American Bar Association Launches Redesigned Web Site

ABA President Stephen N. Zack announced on February 7, 2011, the debut of a redesigned Web presence at a new address, www.americanbar.org. The improved Web site includes a fresh overall design, as well as improved functionality that offers simpler navigation, better search capabilities, and enhanced interactive features.

“Designed as a powerful tool for members and the public to contact and interact with the ABA, the new Web site will improve the ABA's value and visibility,” said Zack. “This is just one of many ways you will see the ABA changing to better serve the American legal profession and to promote the cause of justice in our society.”

The debut marks the culmination of more than a year of work by hundreds of ABA members and staff. The Web site project was one of the largest efforts in the association’s history. Please note the new Web addresses for:

American Bar Association: http://www.americanbar.org

Commission on Law and Aging: http://www.americanbar.org/groups/law_aging.html

Resources for Lawyers

Assessment of Older Adults with Diminished Capacity offers lawyers working in elder law, trusts and estates, family law, and general practice a conceptual framework and a practical system for addressing problems of client capacity (see p. 39 in this issue). $25. Click here to purchase.

CLE

Adding Elder Law to Your Practice: The Basics

Date: Tuesday, April 5, 2011
Time: 1:00 p.m. - 2:30 p.m., EST (90 mins.)
Format: Webinar & Teleconference
For more info. and to register go to: http://www.americanbar.org/groups/cle.html

Healthcare Decision Making

New! State-Specific Advance Directive Forms

Handy chart links directly to free downloadable advance directive forms and information from state bar associations and other reputable state groups.

Go here for chart (http://www.americanbar.org/content/dam/aba/migrated/aging/PublicDocuments/st_spec_adv_dirs.authcheckdam.doc).
Healthcare Decisionmaking

National Healthcare Decisions Day Is Around the Corner

The third annual National Healthcare Decisions Day (NHDD) is scheduled for April 16, 2010, and the ABA is again one of its national co-sponsors. It may seem like a long way off, but now is the time to begin planning. National Healthcare Decisions Day is a nationwide event that can simultaneously benefit the bar, lawyers’ practices, clients, family, and you personally.

Last year, nearly 100 national organizations, including the American Medical Association, AARP, and several hundred state and local organizations, promoted NHDD. The purpose of the NHDD is to encourage all Americans to discuss their wishes with respect to healthcare and to execute an advance healthcare directive. Studies have shown that only 30 percent of Americans have any form of advance directive, although over 70 percent have thought about end-of-life issues.

The real action on NHDD occurs at the local level. It is a great opportunity for state and local bar groups to take a leading role in communicating the importance of advance care planning by sponsoring community education events on or around National Health Decisions Day. Consider collaborating with other stakeholders who are interested in this issue, such as state or local medical societies and hospitals, or ask your governor to issue a proclamation bringing attention to the importance of NHDD. You can find the tools and resources needed to get your bar association involved by visiting the NHDD Web site at: www.nationalhealthcaredecisionsday.org.

Some state bars have considerable experience in promoting statewide educational efforts around NHDD. For an example, read about Virginia’s experience in an article printed in the October 2006 issue the The Health Lawyer, available at: http://www.vsb.org/docs/VA_ADD_Article.pdf, titled “Advance Directives Day: A Story of Success, a Call to Action, and a How-To Manual.”

The ABA’s Commission on Law and Aging also has resources you can use for informing and educating the public about this important topic at: http://new.abanet.org/aging/Pages/HealthDecisions.aspx. Among other resources there, you will find:

- The Consumer’s Tool Kit for Health Care Advance Planning
- Making Medical Decisions for Someone Else: A How-to Guide

Questions? Contact Charlie Sabatino at the ABA Commission on Law and Aging at: charles.sabatino@americanbar.org.
Under the Affordable Care Act (the health care reform law), Medicare will now pay for an annual wellness visit, which will include the creation of a personalized prevention plan and detection of possible cognitive impairment. This new benefit began on January 1, 2011.

What is an annual wellness visit?

An annual wellness visit is like a check-up or physical exam. Until now, Medicare did not cover annual physicals.

Who is eligible?

Any Medicare beneficiary who:

• Has been receiving Medicare Part B benefits for at least 12 months, and
• Has not had an initial preventive physical examination (“Welcome to Medicare” exam) within the past 12 months.

