Conference Schedule
Thursday, March 28, 2019

Pre-Conference Institutes

8:00 – 9:00 am    Pre-Conference Registration

9:00 – 12:00 noon Morning Sessions
100  Marriage and Family Therapy Ethics: Four Ways
101  Using First Date Memories and Fantasies in Couples Therapy
102  Exhausted & Wondering, “Am I Making a Difference?” - Professional Burnout and the Practice of Therapy
103  Integrating Emotionally Focused Therapy with Play Therapy: Applications for the Family
104  Restoration Therapy: How it Organizes the Therapy Process and Aids the Self of the Therapist
105  Let’s Not Sink the Canoe! Using DBT with Couples

12:00 – 1:30 pm    Lunch on your own

1:30 – 4:30 pm    Afternoon Sessions
106  Discussion of the Ethics of Self-Disclosure in a Small Community
107  Diversity and Ethics: Did you forget your “self” was in the room
108  A Beginner’s Class for Building Cultural and Linguistic Competency when Working with Latino Couples and Families
109  Working Effectively with Families, Couples & Individuals Harmed by Murder & Other Forms of Sudden Traumatic Loss
110  The Experiences of LGBTQ—Identified Older Adults in Group Music Therapy: A Phenomenological Study

3:30 – 5:30 pm    Early Conference Registration
6:00 – 10:00 pm    Board Meeting (open to all members)

Session Descriptions on Pages 7—12
Friday, March 29, 2019

The Collaborative Change Model: The Essential Ingredients for Transformative Trauma Treatment
Mary Jo Barrett, MSW & Linda Stone Fish, MSW, PhD

7:30 – 8:30 am Registration – Coffee & Juice
8:30 – 10:15 am Session I
10:15 – 10:30 am Break
10:30 – 12:15 pm Session II
12:15 – 1:30 pm Lunch & Awards Program
1:30 – 3:15 pm Session III
3:15 – 3:30 pm Break
3:30 – 5:15 pm Session IV

Saturday, March 30, 2019

Family and Couples/ Relational Interventions - the Great Integration for Working with Complex Developmental Trauma
Mary Jo Barrett, MSW & Linda Stone Fish, MSW, PhD

7:30 – 8:30 am Registration – Coffee & Juice
8:30 – 10:15 am Session V
10:15 – 10:30 am Break
10:30 – 12:15 pm Session VI
12:15 – 1:30 pm Lunch & Membership Meeting
1:30 – 3:15 pm Session VII
3:15 – 3:30 pm Break
3:30 – 5:15 pm Session VIII

Session Descriptions and Speaker Bios on Pages 4—6
Conference Information

Hotel Information
All events will be held at the Embassy Suites RTP in Cary, North Carolina. The Embassy has a block of rooms available for attendees at the rate of $139.00 single/double. **Room reservations must be made by March 1 by calling the Hotel at 1-800-Embassy.** Individuals must identify themselves as being with the NCAMFT Conference at the time the reservation is made in order to receive the group rate. **After this date rates and availability cannot be guaranteed.**

Book Sales
General Book Sale featuring professional books of general interest.
Used Book Sale – all books will be sold for $5.00 each and all proceeds will go to NCAMFT. If you are interested in donating books for this sale, please contact the NCAMFT office at 919-518-1919 or cathywomack@customassocation.com.

Continuing Education Information
Thursday: A possibility of 6 hours can be earned depending on what sessions you choose. Friday and Saturday will give you an opportunity to earn up to 7 per day. You will get credit for any you attend. **You must attend the entire day to get the maximum number of hours offered.** You will be awarded the hours you attend. NBCC hours have been applied for. Please contact the office if you have any questions cathywomack@customassocation.com

Refund Policy
All requests for refunds must be sent in writing, by March 11, 2019, and are subject to a $30 cancellation fee. No refunds will be made after March 11, 2019 for any reason due to hotel meeting guarantees.

