

Cultural competency with LGBTQ+: A Talk with Derek Scott

Today on IFS Talks, we have the pleasure of welcoming back Derek Scott. Derek Scott is the founder of IFS CA, a Canadian organization dedicated to promoting the work of Dick Schwartz, originator of the IFS model. Derek has been working with and teaching the Internal Family Systems model for 20 years. Along with his daughter Maya, he presented as part of the plenary on diversity and inclusivity at the IFS conference in 2016 and has volunteered as consultant to the IFS Institute as part of the diversity and inclusivity advisory committee. Derek's first job as a counselor was in the early eighties when he began working on the front lines of the AIDS pandemic, developing anti-oppression workshops as clients and loved ones were dying. He has been championing queer rights ever since.

Tisha Shull: Derek, welcome back to IFS Talks. And thank you so much for being here with us again today.

Derek Scott: Well, thank you for having me, Tisha.

Aníbal Henriques: Derek, welcome back. We have met twice in 2020. Together, we did a talk on grieving and another on spirituality, amazing conversations. And that was right before this pandemic collective trauma. How have you been throughout these pandemic days?

Derek: Oh, that's a good question. Well, I started off very panicked and very frightened parts and I had managers that just went into overdrive. So, right at the beginning of the pandemic, they were looking, they were predicting a 4 to 5% death rate. And when I looked at the numbers here in Canada and the rapidity of infection, if it had been a 5% death rate, we would have been utterly overwhelmed with death and with grief. So, I moved into, I got 60 volunteers that developed an entire program, a volunteer-based program on offering counseling to the bereaved, the COVID bereaved, set up an entire program. And thankfully, thankfully, thankfully it wasn't required because the death rate was not that high, but I kicked into high gear professionally. And then personally, I think I made 300 different packets of soup and put them in the freezer because I didn't want to go to the supermarket again, ever. So that was my initial response to the pandemic.

Aníbal: An anxious one, yes, everyone was quite scared back then.

Tisha: What's happened with those panicky parts now?

Derek: You know, it's interesting, Tisha, they've settled down in terms of the immediacy of the panic, which a lot of which was to do with the unknown. And when I was reflecting with them, it was very reminiscent of the AIDS pandemic in my community where we didn't know. We just did not know. We knew that that many of us were dying, but there was no information about transmission. So, just like in the early pandemic with COVID, we were wiping down surfaces. We didn't know if we could kiss. We didn't know if we could have sex. We didn't know if we could

Cultural competency with LGBTQ+: A Talk with Derek Scott

hug. So, those parts were triggered as well. Those parts back from when I was a much younger man. And now, because I have a specialty in grief, I've been invited to various places to present on a post-COVID and how to respond from a grief framework. But as I look at it, I don't believe we're post-COVID. And I don't believe we're post catastrophe. When I look at climate change or global warming and the research, and interestingly the research with therapists, the older the therapist, the less concerned they are and the more likely they are to say that young people's anxiety is disproportionate. The younger the person, the more likely they are to respond to the belief that we are doomed. 56% of young people, this was a study from the University of Bath, of 10,000 young people. 16,56% believe that humanity is doomed. They agreed with that statement. So that's where I'm focusing now, not from the place of panic, but from the place of this is the zeitgeist now and what can we as therapists and IFS therapist, how can we move, work with our own parts that go into denial and disbelief, which is the most common grief protectors, so that we can not get overwhelmed, take in that information and then better serve clients. So, I know that's not the focus for today, but since you asked, that's where my system's going.

Anibal: Thank you, thank you. Well said.

Tisha: Does it feel like that anxiety is different than growing up in the nuclear era or the cold war era? That sense of doom is it... does it have a different flavor?

Derek: It does for me. Yeah, yeah. They always felt very abstract to me, not to my parents, but to me as a child, but there's nothing abstract about... Think about the nuclear era, the cold war was, well, they could push the button or not, right? Whereas with climate collapse, it was like the button's been pushed. There's no way to unpush this button. So, we need to adapt.