How often will Medicare pay for an annual wellness visit?

Medicare will pay for an annual wellness visit once every 12 months.

Detection of cognitive impairment is included in the annual wellness visit. What does that mean?

During the exam, the doctor will assess an individual’s cognitive function by direct observation, with due consideration of information obtained by way of patient report, concerns raised by family members, friends, caretakers or others.

What else is included in the annual wellness visit?

Like any physical exam, the doctor (or health professional) will check to make sure the heart, lungs, and other body systems are working properly. The doctor will probably ask questions about your daily routine, medical history, memory, as well as take certain routine measurements like height, weight, and blood pressure. Find a complete list of what is covered on the next page.

Who can perform an annual wellness visit?

An annual wellness visit may be performed by a doctor or other practitioner recognized by Medicare, such as a nurse practitioner, physician assistant, clinical nurse specialist, or other health professional (including a health educator, a registered dietitian, or nutrition professional) or a team of such medical professionals who are working under the direct supervision of a physician.

Continued on next page
What should you bring to the visit?

You should bring a complete list of your medications (including vitamins and over-the-counter drugs) or all your medication bottles for the doctor to review. You should also bring a list of your top two to three concerns or questions for the doctor. If you have concerns about your memory or a chronic health condition (such as diabetes, heart disease or depression), you might consider bringing a family member or friend with you to the appointment. Also, give your doctor a copy of your healthcare advance directive.

Are there any deductibles or co-payments for the visit?

No. The Medicare Part B deductible and coinsurance payments do not apply to the annual wellness visit.

Included in the annual wellness visit:

- Review and update medical and family history;
- Review and update a list of current providers;
- Measure height, weight, body mass index (BMI), blood pressure and other routine measurements;
- Assess for any possible cognitive impairment;
- Review potential risk factors for depression, including current or past experiences with depression or other mood disorders (first annual wellness visit only);
- Review functional ability and level of safety (first annual wellness visit only);
- Establish or update a written screening schedule for the individual for the next 5-10 years, based on health status, screening history and age;
- Prepare a list of risk factors and conditions for which interventions are recommend or are underway for the individual, and a list of treatment options and their associated risks and benefits; and
- Provide health advice and a referral, as appropriate, to health education or preventive counseling services or programs, designed to reduce risk factors, such as for weight loss, smoking cessation, fall prevention, and nutrition.

What Is the Medicare Advocacy Project?

The Medicare Advocacy Project is a collaborative project of the Alzheimer’s Association and the American Bar Association Commission on Law and Aging working to respond to Alzheimer’s-related Medicare inquiries from local Alzheimer’s Association chapters throughout the country.

The Medicare Advocacy Project:
- Responds to inquires from Alzheimer’s Association chapters regarding Medicare problems;
- Advocates for increased Medicare coverage of services for individuals with Alzheimer’s disease;
- Identifies problems, patterns and trends, and assists with the development of appropriate federal policy positions related to Medicare and health care delivery; and
- Prepares written materials about Medicare coverage.

The Medicare Advocacy Project produces and distributes fact sheets and other materials on the Medicare fee-for-service program, including:
- Frequently Asked Questions about Medicare for People with Alzheimer’s Disease;
- Original Medicare: An Outline of Benefits;
- Medicare’s Hospice Benefit: Frequently Asked Questions about Medicare’s Hospice Benefit for Alzheimer’s Beneficiaries;
- Medicare Savings Programs;
- Basic Facts about the Medicare Drug Benefit;
- Special Considerations When Choosing a Medicare Drug Plan for People with Alzheimer’s Disease; and
- Center for Medicare and Medicaid Services’ Medicare and You.

These materials are available on the Alzheimer’s Association Web page or ordered from the Alzheimer’s Association’s public policy office in Washington, D.C. All Medicare Advocacy Project materials are on-line at http://www.alz.org/Resources/FactSheets.asp.

To contact the Medicare Advocacy Project, e-mail Leslie B. Fried, project director, at leslie.fried@americanbar.org.
Book Review

Elder Rage or Take My Father . . . Please!

