

Autism and Special Needs

The State of Texas will now authorize an alert for citizens with special needs who are missing.

The Endangered Missing Persons Alert bridges the gap between Amber Alerts (which are issued in the event of a child abduction) and Silver Alerts (which are issued for persons over the age of 65 who are diagnosed with a mental impairment).

If your loved one does not fit the criteria for a Silver Alert or Amber Alert, but has an increased risk of wandering away from home due to Autism or other intellectual disability, you may submit their information for inclusion in the Shepherd Program.

Information provided in the Shepherd Program application will be used to quickly issue an Endangered Missing Persons Alert in the event he or she wanders away from home.

Drowning and exposure, along with other factors, are among the leading causes of death for those with Autism.



Deer Park Police Department
2911 Center St.
Deer Park, TX 77536
(281) 478-2000
www.deerparktx.gov/police

The Shepherd Program



Sponsored By The
**Deer Park Police
Department**

Safeguard Your Loved One

As the guardian for a loved one diagnosed with Alzheimer's, Autism or other intellectual disability, you already face many challenges. If one of those challenges involves your loved one wandering away from home the Deer Park Police Department would like to be prepared to locate that person as soon as possible.

Six out of 10 Alzheimer's patients will wander.

Research has shown that your loved one may be likely to wander.

The Shepherd Program is designed to collect information in advance of a wandering incident that is both critical in locating a missing person and required by the state to launch an Alert.

Collected information is treated as confidential unless needed to locate a missing person.

About Alerts

The Silver Alert and Endangered Missing Persons Alert work like an Amber Alert. In order for either alert to be issued for a missing person the following requirements must be met:

- The missing person must reside in the state of Texas
- The missing person must have a diagnosed mental impairment and medical documentation of intellectual disability must be available.
- The person must have gone missing within the last 72 hours
- Sufficient information must be available for the public and law enforcement to locate the missing person.

Medical documents, current pictures, vehicle registration and other information can be difficult or impossible to locate, especially after hours.

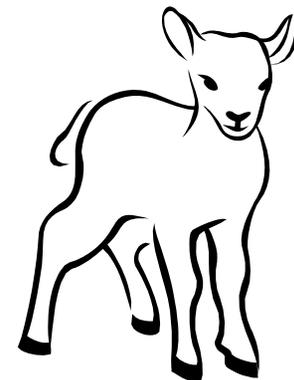
By participating in the Shepherd Program you ensure required information is already accessible by law enforcement and that your loved one will be eligible for a Silver Alert or Endangered Missing Persons Alert.

How To Participate

Participation is voluntary and free of charge. The Deer Park Police Department only requires that you completely fill out an application for the loved one you wish to register.

As there are specific requirements for issuing a Silver or Endangered Missing Persons Alert, the police department wants to be completely prepared to return your loved one safely home. This means you may have to take the application with you and return it to the police department when all required information has been provided.

Applications are available online at www.deerparktx.gov/police and at the Deer Park Police Department 24 hours a day, 7 days a week.





The Deer Park Police Department's
Shepherd Program



Notice: The Shepherd Program is designed to assist law enforcement quickly locate missing persons that are endangered due to a diagnosed medical condition that hinders cognitive ability and/or the ability to communicate. This includes, but is not limited to, individuals diagnosed with Alzheimer's and Autism.

Individuals who do not suffer from a medical condition that impairs the ability to think and communicate do not qualify for the program. Please contact the Deer Park Police Department with any questions regarding this program or its criteria for qualification.

Instructions:

Please fill out the application completely - information requested is required by law to issue an alert.

Please include a recent picture of the applicant - picture should be large and clear without a busy background.

Please provide medical documentation of mental impairment - documentation is required by law in order to issue alert.

1. **Applicant's Information** - Please provide the following information on the person participating in the program.

Last Name		First Name		Middle Name		
[]		[]		[]		
Nickname or Alias		Date of Birth		License/ID Number		
[]		[]		[]		
Social Security Number		Home Phone		Cell Phone		
[]		[]		[]		
Address (must be a Deer Park resident)				Race	Skin Tone	
[]				[]	[]	
Gender	Height	Weight	Hair	Eyes	Facial Hair	Glasses
[]	[]	[]	[]	[]	[]	<input type="radio"/> Yes <input type="radio"/> No

List/Describe any scars, marks, tattoos, amputations, prosthetics, deformations in the spaces provided.