Anibal: Absolutely. Derek, you have been doing a great job teaching IFS now for 20 years. Your skills as an IFS teacher and consultant are internationally renowned. And one of your expertise is working with LGBTQ+ minorities. In your website, you offer many different resources in many different categories for IFS interested therapists and practitioners. Among those categories, you include some on gender and transgender. Very interesting stuff. Derek, becoming gay or lesbian or any other LGBTQ+ minority continuous being too challenging and even traumatic for so many children, adolescents and adults around the world, right?

Derek: Yes.

Anibal: Gender biases and bigotry has remained so alive in our world. And in many places and countries, not only your freedom, but even your life can be at risk, right?

Derek: Yes, yes.

Cultural competency with LGBTQ+: A Talk with Derek Scott

Anibal: So, the world is quite far from being a friendly place for anyone feeling the drive to authenticity. In your website, Derek, you offer an interesting resource, a video called *The Drive for Authenticity: Understanding Inner Sexual Orientation and Gender diversity*. Why this video and how can it be helpful?

Derek: Well, one of the reasons I made that video is I wanted people to get clarity that the messages of shame, of not being okay, of being a freak, of there being something wrong with you, is informed by the broader culture and the broader culture is informed by certain values that we can describe as heteronormative. So, it's better to be heterosexual, cisgender preferred, right? So, is better to be cisgender. Patriarchal. So, it's better to be male. White is better than nonwhite, you know. And all of these beliefs, which you can track back, they've been passed down for centuries by those in power, informs the zeitgeist, they inform the ideology, which permeates every structure in the culture, including the family structure, the family system. And so, the reason I made that video is I wanted people to become aware of a number of things. One is these are the values that we grow up in and our parts internalize them. And that's the source of shame for LGBTQ+ people. It's not inherent, there's nothing inherently wrong with us by any means, but our parts that are looking to the culture for, you know, how are we in the world and are we valuable and are we nurtured, answers no. So those parts take on those burdens, which we then see, and, you know, the disproportionate suicidality risk for queer youth, for trans youth, which is the result of those internalized values. So, both wanting to make that clear, so, that people have a way of recognizing that and then, thankfully to IFS, unburdening that, clearing those false teachings. And also, to normalize internal gender diversity and internal sexual orientation diversity. So, as you know, I'm sure, for the work you've done with yourself or others, when you go into the system, quite often, a part will present with a pronoun that doesn't match the biological sex of the person. And that's how it is. So, clearly internally we've got definitely gender parts. And if you go back to the Kinsey research, although was dated and highly criticized, it did acknowledge that there's a variety of sexual attractions. And I believe that different parts therefore have different sexual and affectional attractions, which then may result in a particular identity or more commonly now gender fluidity, I think gender fluidity depends which parts are up at which particular time.

Anibal: Amazing.

Derek, coming out can be a very, very difficult process, takes years and decades for many, I believe. And some even choose never do it or never dare doing it. In the United States you have a national coming out day.

Derek: They do. And we do in Canada as well, yes.

Anibal: Yes. Beautiful. Are there developmental stages for the coming out process that you'd like to name or maybe useful for us to know?

Cultural competency with LGBTQ+: A Talk with Derek Scott

Derek: Sure. As you're asking me, I'm remembering a card I saw in a queer bookstore a few years ago and it described the coming out process. And it said, first everybody else knows, then you know, and then your parents know, right. It was a humorous card of course, right. But there's some grain of truth in that. When one becomes aware of either same sex attraction or that this body doesn't feel like the right body for me, if there's a trans awakening, because of the pejorative responses to that, which are internalized, the system may not want to acknowledge that, might want to find ways to lessen that, you know, let that not be true. And there's the internal struggle. And then, in terms of coming out to oneself, there's also the perceived loss, the fear of loss. Will, my family reject me? Will my friends reject me because I've been presumed heterosexual or presumed cisgender to date?

Anibal: Can be scary.

Derek: And then there's the very real loss of heterosexual privilege, which you don't know you have until you lose it.