By Jacqueline Marcell

Review by David Godfrey, Senior Attorney,
ABA Commission on Law and Aging

Elder Rage is a first person account of complicated elder care in a dysfunctional family. The book tells the story of the author’s epic journey to secure care for her mother and father after discovering them in a state of unimaginable self-neglect. The book recounts her efforts to secure medical diagnosis and find reliable home care workers, while struggling with issues of medication, home safety, and transportation, including dad’s declining ability to drive. The book details the author’s struggles with trying to find help from lawyers, Adult Protective Services, and the police—all set against a backdrop of her father’s lifelong pattern of dominating behavior that is now amplified by his deteriorating physical and mental health and his slide into dementia. The title is drawn from her father’s recurrent rages and her own efforts to understand and control his disruptive and, sometimes, violent, behavior. Throughout, the author punctuates the harrowing tale with humourous references to popular culture, such as television shows, movies, books, and music.

The last part of the book discusses problems encountered when searching for a skilled caregiver, understanding doctors, and how to use environmental controls and behavior modification to provide care in a very difficult family situation.

The narrative of the familial conflict is long and goes on for more than 200 pages. Eventually, however, there is a turning point in the text and towards the end of the book the quality of life and quality of care achieve a balance that makes it possible for the authors’ parents to age in place in the home they have shared for many years. The story is as touching as it is disturbing, and reflects honestly the experience of many families trying to find home- and community-based care for aging parents.

Parts of the book would be useful in training elder advocates on complex family dynamics and on the struggles of family caregivers. The book is well written and offers numerous illustrations of power and control dynamics in a very real family setting.

This book is not a legal or health care treatise, but it is a touching first-hand account with many lessons to be learned.

Research

Your Participation Is Needed for Study on Elder Law

Are you an attorney practicing elder law? Would you like to help shape recommendations for the field’s future development? Do you have ideas about how to train the next generation of elder law attorneys? If so, please consider participating in a new online survey on elder law education.

The online survey is part of Phase II of a multi-year study on elder law education being conducted with support from the Borchard Foundation Center on Law and Aging. The study seeks to better understand the field of elder law, to identify the kinds of training that would benefit law students and lawyers wishing to practice in the field, and to formulate recommendations for the field’s future development. Phase I findings were published in the Journal of Legal Education in 2010 (see http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1547267). Phase II is designed to build upon those findings with recommendations for the field’s future development.

The anonymous online survey can be accessed at www.law.syr.edu/elderlawsurvey. The survey is entirely voluntary and no personally identifiable information is sought in it.

The co-principal investigators for this study are Nina Kohn (associate professor of law, Syracuse University College of Law) and Edward D. Spurgeon (executive director, Borchard Foundation Center on Law and Aging). If you have questions about the survey, please contact Professor Kohn at nakohn@law.syr.edu.
Fellowship Opportunity

2011-2012 Borchard Fellowship in Law and Aging

The Borchard Fellowship in Law and Aging affords two law school graduates interested in, and perhaps already in the early stages of pursuing, an academic and/or professional career in law and aging, the opportunity to pursue their research and professional interests for one year.

During the Fellowship period, the center’s executive director and assistant director stand ready to assist each Fellow with the further development of his/her knowledge, skills, and contacts. A legal services or other non-profit organization involved in law and aging must supervise a Fellow’s activities and projects. In addition to the Fellow’s planned activities and project (unless the Fellow’s project includes the provision of legal services), the Fellow must also provide some pro bono direct legal services to older persons under appropriate supervision. A Fellow is expected to provide the center with monthly activities reports.

The Fellowship is $40,000 and is intended as a full-time position only. The Fellow’s sponsoring agency is responsible for providing employee benefits, employer’s FICA payment, administrative support, workspace, computer, telephone, and e-mail access, and appropriate professional education program opportunities. Fellows may live and work where they choose in the United States; Fellows must be either U.S. citizens or legal residents of the U.S.

The Fellowship period runs from July 1 to June 30 each year, or for the calendar year beginning the month after the Fellow’s completion of a state bar examination.

