silver Alert programs appear to support individuals with dementia's ability to remain in the community longer by creating safeguards to remain in the family home and for family members to keep an eye on their older relatives.

However, efforts to secure older adults through surveillance practices may exacerbate inequality and succeed in further disempowering members of the elder population who have dementia (see e.g., Kenner, 2008). Clarke (2006) notes that people

with impairments are rarely a focus of discussions in popular press articles about dementia. Instead, the framing is on the “disease” of dementia itself (as powerful, fearsome, or causing bizarre behaviors), on the dominance of medical issues (as the causes, treatments, and practitioners of the disease), or on the caregivers of individuals with the disease (as those taking on the burden of problems associated with dementia). In fact, individuals with dementia have historically been viewed as not needing or deserving “*to be treated according to common ethical precepts of human rights*” (Clarke, p. 272, italics in original). Some forms of surveillance and monitoring have been viewed as beneficial in helping care for frail older adults by providing those with dementia with greater autonomy and caregivers with the ability to leave older adults alone for extended periods of time (Kinney & Kart, 2005).

Some “technology,” of which Silver Alerts are an example, could be viewed as examples of ‘control creep’ in which a marginal or disempowered segment of the population becomes increasingly controlled under the auspices of receiving care (Marx, 1988). Research suggests that the use of AMBER Alert technology (the infrastructure of which Silver Alerts relies upon) is more beneficial when used sparingly (see Griffin et al., 2007), and yet the financial cost of the program may encourage greater frequency of use. Perhaps of greater concern, however, is the appropriateness of the method of locating missing adults that uses the same assumptions as those used in locating missing children. Although there may be problems associated with the use of AMBER Alerts in locating children (see Griffin & Miller, 2008), this technology may be more appropriate for children than older adults because children lack the same legal rights as adults and their safety is more important than their privacy. Most adults with dementia live in the community either alone or with a caregiver. If such an individual leaves home and becomes missing, information about that individual, often including her or his address, becomes publicly available, something which may place this population at risk of victimization. For example, some states provide information about missing adults including the missing individual’s (and sometimes their caregiver’s) address and other information as a press releases that remains available to the general public online and can be accessed months after an event occurred.

Furthermore, the balance between safety and privacy is a much more complicated issue for older adults than children because, although recognized as a controversial issue (see Monmonier, 2002), adults have the right become missing by choice. Many Silver Alert policies are activated simply using an age threshold, and the enactment of Silver Alert policies potentially sends a message that some older adults’ desire to keep their whereabouts private may not be relevant. We argue that this no-brainer policy intended to support the safety of older adults should evoke greater discussions about what kind of civil liberties older adults can and should possess and under what circumstances their safety should trump their right to privacy. We suspect that for many, if not most, state Silver Alert policies, especially those that have more flexible guidelines for the criteria for enactment of alerts, these kinds of social welfare and civil liberties issues need to be thoughtfully examined.

Despite the debate about the extent to which wandering is a problem for individuals with dementia, for individuals who do wander off, the outcomes can be grave. Efforts directed toward helping caregivers avoid the crisis situation of having to find a missing person are obviously important; however, it is important to balance these efforts with assurances that cognitively impaired elders retain their legal and human rights. The social welfare issues nestled in this policy are directed toward a relatively small segment of the aging population, yet to the extent that these issues are generalized to the overall elder population, ageist notions of older adults as needy, expensive, and burdensome to society may be perpetuated (Carr & Muschert, 2009).

There is much that can be learned from studies of Silver Alerts programs. We applaud the well-meaning efforts of many state legislatures across the United States to create Silver Alert plans, yet we also urge caution as these plans may not be a quick fix to the little understood and complicated problem of missing older adults with dementia. We propose that more social science research that examines the implications of Silver Alert programs is necessary, taking into consideration the rights of older adults and the needs of caregivers. Without further examination, we are concerned that the widespread, and what appears to be, unquestioned institution of Silver Alert plans might do harm to elders by removing the civil liberties of those who are the subjects of such alerts and reinforce negative stereotypes of elders.

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Appendix

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Florida

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Georgia

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Illinois

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