Prices
Prices depend on member/nonmember and early bird/normal rate (early bird ends 3/1/19)
For the 2 day conference (pre-conference rates are different).
Please register online at [http://ncamft.org/annual-conference/](http://ncamft.org/annual-conference/)
NCAMFT Member $275/$295 one day $140/$150
Non Member $325/$350 one day $165/$175
Student $120/$130 one day $60/$70

For Additional Information Please Contact
NCAMFT 919-518-1919  cathywomack@customassocation.com  www.ncamft.org
Friday, March 29, 2019

The Collaborative Change Model: The Essential Ingredients for Transformative Trauma Treatment
Mary Jo Barrett, MSW & Linda Stone Fish, MSW

As therapists we are exposed to multiple theoretical techniques when working with Complex Developmental Trauma. Yet we all know that our clients are not cookies; hence there is no one perfect cookie cutter approach that will work with everyone. Interventions wax, wane, and evolve over time. It is the essential elements of trauma informed treatment that withstand the test of time. This intensive workshop will explore the elements of transformative trauma treatment. It is these meta elements that actually create change and are present in all successful trauma treatment models. We will also learn how to integrate various treatment models in an organized, thoughtful collaborative structure.

Together we will explore through didactic and experiential participation the Essential Elements for healing, change and growth- The Collaborative Change Model- a meta model that is the essential organizational structure applicable to all models of treatment will be examined. And how the use of this CCM mitigates the symptoms of Compassion Fatigue.

Together we will:
- Recognize, Identify, and harness the client’s natural emergent sequence of change. –The ways in which they can become their own healers.
- Learn specifically how to co-create the secure, safe attachment, in and outside the consultation room.
- Understand and Assess the Resources of both client and clinician in order to manage the therapeutic relationship’s unique complexity.
- Learn the essence of Collaboration- how to create an active, transparent and overt collaborative contract.
- Focus on the dynamic nature of self-regulation and co-regulation’ inside and outside of the office.
- Recognizing the moments in therapy when the opportunity for change occurs.
- Learn and recognize Ethical Attunement in the Therapy room.
- Understand how Compassion Fatigue interrupts therapeutic progress.
- Learn how to manage in session and across sessions when therapy gets “messy”, aggravating, and/or difficult.
We’ve made important strides in our ability to help our clients overcome the symptoms of complex developmental trauma. Our strategies help learn new thinking and self-regulation skills, and even find a new sense of restored well-being—at least for the period of time that they’re with us in our offices. Do our interventions truly help address the symptoms that our clients experience in relationships; friends, family, work. Family and Couple Therapy is often the Missing Ingredient in our models of treatment. Once our clients leave the safe, rarified space we provide for them in our treatment rooms, do they have the cognitive and self-regulating skills necessary to manage those relationships at home. And as important, do their family members have the cognitive and self-regulating skills that they need to have healthy, non-traumatic relationships. The workshop will also explore the role of systemic intervention when the violence and/or trauma is currently happening in the family.

We will:
Learn the importance of and how to integrate Systemic Models of Family, Couple and Relational Therapy into effective treatment of complex – developmental trauma
- We will learn specific interventions that can be used in each stage of the treatment process
- We will learn how to bring the family into the room in spirit even if they can not be there in body.
- We will experience how to transfer the benefits of therapy into the client’s natural life of relationships.

Family and couples Therapy creates change in the relationships that matter the most to our clients. Through enactments in the office, opportunities for psycho education for all members, practicing new behaviors in the room, learning and practicing healthy communication, witnessing triggers and seeing patterns and then interrupting the patterns - everything that happens at home can be experienced and shifted in the therapy room.

Family therapy Creates: Validation, affirmation, attunement, disruption of old patterns and provides corrective experience. Helps the family system learn sound relevant information, to share information and skills, and disrupt distorted cognitions. In the room, in front of the stimulus, family members learn skills to manage anxiety, affect tolerance and emotional regulation. Practice grounding orienting distancing and awareness and experience the window of tolerance, right with the triggers in front of them.

It is an opportunity for our clients understand their own and the other’s inner experience. And to learn and practice self-regulation and co-regulation. This is done by being witnessed and observing change with the most important people in their life. Their family and or couple becomes a healing relationship. Interventions in the context in which people live. They have an opportunity to experience change with the important people in their life.
Speakers

Mary Jo Barrett, MSW

Mary Jo Barrett is the Executive Director and founder of The Center for Contextual Change. She holds a Masters in Social Work from the University Of Illinois Jane Addams School Of Social Work and has served on the adjunct faculties of The University of Chicago, School of Social Service Administration, The Chicago Center for Family Health, and the Family Institute of Northwestern University. Previously, Ms. Barrett was the Clinical Director of Midwest Family Resource and has been working in the field of family violence since 1974 beginning with Parents Anonymous.