Examples of activities and projects by Borchard Fellows include:

- Writing and publication of law review articles on law and aging issues;
- Writing and publication of state-specific, consumer-oriented handbooks on legal issues affecting older persons;
- Teaching elder law and related courses at law schools where fellows reside;
- Development of a non-profit senior law resource center providing direct legal services and public education;
- Development of an interdisciplinary elder law clinical program at a major public university law school;
- Development of a mediation component for a legal services program elder law hotline;
- Development of an interdisciplinary project for graduate students in law, medicine, and health advocacy to foster understanding and collaboration between professions;
- Development of training materials and statewide trainings for lawyers, judges and other court personnel, and social service providers on new comprehensive state guardianship laws;
- Organizing and/or attending national conferences on law and aging issues;
- Providing supervised pro bono legal representation of older clients;
- Analysis of Medicare policies;
- Analysis of SSI non-disability appeals;
- Development of legal services programs for older clients in consumer law and small claims matters, end-of-life matters, and in protection from financial and elder abuse for older clients whose first language is other than English;
- Development, administration, and interpretation of statewide senior legal hotline outcomes study.

Application Process

Applications are due on April 15, 2011. Applicants must submit a completed online application, including an information form, an explanation of the applicant’s planned activities and projects, a current curriculum vitae, a law school transcript, a letter of support from the proposed supervisor, and two other letters of support.

All fellowship application information and the required online application are available at http://www.borchardcenter.org/fellowship-program.
Continuing Legal Education/Veterans’ Benefits

Complimentary CLE Webinars on Representing Veterans

The ABA Commission on Law and Aging is pleased to make available at no charge three MCLE webinars on advanced topics in representing veterans with VA benefits claims.

The webinars were developed as part of the ABA’s Veterans Advocacy Pro Bono Project. They offer a beyond-the-basics examination of key topics in obtaining veterans’ benefits.

Each webinar runs approximately 90 minutes and continuing legal education credit has been applied for in all available jurisdictions. In addition to being eligible for state bar license renewal, these programs will count toward the Veterans Administration initial attorney accreditation requirement.

A Closer Look at the Veterans Administration Schedule for Rating Disabilities (VASRD) (Audio only)

Presenters: David Godfrey, Carrie Weletz
Program date: January 26, 2011
Run Time: 01:29:01
ZIP file size: 126.9 MB.
http://www.abanet.org/cle/podcast/nosearch/dl/abacle_A_Closer_Look_vba.zip

Establishing Service Connection on Disability Claims

Presenters: David Godfrey, Michael P. Horan
Program date: November 10, 2010
Run Time: 01:26:01
ZIP file size: 9.9 MB.
http://www.abanet.org/cle/podcast/nosearch/dl/cet10bespod.zip

Understanding Discharge Review

Presenters: James S. Richardson, David Godfrey
Program date: October 27, 2010
Run Time: 01:25:05
ZIP file size: 116.2 MB.
http://www.abanet.org/cle/podcast/nosearch/dl/cet10udrpod.zip

For additional information on MCLE or to search for ABA sponsored CLE courses by topic, go to: http://www.americanbar.org/publications_cle/mandatory_cle.html.

Special ABA Dues Rates for Legal Aid Attorneys, Government Attorneys, Judges, and Solo Practitioners in Private Practice

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• Gain access to leadership and networking opportunities;
• Select from more than 30 specialty sections, divisions, and forums, and over 600 ABA listserves; and
• Take advantage of valuable discounts on the products and resources you need.

Join now at http://www.americanbar.org/membership.html
Practice Tips

How to Give a Better Workshop Presentation

By David Godfrey, Senior Attorney, ABA Commission on Law and Aging

Great speakers and workshop presenters are trained, not born. Based on reviewing a few thousand workshop session evaluations over the course of my professional career, following are three tips for improving your workshop presentations.

Make the Subject Fit the Time

Speakers are selected because they are experts on the topic. As experts, they can talk for hours—maybe even days—about the subject. But time on the agenda is always limited. It is the responsibility of the speaker to make the presentation fit into the time that is available. In reviewing session evaluations I find that it does not matter if the session is 60 minutes or 180 minutes, speakers often draw complaints that there was not enough time. It is the responsibility of the speaker to edit the coverage to fit the time that is available.

In editing the presentation topic, limit yourself to a basic overview, or new developments, or the one part of the topic that really needs explanation. Think about the time that you need to cover each subject. Generally, each major point needs 15 to 30 minutes. If it is the first time you have spoken on the subject, you may want to do a “dress rehearsal” to get a feel for timing. I find that presenting to a live audience takes at least one-third more time than my practice session. If you are using PowerPoint slides for your outline, a good rule is to assign two to three minutes per slide; more time if the slides have a lot of text. I have known speakers to submit a 75-slide presentation for a 60-minute program. These speakers were later surprised when they ran short of time. Time ran out because they prepared two and a half hours of material and tried to squeeze it into an hour program.