Anibal: Oh, absolutely.

Derek: I remember my first job as a counselor at the AIDS committee of Toronto. In my interview, they said, we want you to think about, if you get this job, this will be on your resume and you will probably be identified as a gay man, and do you want that? And many of the other gay men I know, and lesbians, they have a queer resume and a straight resume. So, if they're applying for a job and many of their volunteer services have been in queer community, they won't mention those because you're applying for a job to someone who's going to look at your resume that you have not met, who could well be homophobic and why risk it?

Anibal: Oh my Gosh. Can be so stressful.

Derek: That was coming out to Self. And there's often the assumption with coming out that, you know, "oh, you've come out, that's great." But coming out is an ongoing process because of the presumed heterosexuality or the presumed cisgender. So, to my surprise, when my daughter was seven, she was at a cooperative school. So, I would go into the school as a parent helper sometimes. And it was usually me and the female teacher on school trips. So, of course, I would be asked to escort the little boys to the toilet. Well, there was a part of me that was very worried because I was presumed to be heterosexual because her mother's lesbian and we looked like a straight couple. That's what people would assume. So I had to come out to my daughter's grade two parents as a gay man, because I was legitimately worried if somebody was homophobic and they realized that I'd been taking that little boy to the toilet and they confused homosexuality with pedophilia, which is not uncommon, I could be in trouble. Right. So, I came out much to my surprise, to a bunch of seven-year-olds parents and was met with various, you know, patronizing responses like, "oh, I don't mind." I didn't ask if you minded, I'm not asking for permission to be who I am in the world, or, "oh, my cousin's a lesbian." That's nice. Why are

Cultural competency with LGBTQ+: A Talk with Derek Scott

you telling me this? But nonetheless, there's another example of coming out yet again, because to stay within the presumed closet would not have been safe for me.

Anibal: Thank you for sharing that. Beautiful.

So, Derek, do you find IFS a model with enough tools to help LGBTQ+ people or would you recommend any other adjunctive tools or other specific approaches to work with these minorities?

Derek: I mean, as you know, I love the IFS model because it's the only way I know that could actually permanently clear the shame from the system that gets taken in. So, I'll give you a brief example of that from my own experience, but then I want to talk a little more broadly about it. So, I did some work with a 12-year-old part of me. So, this boy... Now just imagine this for yourself, right? 12 years old, noticing that you're attracted to the same sex, right? Not really sure what that means. This is in the 1970's in a small town in England. So, nowhere to go for information. But what that 12-year-old had been warned about was, you know, if there's a man that tries to pick you up from school or invite you into his car or give you sweets, don't get into his car. I remember thinking why would somebody offer me sweets? Why would I get into his car? But I could also sense there's something there about, you know, there's a dangerous kind of man, right? That as a boy child I was being told about. And so, this 12-year-old part of me is in the local town's Bookstore, takes down a medical dictionary, he can't look up his dictionary at home because he's too worried that the page might look thumbed. So, he goes into the bookstore, takes down a medical dictionary and looks up homosexuality. And what it says is a deviant form of sexuality associated with pedophilia. So, he looked up deviance and he looked at pedophilia and was convinced that there was something wrong with him. He was convinced that he was disgusting. He was convinced that he would grow up to be a child molester. And that was the burden that that 12-year-old boy took on. Just hideous. But looking to the authorities for help, and that's what the authorities in the form of his medical dictionary told him. So when I was finally able to visit him by IFS, of course, and hear all the things he believed about himself, I was able to help him release all of that, all of that and take in what's true, which is this lovely, lovely, lovely boy, approaching adolescence, loves people actually, but particularly loves other boys and men in a particular way, in a very affectionate way. And prior to that, my assistant had been very vulnerable to homophobic comments because any homophobic comments that came my way would trigger this 12-year-old. Right. Trying to get my attention. So, oh yeah, we don't deserve that. I'm disgusting, blah, blah, blah. Now, when homophobic comments come my way, I'm aware that they're about the other person. It's like, oh, you're a homophobic. Isn't that interesting. Or you have homophobic parts, isn't that interesting or not, but it doesn't trigger anything in my system other than that. So, the gift of the IFS model is to be able to clear the shame which has been put on by that broader culture in the first place. But that said, I think what's often missed in the IFS model is the therapeutic alliance, right? The role of the therapist and particularly in terms of, you know, affinity or in terms of getting it. So, the model itself, great, but also there's the practitioner, right? And the