Ms. Barrett’s latest book, *Treating Complex Trauma: A Relational Blueprint for Collaboration and Change*, was co-authored by Linda Stone Fish. Ms. Barrett has also coauthored two books with Dr. Terry Trepper: *Incest: A Multiple Systems Perspective* and *The Systemic Treatment of Incest: A Therapeutic Handbook*. She created the Collaborative Change Model, a highly successful contextual model of therapy used to transform the lives of those impacted by abuse and/or traumatic events.

Her trainings and published works focus on the teaching of the Collaborative Change Model, treatment for: family and couple violence; Complex Trauma; adult survivors of sexual abuse and trauma; eating disorders; couple therapy; Post Traumatic Stress Disorder, and Compassion Fatigue.

Ms. Barrett provides consultations, workshops, courses and other training opportunities nationally and internationally to clinicians, social service professionals, lawyers, mental health staffs, psychotherapists, residential treatment facilities and governmental agencies. Ms. Barrett founded the Family Dialogue Project, a mediation program which strives to redefine relationships within families that have been impacted by allegations of abuse or differences that appear irreconcilable.

Linda Stone Fish, MSW, PhD

Linda Stone Fish is the David B. Falk Endowed Professor of Marriage and Family Therapy at Syracuse University. She is also the Graduate Director of the PhD Program in Marriage and Family Therapy at Syracuse University and has been teaching, advising, supervising, and doing research at Syracuse University for the past 30 years. She is also a practicing couple and family therapist. Dr. Stone Fish is the coauthor of *Treating Complex Trauma: A Relational Blueprint for Collaboration and Change* with Mary Jo Barrett and of *Nurturing Queer Youth: Family Therapy Transformed* with Rebecca Harvey. Informed by cutting edge theory, clinical research and experience, both books introduce stage and strength based practical models to help mental health professionals navigate the challenging work of individual, couple, and family therapy. She is also the author of numerous research and theoretical articles in the family therapy field. Dr. Stone Fish is currently conducting research on the Collaborative Change Model and its impact on helping professionals’ compassion fatigue in communities impacted by violence and trauma.
Description and Speaker Information for Thursday, March 28
Pre-Conference Institutes

Morning Options

100  Marriage and Family Therapy Ethics: Four Ways
Susan Perkins, PhD, LMFT (MI), LMFTA (NC), LPC (ID), LMFTA (ID)
Emily Stone, PhD, LMFT
Isha Williams, PhD, LMFT
David Haralson, PhD, LMFT

Abstract: This advanced workshop builds on participants’ knowledge of the AAMFT Code of Ethics and North Carolina LMFT law and rules. Presenters will begin by reviewing themes of recent ethical complaints to the NC LMFT Board and will share scenarios based on these themes. Then, presenters will briefly review ethical decision making models and explain their application. Presenters will each represent one of four perspectives: the client, the therapist, the AAMFT Code of Ethics, and NC LMFT laws and rules. Participants will discuss scenarios from these four perspectives and explore implications for each of these perspectives if participants’ plans for resolving the ethical dilemmas were used. After participants have wrestled with the scenarios, presenters will share the decisions of the NC LMFT Board in the real-life situations and will review the codes, laws, and rules that led to these decisions.

Learning Objectives:
Attendees will…
• Review ethical decision making models.
• Identify common themes in ethical complaints and violations for LMFTs in North Carolina.
• Review AAMFT Code of Ethics and NC LMFT laws and rules relevant to the common ethical complaints.
• Apply an ethical decision making model to couple or family case studies.
• Explore the perspective of clients, therapists, AAMFT ethical code supporters, and licensure board members in reviewing ethical dilemmas.

101  Using First Date Memories and Fantasies in Couples Therapy
Edward Mel Markowski, PhD, LMFT

Abstract: The principle that clients create solutions and new realities by using resources within themselves is found in many current marriage and family therapy models. Early memories of interactions with a partner especially the first date with each other, within the above parameter, are memories that have special meanings and provide useful clinical information about current relationships. Likewise, a fantasy or created memory with the partner can indicate ideals for sustaining the relationship. First date memory content points to the private logic that guides current relationship behavior, while first date fantasies contain indications of how partners would re-construct their relationships if they believed they had the power to change them. Furthermore, the memories and fantasies contain metaphors that can be used to expedite the search for manageable solutions. Therefore, first date memories and fantasies can provide important clinical information for therapists about couples’ current interactions, emotional overlays, relationship goals, and appropriate interventions. A method for obtaining, interpreting, and using memories and fantasies will be demonstrated in the session. Case studies also will be used to demonstrate the connection between partners’ memories and fantasies in the development of cooperative, viable and satisfying intimate relationships.