Use Visuals

Visual aids illustrate and reinforce your message. Adults learn best when using multiple channels of communication, including seeing, feeling, hearing, and smelling.

We live in a video and visual world. If a projector and screen is in the room, your audience expects something to be projected on to the screen. At a minimum, have a welcome title slide that shows the program title, a few slides with topical headings, and a thank you slide with speaker contact information.

Visual aids include many forms of media beyond slide presentations. Charts, posters, pictures, flip charts, books, video clips, sound effects, music clips, and objects can be used to visually illustrate and reinforce your message.

I have seen wonderful presentations illustrated with photographs and others that used video clips from movies and popular television shows.

For many years I traveled with a box of hats as part of a presentation describing the decision making roles of various fiduciaries (each wearing a different hat). One presenter I knew used a tool box to illustrate the need for various legal tools.

The more senses you can engage, the stronger the communication of your message.

In a presentation I once gave, I illustrated a point with a lemon. I started by describing the lemon:

“Lemons are oval shaped citrus fruits grown in tropical and semi tropical climates. They are yellow in color when ripe and contain a sour juice used as a flavoring agent.”

I then brought out a lemon, held it up, and rolled it in between my hands to release the juices and essential oils in the skin. I took a knife and cut the lemon in half, squeezing the juice into a glass bowl and allowing the audience to hear it dribble and drip into the bowl. The audience could smell the fresh lemon. The impact of the illustration strongly reinforced my message of what a lemon is. Think of creative ways to engage your audiences’ senses using multiple channels of communication.

After years of audio and video programming, audiences quickly tire and lose interest in talking head panels.
Get Connected, Stay Connected on Elderbar

* The address for this list has changed from Elderbar@mail.abanet.org to: ELDERBAR@mail.americanbar.org. Please update your e-mail contacts accordingly.

Join Elderbar, the listserv that brings together public and private sector legal advocates and the aging network. Elderbar is for you if you are an:

- Elder law attorney
- Title IIIB legal services provider
- Legal services developer
- Senior hotline attorney or staff
- Long-term care ombudsman
- Senior Health Insurance Benefits Program staff
- Area agency on aging staff
- State unit on aging staff
- OAA-funded elder rights advocate
- LSC, IOLTA-funded, or other non-profit or public sector legal services organization
- Law school elder law or clinical staff
- State or local bar association elder law section or committee
- Service provider in the aging network
- National law and aging advocate

Elderbar gives you the opportunity to communicate across the boundaries of the law and aging networks and the public and private legal sectors. Share ideas and information about programs, bar section and committee activities, and learn how others are responding to the increasing demand and finite funding for legal services for seniors.

Elderbar is a project of the ABA Commission’s National Legal Assistance Support Center as part of its role in the National Legal Resource Center, funded by the Administration on Aging. It is a closed list; messages can only be posted and read by members.

To get connected to Elderbar send your name, e-mail address, and professional affiliation to David Godfrey at david.godfrey@americanbar.org.

Allow Time for Questions

Questions allow your audience to participate in the presentation and it also serves to reinforce communication of your message. There are a couple of keys to the successful use of questions. First is allowing time. When I work with professional producers they insist that I allow ten to fifteen minutes per hour for questions. Allowing time for questions forces me to go back and edit the coverage of the topic to what really fits in the time available.

You may find it effective to build pauses for questions into your presentation. At a minimum you should stop ten to fifteen minutes before the end of your time and ask for questions. If no one has a question, you have a little more time to cover your subject.

Another key to using questions to enhance your presentation is turning every question into an opportunity to communicate your message. No matter what the question, find a way to tie the answer into the message you want your audience to take away from the workshop. Lawyers and speakers fear hostile questions, and you may get a few of them. Effective speakers use all questions, including hostile questions, as an opportunity to reinforce their message.

Conclusion

Speakers, who edit the topic to fit the time, effectively use visuals, and use questions from the audience to reinforce their message consistently receive the highest of ratings from their audience. Time spent trimming the topic, preparing visuals, and thinking about the questions that might be asked will result in better workshop and conference presentations.
John Adams’ role in the 1770 Boston Massacre trials is regarded as a noteworthy example of the defense of commitment to the rule of law and defense of the rights of the accused, even in cases when advocates represent unpopular clients and become involved in matters that generate public controversy. Patriot, advocate, diplomat, constitutional theorist and political activist, Adams became our nation’s first lawyer-president in 1797.