Cultural competency with LGBTQ+: A Talk with Derek Scott

practitioner needs to have what I think of as cultural competence with queer community in order for it to be able to work with us.

Anibal: So, do you believe someone in the coming out process for authenticity should get the help and support of an LGBT therapist instead of a straight heterosexual one? In other words, are LGBT therapists better equipped to this specific support?

Derek: Well, I think it depends. I think the response to that is complex, right? So, if you are a heterosexually identified cisgender therapist and in your heart circle, you've got friends, family members who are LGBTQ, you probably have a good sense of the community, right? So, you're probably at ease. But if that's not the case, if you don't have anyone in your friendship network or your family that you have a good relationship with who's queer, just to use a shorthand term. Then the only information you're going to have about us is from mainstream culture, which is biased and stereotyped. So, you're not likely to have cultural competence with this, and you're not likely to be able to provide a good service to us. You know, a few years ago, I presented at the IFS conference with Kate Lingren, who's a lesbian IFS therapist. We co presented on gender and sexual orientation. At the end of it, Anibal, one of the participants came up to me, IFS therapist, and she said, "oh, thank you, I enjoyed that very much. I don't have any problems really. I think, you know, I'm okay to work with folks, but it was interesting. So, the only thing is, when I think of two men kissing...brrr..." And she showed me physically that she felt disgusted. And I thought a couple of things. One, why are you thinking about gay men kissing? How bizarre is that? And two, what makes you think it's okay to show me your disgust about that? And three, you're dangerous. If you're seeing queer clients, you're dangerous to them. Because you have a part of that you've done no work with that experiences that as disgusting and that is not okay. So that's one of the reasons why LGBTQ therapists are, I would say, better positioned to work with LGBTQ clients. But even within that, Anibal, if you look at LGBTQ+, there's an assumption there that that's a community and we all have things in common. But what we have in common is being rejected and vilified by mainstream culture.

Anibal: That's a trauma.

Derek: But as a gay man, I don't have a great deal in common with a trans person who's heterosexually identified, right? Most trans women and trans men are straight. And I have much more in common with other gay men than I do with trans folks. Right. I have more in common with lesbians, right? Although lesbians also have the double oppression, right. Of being marginalized around misogyny and sexual orientation. Right? So, there's limitations there in terms of what we have in common, but in terms of a community, lesbians and gay men have a sense of community that goes way back. And in the 1980s, when AIDS hit, those communities came together. Right? And we had lesbians who knew how to advocate to get funding because they'd been working in women's services for years, rape crisis, et cetera, sexual assault. And we had gay men who were white and privileged and knew how to get access. So, when those two communities came together, we were able to support each other. And I have a huge debt to the

Cultural competency with LGBTQ+: A Talk with Derek Scott

lesbian sisters that helped us when we were dying. So, there's a bond and community there, but don't assume the LGBTQ necessarily means that we all have a lot in common. We don't necessarily.

Tisha: Derek, I'm curious about how to support clients too... I don't know if this is the right term, but it's almost like to endure external family systems where there's judgment and a lack of safety. When clients have come out and worked with their own burdens to unburden their exiles but, you know, required on holidays or required in life to be within families that are judgmental, that aren't accepting. This is something that comes up a lot. And it seems as though it's really something to bear through, but it brings up a lot of shame and family discord. And yeah, I'm wondering how to best support clients.