Physical Characteristic	Location	Description
[]	[]	[]
[]	[]	[]
[]	[]	[]

List favorite attractions or locations where the individual may be found in the space provided.

List favorite toys, topics of discussion, likes or dislikes.

Empty text box for favorite toys, topics of discussion, likes or dislikes.

Method of preferred communication (verbal, sign language, written words, songs, phrases s/he may respond to).

Empty text box for method of preferred communication.

I.D./Medical Alert jewelry, GPS/Tracking Devices. If GPS is worn, provide manufacturer and transmitter number.

Empty text box for I.D./Medical Alert jewelry, GPS/Tracking Devices information.

Public safety hazard information. If applicant may become combative if restrained, confronted, etc., provide information below.

Empty text box for public safety hazard information.

Provide any other information about the individual that may be helpful.

Empty text box for other helpful information.

2. **Medical Information** - Provide the following medical information including the name of the condition causing mental impairment.

Primary Care Physician

Empty text box for Primary Care Physician name.

Phone Number

Empty text box for Phone Number.

After Hours Number

Empty text box for After Hours Number.

Physician documentation of mental impairment attached? Yes No

Notice: Documentation required to issue alert.

All Medical Conditions (including diagnosis of mental impairment)

Large empty text box for All Medical Conditions (including diagnosis of mental impairment).

Prescribed Medications	
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Drug/Other Allergies	
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3. Vehicle Information - Please provide information for any vehicle the applicant has access to, regardless of current driving status.

Year	Color	Make	Model	License Plate
<input type="text"/>				

Distinguishing marks, stickers, body damage:	<input type="text"/>
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Year	Color	Make	Model	License Plate
<input type="text"/>				

Distinguishing marks, stickers, body damage:	<input type="text"/>
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4. Emergency Contact Information - Please provide the following information for other primary caregivers and emergency contacts.

Last Name	First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Address
<input type="text"/>	<input type="text"/>

City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Address
<input type="text"/>	<input type="text"/>

City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Address
<input type="text"/>	<input type="text"/>

City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I give the City of Deer Park, the Deer Park Police Department and its representatives permission to disseminate information included in this application, and/or acquired through the investigation of a missing person, as deemed necessary to locate the applicant in the event s/he is reported missing or endangered in any way that requires law enforcement assistance.

I understand that personal information may be disseminated to other public safety agencies, media outlets, volunteer organizations and the general public and do not hold the City of Deer Park, the Deer Park Police Department or its representatives liable for any misuse of personal information.



_____ Signature

_____ Print Name

_____ Date

*****FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*****

Received By	Date Received	Time Received
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	Initial		Initial
Applicant name record created?	<input type="checkbox"/>	Emergency contact name record created?	<input type="checkbox"/>

Alert added to applicant name record?	<input type="checkbox"/>	Emailed IT support to add address to GIS map?	<input type="checkbox"/>
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Premise alert added to applicant address?	<input type="checkbox"/>	Emailed beat officer?	<input type="checkbox"/>
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Packed scanned into applicant name record?	<input type="checkbox"/>	Name record entries/scans/etc verified by?	<input type="checkbox"/>
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MedicAlert® +

safe
return alzheimer's association®

Wandering: Who's at risk?

Call MedicAlert® + Alzheimer's Association Safe Return® today if you know someone who:

- Returns from a regular walk or drive later than usual.
- Tries to fulfill former obligations, such as going to work.
- Tries or wants to “go home” even when at home.
- Is restless, paces or makes repetitive movements.
- Has difficulty locating familiar places like the bathroom, bedroom or dining room.
- Asks the whereabouts of current or past friends and family.
- Acts as if doing a hobby or chore, but nothing gets done (e.g., moves around pots and dirt without actually planting anything).
- Appears lost in a new or changed environment.

This is an abbreviated list of risk factors. For more, visit alz.org/safereturn.