The 2011 Law Day theme provides us with an opportunity to assess and celebrate the legacy of John Adams, explore the historical and contemporary role of lawyers in defending the rights of the accused, and renew our understanding of and appreciation for the fundamental principle of the rule of law.

Check upcoming issues of Bifocal for additional Law Day resources, including lesson plans, planning tips and resources, and 2011 themed law day products.


Florida Adapts Making Medical Decisions for Someone Else Guide

The ABA Commission on Law and Aging has a guide called Making Medical Decisions for Someone Else: A How-To Guide (link here). This booklet is for anyone serving as a substitute decision maker for health care, including as an agent under a power of attorney for health care, a family member under a state default surrogate law, or a guardian. It is a short, consumer-friendly booklet that presents key information about the role of a health care proxy, sets out steps for making health care decisions, and suggests resources for getting additional help.

The idea of the guide is that it is a template—states can adapt it with specifics about their state law and resources. Adapting the guide is an excellent project for bar associations or other groups—particularly to recognize National Health Care Decisions Day on April 16 (see http://www.nhdd.org/). New Hampshire and North Dakota already have adapted the proxy guide. (See New Hampshire and North Dakota Offer Practical Tips to Help States Adapt the Health Care Proxy Handbook in 28(5) Bifocal 1 at http://www.abanet.org/aging/docs/-Jun_07_Bifocal_nwsltr.pdf).

We are delighted to announce that there is now a Florida adaptation of the guide as well. Making Medical Decisions for Someone Else: A Florida Handbook was adapted for Florida by the Florida State University Center for Innovative Collaboration in Medicine and Law. To see this new guide, go to http://med.fsu.edu/index.cfm?page=innovativecollaboration.publicationspresentations and select the Making Medical Decisions link. Thanks to Marshall Kapp, director of the center, for his role in coordinating this project.

To find out more about adapting the guide for your state, contact Jamie Philpotts of the ABA Commission at jamie.philpotts@americanbar.org or me at erica.wood@americanbar.org.

—Erica Wood
Resources for Lawyers

Assessment of Older Adults with Diminished Capacity: A Handbook for Lawyers

ABA Commission on Law and Aging and American Psychological Association
80 pp. $25 (*Special purchase rates are available for bulk purchases. Contact the ABA Commission at aging@americanbar.org or phone (202) 662-8690)

With the coming demographic avalanche as the Boomers reach their 60s and the over-80 population swells, lawyers face a growing challenge: older clients with problems in decision-making capacity. While most older adults will not have impaired capacity, some will. Obvious dementias impair decision-making capacity—but what about older adults with an early stage of dementia or with mild central nervous system damage? Such clients may have subtle decisional problems and questionable judgments troubling to a lawyer.

Assessment of Older Adults with Diminished Capacity: A Handbook for Lawyers offers elder law attorneys, trusts and estates lawyers, family lawyers, and general practitioners a conceptual framework and a practical system for addressing problems of client capacity, in some cases with help from a clinician.

Lawyers are increasingly faced with capacity issues in a rising number of cases involving specific legal transactions and, in some instances, guardianship. Whether they intend to or not, lawyers are making judgments about capacity. Even the notion that “something about the client has changed” or a decision to refer a client for a formal professional evaluation represents a preliminary assessment of capacity.

Questions that this handbook answers include:

1. What are legal standards of diminished capacity?
2. What are clinical models of capacity?
3. What signs of diminished capacity should a lawyer be observing?
4. What mitigating factors should a lawyer take into account?
5. What legal elements should a lawyer consider?
6. What factors from ethical rules should a lawyer consider?
7. How might a lawyer categorize judgments about client capacity?
8. Should a lawyer use formal clinical assessment instruments?
9. What techniques can lawyers use to enhance client capacity?
10. What are the pros and cons of seeking an opinion of a clinician and how can a lawyer identify an appropriate clinician to make a capacity assessment?

For individual copies, purchase from the ABA Web store. For bulk orders for CLE and other presentations, contact the ABA Commission at aging@americanbar.org.