Learning Objectives:
At the conclusion of the session attendees will be able to:
• Understand the theory supporting the use of memories/fantasy and current relationship functioning
• Appreciate the connection between partners’ memories/fantasies and current relationship issues,
• obtain, interpret, and creatively use memories and fantasies in relationship therapy.
Exhausted & Wondering, “Am I Making a Difference?” - Professional Burnout and the Practice of Therapy
Jeff Krepps, PhD, LMFT

Abstract: Research shows that professional burnout is very prevalent in healthcare providers and helping professions across the board. The impact on mental health providers is widespread, with research studies reporting 21-67% of mental health providers experiencing some level of burnout. The impact on the individual therapist can range from ongoing exhaustion, to cynicism, and to questioning whether the work they have so heavily invested in is even making a difference. Multiple factors can contribute to professional burnout, and a recognition of and understanding of these factors are important for addressing this issue at both the individual and systemic levels.

Learning Objectives: List at least 3.
- Participants will understand the concept of professional “burnout” as it has been developed through research
- Participants will gain an understanding of the impact of burnout on the provider, and its impact on service delivery and the provider/patient relationship
- Participants will learn about self-care practices to help prevent burnout, as well as the importance of addressing burnout as a systemic issue.

integrating Emotionally Focused Therapy with Play Therapy: Applications for the Family
Dawn White, LPC, RPT, EFT-A, MA, MEd

Abstract: Emotionally focused therapy (EFT) is a model with roots in Family Systems Theory, Attachment Theory, and Experiential Therapy. Observation has shown that much of the tension in relationships is circular. When a person’s emotional experience can be empathically reflected and validated, new corrective emotional experiences emerge from the “here and now.” Additionally, people need close primary attachments “from the cradle to the grave.” Secure bonds promote one’s ability to regulate emotions, solve problems, think clearly, and communicate effectively. EFT allows clients the opportunity to identify and change negative interaction cycles that have emerged, identify key unmet attachment needs, primary emotions and perceptions that fuel the negative cycle, and begin expanding and reorganizing key emotional responses to create a shift in each person’s interactional positions. EFT also fosters a person’s ability to create secure bonds, initiate new cycles of interaction, heal from traumatic attachment events by experiencing other parts of self and new emotions, and from this new place of security, rethink and solve previously unsolvable problems. Combining play therapy with emotionally focused family therapy (EFFT)), there is great promise as a significant form of clinical treatment. A variety of play therapy activities can be incorporated within an EFFT framework to strengthen the attachment needs and emotional bonds in families, in addition to helping them communicate perspectives concerning difficult life events such as death, divorce, and world events.

Learning Objectives
1. Participants will be able to define love within a family as an attachment bond and a felt sense of safety and security.
2. Participants will be able to track negative cycles of interaction between family members that set up anxious perspectives and situations in which there is withdrawal or confrontation.
3. Participants will be able to identify the theoretical perspective of play therapy and the motivation for using play therapy with children and families.
4. Participants will be able to incorporate specific play therapy strategies to help stop the negative cycles of interaction while giving families more positive experiences of interaction and connection.
Restorative Therapy: How it Organizes the Therapy Process and Aids the Self of the Therapist
Mary Lee Evans, LMFT

Abstract: Have you ever felt lost and confused in a session? Have you ever felt so triggered by a particular client that you are unsure how to stay present, not to mention actually offer helpful therapy, in the midst of it? Restoration Therapy provides a clear map that guides the therapy process, and it also provides what can be life-changing self-of-the-therapist tools that directly impact those difficult, triggering moments with clients. This workshop will cover the basic theory of love and trustworthiness that frames Restoration Therapy. It will elaborate on the four key parts of the RT therapeutic process as well as look at how the model itself offers a way not just for the client’s growth but for the therapist’s growth as well. The Restoration Therapy model emphasizes attachment theory, emotion regulation, and mindfulness that contribute to lasting behavioral change.