MedicAlert® + Alzheimer's Association Safe Return® is a 24-hour nationwide emergency response service for individuals with Alzheimer's or related dementia who wander or who have a medical emergency.

For more information, call the Alzheimer's Association at 1.800.272.3900

For enrollment, contact us at **1.888.572.8566** or visit **alz.org/safereturn**

Myths of Wandering >

It's no myth that up to 60 percent of those with dementia will wander. MedicAlert® + Alzheimer's Association Safe Return® can help you make more informed choices about safety and overcoming the misconceptions of wandering.

"I watch my wife very closely."

It only takes a moment for someone to wander away. This is just as true in your home as it is at the mall or grocery store. No one can be watched every second. Even the most diligent caregiver has to sleep, bathe or talk on the phone.

"My mother has never wandered."

If your family member is memory-impaired and able to walk, wandering can happen at any time. If wandering has already occurred, it will happen again.

"My husband won't wear an ID bracelet."

Other identification products are available, such as a necklace.

"We've explained to my dad why he should not go out by himself."

It's unlikely he'll remember he has been told not to go out alone. Plus, as the disease progresses, he will increasingly lose his ability to make good judgments and think logically.

"I haven't had time to get my husband signed up with MedicAlert + Alzheimer's Association Safe Return."

The simple form takes only a few minutes to complete. Enroll online or by telephone, mail or fax.

"My mother is in a nursing home."

Your mother could easily wander away from a facility – even a locked unit. Wandering can also occur when you've taken your mother home for a family visit.

"I can't afford the MedicAlert + Alzheimer's Association Safe Return enrollment fee."

Funds may be available for those in need. Request financial assistance at your local Alzheimer's Association office.

"When my husband wandered, the police found him."

A person with memory loss may not be able to provide his name or address to the person who finds him. Even though your family member has been returned home by police once, you may not be so lucky next time. 99% of those enrolled in MedicAlert + Alzheimer's Association Safe Return are returned safely, compared to less than 50% for those not enrolled.

Wandering Behavior: Preparing for and Preventing It

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces.



Six in 10 people with Alzheimer's disease will wander. Many people cannot even remember their name or address. They may become disoriented and lost, even in their own neighborhood. Although common, wandering can be dangerous – even life-threatening. The Alzheimer's Association is working to help save lives through MedicAlert® + Alzheimer's Association Safe Return®, a 24-hour nationwide emergency response service for individuals with Alzheimer's or related dementia that wander or who have a medical emergency.

Here are tips to help caregivers prepare for and prevent wandering behavior.

Wandering: Who's at risk?

Anyone who:

- Returns from a regular walk or drive later than usual
- Tries to fulfill former obligations, such as going to work
- Tries to “go home” even when at home
- Is restless, paces or makes repetitive movements
- Has difficulty locating familiar places like the bathroom, bedroom or dining room
- Checks the whereabouts of familiar people
- Acts as if doing a hobby or chore, but nothing gets done (e.g. moves around pots and dirt without planting anything)
- Feels lost in a new or changed environment

Consider behavior

- Be aware of who is at risk for wandering.
- Identify the most likely times of day that wandering may occur, and plan activities at that time.
- Provide opportunities for activities and exercise, such as folding towels, listening to music and dancing.
- When night wandering is a problem, make sure the person has restricted fluids two hours before bedtime and has gone to the bathroom just before bed. Limit daytime naps, if possible.
- Monitor reaction to medications. Consult a physician, if necessary
- Use communication focused on exploration and validation (not correcting) when the individual says that he or she want to leave to go home or to work.
- If wandering is in progress, use distraction to redirect the individual's focus.

Consider the home environment

- Night-lights: Place throughout the home or facility.
- Locks*: Place out of the line of sight. Install slide bolts at the top or bottom of doors.