Learning Objectives:
- Describe the basic theory of love and trustworthiness connecting how violations of love and trust develop into problems of identity and safety
- Identify the four parts of RT therapeutic approach to aid organization of sessions
- Identify ways of growth for the self-of-the-therapist within the RT framework

Let’s Not Sink the Canoe! Using DBT with Couples
John Mader, LMFT

Abstract: Couple therapy can be like learning to paddle a canoe together while in the middle of rough waters. Dialectical Behavior Therapy (DBT) was developed to navigate rough waters—to provide a treatment that can effectively and compassionately decrease suffering. What struggling couple coming for therapy cannot benefit from that? Since the original studies on treating suicidal individuals, the research on DBT has expanded such that DBT has become a comprehensive, multi-diagnostic treatment for emotionally sensitive individuals who may have multiple disorders. Alan Fruzzetti, author of The High Conflict Couple, has applied DBT in the treatment of couples and families. This workshop is for non-DBT and DBT therapists to explore the use of selected DBT skills and perspectives in their work with couples. These skills can help in working with highly dysregulated couples, so daunting for both newer and experienced therapists. No previous training with DBT is required.

After a brief overview of the DBT treatment model, lectures and experiential exercises will be used to demonstrate how to:
- introduce this uniquely systemic (and non-blaming) framework with its transactional-biosocial model and dialectical strategies.
- build a treatment target hierarchy with couples (including self-harm, aggression, substance use, angry outbursts, withdrawal, relationship problems),
- manage dysregulated couples to conduct an effective session,
- utilize key DBT skills and new DBT family skills with couples.
Afternoon Sessions

106 Discussion of the Ethics of Self-Disclosure in a Small Community
Mary McKinney, LMFT

Abstract: Disclosure of information about us as therapists to our current, past, and potential clients happens intentionally and unintentionally. Being socially or otherwise active in our community or on any form of social media may make clients aware of information about us that we don’t even realize. Ethical therapists wrestle with questions of what to intentionally disclose and are aware of the potential impact of information about our lives on clients. As a private practitioner in the same small community for more than 17 years who is also active in my community, my approach to these ethical questions and boundaries has changed some over the years. As a person who happens to have Posttraumatic Stress Disorder and as the mother of children who have suffered profoundly because of trauma and addiction, the ways I examine boundaries, activism, and healing has evolved and I have considered this evolution in my ethical evaluations. In this workshop, I will share some of my own process of 1) self-evaluation of attitudes, beliefs, and values, 2) examination of my influence on my clients and my community, and 3) decision-making guidelines for a model to safeguard my clients while living my best life both within and separate from my profession.

Learning Objectives - After completing this workshop, participants will be able to:
- Consider numerous ways that disclosures about the therapist take place intentionally and unintentionally, including through community involvement,
- Consider AAMFT Code of Ethics related to protection of clients and self-disclosure,
- Consider potential risks and benefits for clients, business, and self of self-disclosures of many types.

107 Diversity and Ethics: Did You Forget Your “Self” was in the Room
Angela Lamson, PhD, LMFT, CFLE
Rebecca Levy, MS
Julian Crespo, MS
Jennifer Hodgson, PhD, LMFT
Natalie Richardson, MS
Melissa Welch, MS
Rachel Williams, MS
Afarin Rajaei, MS

Abstract: Family therapists have the training to work systematically with people from all over the world; yet how often do we take the time to be real with our own self of therapist in the context of diversity? With all of our education comes a responsibility for ethical clinical care for diverse populations. However, we cannot neglect the awareness needed in our own beliefs, biases, and values as they interface with power, privilege, and oppression. Aponte (2016) states that “as therapists, [we must] consciously and purposefully work through our humanity to relate, assess and intervene therapeutically” (p.12) in reference to how we manage power and privilege in the therapeutic context.

This workshop is designed to (a) bring an awareness to power, privilege, oppression, and intersectionality as it resides in one’s self of therapist, (b) address the ethical shortfall that exists when we are unaware of biopsychosocial-spiritual (BPSS) messages and experiences, historical oppression, and implicit bias in our personal, therapeutic, and supervision conversations, (c) speak to opportunities for building an ethical and culturally humble self of therapist and care that stretches beyond the code of ethics.