- Door knobs*: Cover knobs with cloth the same color as the door. Use childproof knobs.
- Doors*: Camouflage doors by painting them the same color as the walls. Cover them with removable curtains or screens.
- Use black tape or paint to create a two-foot black threshold in front of the door.
- Warning bells: Place above doors.
- Monitoring devices: Try devices that signal you when a door is opened. Place a pressure-sensitive mat at the door or person's bedside to alert you to movement.
- Hedges or fence*: Put around the patio, yard or other outside common areas.
- Safety gates or bright colored netting*: Use to bar access to stairs or the outdoors.
- Furniture*: Consider providing a recliner or geriatric chair for the individual to sit and rest. It is comfortable and yet restrictive to the body. Use round-cornered furniture, placed against the wall. Remove obstacles.
- Noise levels and confusion: Reduce excessive stimulation caused by movement or noise.
- Common areas: Develop indoor and outdoor areas that can be safely explored.
- Clothing: Provide the person with brightly colored clothing.
- Labeling*: Label all doors. Use signs or symbols to explain the purpose of each room.
- Secure trigger items: Some people will not go out without a coat, hat, pocketbook, keys, wallet, etc.
- Avoid leaving a person with dementia alone in a car.

Planning ahead

- Enroll in MedicAlert + Safe Return.
- Keep a list of people to call when feeling overwhelmed. Have their telephone numbers in one location.
- Ask neighbors, friends and family to call if they see the person alone or dressed inappropriately.
- Keep a recent, close-up photo on hand to give to police.
- Make sure that MedicAlert + Safe Return has an updated photo and medical information.
- Know your neighborhood. Pinpoint dangerous areas near the home, such as bodies of water, open stairwells, dense foliage, tunnels, bus stops and roads with heavy traffic.
- Is the individual right or left-handed? Wandering generally follows the direction of the dominant hand.
- Keep a list of places where the person may wander to, like past jobs, former homes or a church or restaurant.

For safety and peace of mind, enroll in MedicAlert + Safe Return today:
 Call **1.888.572.8566** (6 a.m. – 7 p.m. (PST) Monday – Friday and 8 a.m. – 5 p.m. (PST) Saturday) or online at **www.alz.org**.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

Updated November 2007

*These are meant to be suggestions only. Follow local, state and federal laws and codes.

1.800.272.3900 | www.alz.org

AUTISM & WANDERING

In 2008, Danish researchers found that the mortality rate among the autism spectrum disorder (ASD) population is twice as high as the general population. In 2001, a California research team found that elevated death rates among those with ASD were in large part attributed to drowning.

Drowning often occurs as a result of wandering off. **Drowning, along with prolonged exposure and other factors, remain among the top causes of death within the autism population.** Although there is no known data that recognizes whether deaths associated with wandering are on the rise within the autism population, anecdotal reports suggest an increase.

There are various reasons someone with ASD may wander. Many parents report their child gravitates towards water, so nearby lakes, ponds and creeks may continue to be a desired destination. Too, someone with ASD is likely aware when attention has shifted away from them and will take the opportunity to slip out quickly in order to reach a desired area or item of interest.

Family gatherings or other events may give a false impression of “all eyes on” someone with ASD. However, heavy distractions can present opportunities to leave unnoticed. Visiting relatives or episodes of distress also may increase the risk for wandering. This also holds true in warmer months when persons with ASD are more likely to play outside or attend summer or day camps.

WANDERING CAN OCCUR ANYWHERE AT ANYTIME. THE FIRST TIME IS OFTEN THE WORST TIME.

Join Autism Wandering Prevention on Facebook



CAREGIVER RESOURCES

NAA/UA AUTISM SAFETY TOOLKIT

nationalautismassociation.org/safetytoolkit

AUTISM SPEAKS AUTISM SAFETY PROJECT

autismsafetyproject.org

ASA SAFE & SOUND SAFETY INITIATIVE

autism-society.org

CHILD SAFETY PRODUCTS

mypreciouskid.com

SelectAutismMerchandise.com

tattooswithapurpose.com

SERVICE DOGS

autismservicedogsofamerica.com

4pawsforability.org

TRACKING SYSTEMS & MEDICAL DEVICES

Project Lifesaver: projectlifesaver.org

LoJack SafetyNet: lojacksafetynet.com

EmFinders: emfinders.com

Caretrak Systems: caretrak.com

Alzheimer's Comfort Zone: alz.org/comfortzone

Medicalert: medicalert.com

A Child is Missing: achildissing.org

FOR FIRST RESPONDERS & CAREGIVERS

National Center for Missing and Exploited Children:

missingkids.com | 1-800-THE-LOST

Autism Risk Management:

autismriskmanagement.com

The Autism & Law Enforcement Education Coalition:

sncarc.org/alec.htm

The Law Enforcement Awareness Network

leanonus.org

Autism Alliance for Local Emergency Responder

Training: AutismAlert.org

SUPPORTING ORGANIZATIONS:

Designed & Printed by:

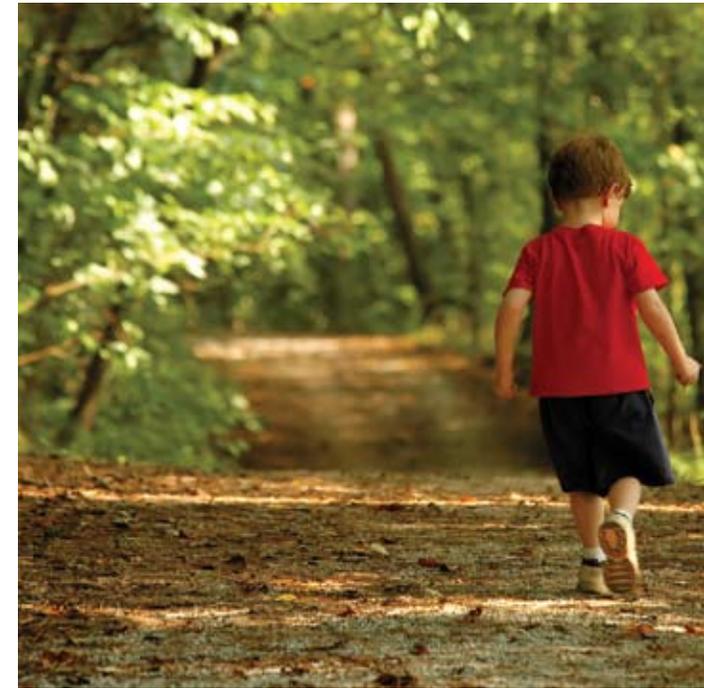
National Autism Association (NAA)

Talk About Curing Autism (TACA)

Supported By: Age of Autism | Autism One | Autism

Speaks | HollyRod Foundation | National Autism

Association | Talk About Curing Autism



prevention | safety tips | resources

SECURE YOUR HOME

Consider contacting a professional locksmith, security company or home improvement professional to promote safety and prevention in your home. **You may find it is necessary to prevent your loved one from slipping away unnoticed by:**

- ✓ Installing secure dead bolt locks that require keys on both sides.
- ✓ Installing a home security alarm system.
- ✓ Installing inexpensive battery-operated alarms on doors and windows to alert you when opened (available at stores like Walmart and Radio Shack).
- ✓ Placing hook and eye locks on all doors, above your child's reach.
- ✓ Fencing your yard.
- ✓ Adhering printable STOP SIGNS to doors, windows and other exits, such as gates.

CONSIDER A TRACKING DEVICE

Check with local law enforcement for Project Lifesaver or LoJack SafetyNet services. These tracking devices are worn on the wrist or ankle and locate the individual through radio frequency. Various GPS tracking systems are also available. See the **RESOURCES** section within this pamphlet for more information.

CONSIDER AN ID BRACELET

Medical ID bracelets will include your name, telephone number and other important information. They may also state that your child has autism and is non-verbal if applicable. If your child will not wear a bracelet or necklace, consider a temporary tattoo with your contact information. See the **RESOURCES** section within this pamphlet for more information.

TEACH YOUR CHILD TO SWIM

Swimming lessons for children with special needs are available at many YMCA locations. The final lesson should be with clothes on. **REMEMBER:**

- ✓ Teaching your child how to swim DOES NOT mean your child is safe in water.
- ✓ If you own a pool, fence your pool. Use gates that self-close and self-latch higher than your children's reach.
- ✓ Remove all toys or items of interest from the pool when not in use.
- ✓ Neighbors with pools should be made aware of these safety precautions and your child's tendency to wander.