Learning Objectives:
Attendees will:
- Engage in a conversation about diversity and ethics with their self of therapist
- Discern diversity awareness from cultural humility in the provision of ethical care.
- Identify ways that microaggressions and implicit bias in therapy impact BPSS health outcomes.
- Identify three specific ways to strengthen personal growth in relation to diversity and ethics.
A Beginner’s Class for Building Cultural and Linguistic Competency when Working with Latino Couples and Families
David Haralson, PhD, LMFT
Francisco Limon, PhD, LMFT

Abstract: Research has shown that Latino Americans are more likely to experience many different mental and physical health conditions than white, non-Latino Americans. Addressing the cultural similarities and differences between the therapist and the client, becoming better-versed in Spanish, and addressing immigration-related trauma are three ways in which marriage and family therapists can help reduce these disparities. The presenters will use lectures and hands-on learning activities to help participants increase their level of cultural and linguistic competency when working with Latino couples and families.

Learning Objectives:
- Increase awareness of the immigration patterns of first and second generation Latino Americans in America, North Carolina, and their country of origin and the traumatic experiences some Latino immigrants face.
- Increase awareness of commonly held cultural values among Latino clients and how these values may influence the process of therapy.
- Increase knowledge of the Spanish language.
- Increase participant’s sense of cultural competency in providing therapy to Latino couples and families by engaging in role-plays and other interactive activities.

Working Effectively with Families, Couples and Individuals Harmed by Murder & Other Forms of Sudden Traumatic Loss
Scott Bass, MS, MDiv, LMFT

Abstract: Homicide and other forms of sudden, traumatic death rock families to their very core and present clinicians with uniquely complicated, entrenched and intense challenges. While sudden traumatic loss and complicated grief take several extremely difficult forms, arguably the most traumatic and complicated grief follows homicide. This workshop will address factors and issues common to various forms of sudden traumatic loss, including suicide, motor vehicle death and severe violence that does not result in death, but will give particular attention to working with families harmed by the murder of a loved one. Some material will apply more generally to other forms of loss and the corresponding grief experience. Participants can expect to leave this workshop with a solid grasp on what to look for when working with families harmed by sudden violent loss, approaches that can help nurture the necessary trusting therapeutic relationship, and interventions that can aid those harmed by homicide as they seek to recover and restore their lives after senseless violence and other sudden losses. This workshop will address what it means to practice in a victim-centered, victim-empowering, trauma-informed way, will address the risk of secondary or vicarious trauma, and will lift up the crucial importance of self-care when working with persons and events related to severe violence.

Learning objectives:
- Participants will understand the impact of sudden traumatic loss, including that experienced after the murder of a loved one.
- Participants will learn similarities and distinctions between homicide loss compared with other types of sudden traumatic loss, such as suicide and car crashes.
- Participants will come to better understand factors important for working in a trauma-informed, victim-centered, victim-empowering way with families, couples & individuals in the aftermath of sudden, violent loss, including after the murder of a loved one.
- Participants will be invited to understand the crucial importance of self-care in working with family members of murder victims and others who have survived severe violence and sudden traumatic loss.
Abstract: This qualitative, queer/feminist-informed phenomenological study is based on voluntary interviews with members of an LGBTQ+ older-adult music therapy group in Western North Carolina. Main points from the interviews will be analyzed for connecting themes and subthemes regarding the participants' experiences within the group, and their recommendations for future music therapy groups with LGBTQ-identified older adults over the age of 55. Particularly, the experiences of two romantic partners within the group will be the focus for this presentation. The older adult population over 65 years of age is the fastest growing portion of the U.S. population. Of those aging adults, more of them are openly identifying as part of the LGBTQ+ community than ever before. This leaves the potential for a lack of support to occur from unaccepting families, conservative peers, a historically prejudiced healthcare system, among others. Since music therapy is one of the most common additional services offered at nursing homes, assisted living facilities, and hospices, it is crucial for music therapists and other professionals working with this population to have competence for working with LGBTQ-identified older adults, yet there is currently nothing regarding this population in the music therapy literature.

Learning Objectives:
- To explore some of the possible strengths and need areas of LGBTQ-identified older adults and partners.
- To go over potential benefits of and recommendations for implementing group music therapy with LGBTQ-identified older adults.
- To better understand the experiences that LGBTQ-identified older adults and partners can have in group music therapy.