The American Academy of Pediatrics does not recommend swimming classes as the primary means of drowning prevention. Constant, careful supervision and barriers such as pool fencing are necessary even when children have completed swimming classes. All families are encouraged to seek training in swimming, lifesaving, first aid and cardiopulmonary resuscitation.

ALERT YOUR NEIGHBORS

It is recommended that caregivers plan a brief visit with neighbors to introduce their loved one or provide a photograph. **Knowing your neighbors can help reduce the risks associated with wandering.**

- ✓ Give your neighbor a simple handout with your name, address, and phone number.
- ✓ Ask them to call you immediately if they see your child outside the home.
- ✓ Decide what other information to present to neighbors.
- ✓ Does your child have a fear of cars and animals or is he/she drawn to them?
- ✓ Does your child gravitate towards pools or nearby ponds or creeks?
- ✓ Does he/she respond to their name or would a stranger think they are deaf?
- ✓ Are there sensory issues or meltdown triggers your neighbors should know about?

ALERT FIRST RESPONDERS

Providing first responders with key information before an incident occurs may improve response. **Informational handouts should include all pertinent information, and be copied and carried with caregivers at all times.** Circulate the handout to family, neighbors, friends and co-workers, as well as first responders.

- ✓ Name of child or adult, current photograph and physical description including any scars or other identifying marks
- ✓ Identify your child's favorite song, toy or character
- ✓ Names, home, cell and pager phone numbers and addresses of parents, other caregivers and emergency contact persons
- ✓ Sensory, medical, or dietary issues and requirements
- ✓ Favorite attractions and locations where the person may be found
- ✓ Likes, dislikes, fears, triggers, and de-escalation techniques
- ✓ Method of communication: note if nonverbal, uses sign language, picture boards, or written words
- ✓ ID wear, jewelry, tags on clothes
- ✓ Map and address guide to nearby properties with water sources and dangerous locations highlighted

Additional tips can be found at autismriskmanagement.com (above information courtesy of Dennis Debbaudt)

For a generic form that can be used by any caregiver, regardless of city or state, visit nationalautism.org and click on "Safety Toolkit."

10 WARNING SIGNS

1 MEMORY CHANGES THAT DISRUPT DAILY LIFE

One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aids (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

What's a typical age-related change?

Sometimes forgetting names or appointments, but remembering them later.

2 CHALLENGES IN PLANNING OR SOLVING PROBLEMS

Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What's a typical age-related change?

Making occasional errors when balancing a checkbook.

3 DIFFICULTY COMPLETING FAMILIAR TASKS AT HOME, AT WORK OR AT LEISURE

People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

What's a typical age-related change?

Occasionally needing help to use the settings on a microwave or record a television show.

4 CONFUSION WITH TIME OR PLACE

People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What's a typical age-related change?

Getting confused about the day of the week but figuring it out later.

5 TROUBLE UNDERSTANDING VISUAL IMAGES AND SPATIAL RELATIONSHIPS

For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not realize they are the person in the mirror.

What's a typical age-related change?

Vision changes related to cataracts.

6 NEW PROBLEMS WITH WORDS IN SPEAKING OR WRITING

People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a "watch" a "hand clock").

What's a typical age-related change?

Sometimes having trouble finding the right word.

7 MISPLACING THINGS AND LOSING THE ABILITY TO RETRACE STEPS

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

What's a typical age-related change?

Misplacing things from time to time, such as a pair of glasses or the remote control.

8 DECREASED OR POOR JUDGMENT

People with Alzheimer's may experience changes in judgment or decision making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

What's a typical age-related change?

Making a bad decision once in a while.

9 WITHDRAWAL FROM WORK OR SOCIAL ACTIVITIES

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

What's a typical age-related change?

Sometimes feeling weary of work, family and social obligations.

10 CHANGES IN MOOD AND PERSONALITY

The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

What's a typical age-related change?

Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

Note: *Mood changes with age may also be a sign of some other condition. Consult a doctor if you observe any changes.*

If you or someone you care about is experiencing any of the 10 warning signs, please see a doctor to find the cause. Early diagnosis gives you a chance to seek treatment and plan for your future.

Your local Alzheimer's Association can help.
Visit us at alz.org/10signs or call 800.272.3900.

WHAT'S THE DIFFERENCE?

It may be hard to know the difference between age-related changes and the first signs of Alzheimer's disease. Ask yourself: Is this something new? For example, if the person was never good at balancing a checkbook, struggling with this task is probably not a warning sign. But if their ability to balance a checkbook has changed a lot, it is something to share with a doctor.

Some people may recognize changes in themselves before anyone else notices. Other times, friends and family will be the first to observe changes in the person's memory, behavior or abilities.

To help, the Alzheimer's Association has created this list of warning signs for Alzheimer's disease and related dementias. Individuals may experience one or more of these in different degrees. If you notice any of them, please see a doctor.

SIGNS OF ALZHEIMER'S/ DEMENTIA	TYPICAL AGE-RELATED CHANGES
Poor judgment and decision making	Making a bad decision once in a while
Inability to manage a budget	Missing a monthly payment
Losing track of the date or the season	Forgetting which day it is and remembering later
Difficulty having a conversation	Sometimes forgetting which word to use
Misplacing things and being unable to retrace steps to find them	Losing things from time to time

For more information about the 10 warning signs, please contact the Alzheimer's Association at 800.272.3900 or visit alz.org/10signs.

The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Information is available 24/7 at www.alz.org or by calling our Helpline at 1.800.272.3900.

10 warning signs of alzheimer's disease®

Your memory often changes as you grow older. But memory loss that disrupts daily life is not a typical part of aging. It may be a symptom of dementia. Dementia is a slow decline in memory, thinking and reasoning skills. The most common form of dementia is Alzheimer's (AHLZ-high-merz) disease, a fatal disorder that results in the loss of brain cells and function.

This list can help you recognize the warning signs of Alzheimer's:

- 1 Memory changes that disrupt daily life
- 2 Challenges in planning or solving problems
- 3 Difficulty completing familiar tasks
- 4 Confusion with time or place
- 5 Trouble understanding visual images and spatial relationships
- 6 New problems with words in speaking or writing
- 7 Misplacing things and losing the ability to retrace steps
- 8 Decreased or poor judgment
- 9 Withdrawal from work or social activities
- 10 Changes in mood and personality



Autism Basics

What does autism look like?

Autism is a term commonly used for a group of neuro-developmental disorders also known as Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD). The core symptoms of autism are challenges related to:

- *communication*
- *social interaction*
- *restrictive or repetitive behaviors and interests*

Individuals with autism can also experience other difficulties, including medical issues, differences in coordination and muscle tone, sleep disturbances, altered eating habits, anxiety or disordered sensory perceptions. The features, abilities and severity of symptoms vary considerably among individuals with autism.

An individual with autism may display some or all of the following characteristics:

- Difficulty understanding language, gestures and/or social cues
- Limited or no speech, or verbalizations that repeat or maintain a particular topic
- Limited or no eye contact
- Difficulty relating or participating in a back-and-forth conversation or interaction
- Social awkwardness
- Repetitive behaviors, such as pacing or lining things up, spinning, hand flapping, or rocking
- More or less sensitivity to light, sound, smell, taste or touch than usual
- Abnormal fears and/or lack of appropriate fear of real dangers
- Understanding and retention of concrete concepts, patterns, rules

Where does it come from?

There is no known cause of most cases of autism, though the best scientific evidence points toward a combination of genetic and environmental influences. Autism is a neurological/biological disorder, not a psychological/emotional condition. Autism is found in all social, racial and ethnic groups, and is 3-4 times more prevalent in boys than in girls. Autism occurs in 1 out of 150 children, up from 1 in 10,000 in 1980.

What do I need to keep in mind?

- Communication challenges can encompass a broad range, both in terms of understanding and speaking (understanding gestures or spoken language, delays in processing, inability to form sounds or full sentences, word retrieval difficulties, misunderstanding idioms or sarcasm, timing of body movements or conversational exchanges, remaining on topic, etc.)
- Most are concrete thinkers and literally interpret jokes, idioms or sarcasm
- Social skills are underdeveloped, but interest in friendships and social interaction is often present
- Anxiety and frustration are common