Derek: So often, you know, when coming out to oneself feels good and clear, and this is who I am in the world and the burdens have been released, there's often a sense of enthusiasm, but I want to come out to the broader family. There's also, prior to that, there's a sense of, I'm not sure if I'm okay. So, I'll tell people who are close to me and judge by their reactions, if I'm okay or not. So, if it's the latter, then you want to help someone come to the place where they do feel okay, in terms of their inner world and coming out, because they are going to receive responses to that. And those responses will often be those of grief. And there'll be informed again by stereotypes. So, you may have parents, particularly if they've grown up in a heteronormative world that grieve the heterosexual child they believed they had, that may believe they're not going to have grandchildren. So, they'll move into a loss response, right. Or the cisgender child that they believe they have. And now they have to grieve that son in order to say hello to their daughter. I don't think that's a negative thing. I think that's a process, but it's one to be prepared for because even parents that are positive may struggle with a sense of loss because they've lost a lot of the assumptions they had about their kid, in order to be able to say hello to the kid they've got. So, preparing someone for that process and others, because that's a process that they've been in internally, they've moved through that process, but this may be brand new information to loved ones who are now going to go into a process. So, just to be aware that the immediacy of the support may not be there and then to be prepared to find ways to deal with that. They've also, you know, we all, I would say all, maybe, have parts that know how to pass, right? So, I'm out pretty much wherever I go. But if I'm in a hostile environment, I can pass as straight, right? So, those passing parts have probably passed for the family for a while now. And they still know how to do that. So, you can call on those protectors if needed for a bit, until there's a sense of I'm solid on who I am and how I am. And then also getting support from within the community and within friendship networks is really helpful because other queers get you in a way that straights may never, you know, one of the things that we have to do as queer is we have to journey through all that internalized oppression to come through it and to release it. But then it also informs us of the limitations of mainstream culture. Mainstream culture is profoundly limited in terms of its understanding of gender fluidity and sexuality. And that's why we've got things like, you know, the missionary position and heteronormativity. One of the things that's considered normal and preferable is monogamy. Why? It's a social construct. You

Cultural competency with LGBTQ+: A Talk with Derek Scott

know, if you go back in terms of the social construction of monogamy, it's about marrying well to a good family via the females so that you could increase your land. I mean, that's how it is. But if you have an analysis of it and you have an awareness of your own sexuality, why would you choose monogamy? And so, you know, many gay men, for example, married, you know, primary relationship for 20 years, both males may play away from home when they feel like it, they may introduce another into their sex play when they feel like it. And they're married and that's very much normalized within queer community. They're straight relatives, however, you know, upon discovering that one of them plays away from home. They have all sorts of reactions. I thought you were married, right? And so, straight therapists may be surprised by that. You don't really want to have to be educating a therapist or looking at your therapist surprise or, and in terms of our sex play as well, much more exploratory than traditional.

Anibal: Absolutely, yes.

Derek: So, one of my clients recently was talking to me, he was playing with one of his boys. And this boy he was playing with was concerned, or my client was concerned because this boy was into fisting. And my client was worried that if he's fisting this other guy, he might do some damage internally to his partner. So of course, I said, well, let's look at your anxious part. So, he had an anxious part that was up around that. And he had a part that he called his porn star part, right. That loved to play. So, I said, well, listen to both of them and then see what needs to happen. And the conclusion he came to was his porn star couldn't really play with the ease and the delight with which he likes to play because of this anxious part around fisting and what might happen to the other person. So, he decided he was no longer going to be fisting with this guy. Now, all of which, of course I get. And he said to me at one point, "thank God, you're gay. Because if I had to describe fisting to my therapist, this would be a much more difficult conversation." And I said, "well, I hear that. And I'm glad you've reached that decision for yourself because you also don't want to lose your watch. Now, that's a really nice watch." And they both start laughing because that's funny, but it's easy and funny between two gay men, right? Not likely to be quite as easy or not likely to be put forward from a straight therapist necessarily. So that's one of the places where, you know, if you can work with someone who gets or is in, or part of your community, you know, even though I'm not trans, and even though most trans folks are straight identified, I'm familiar with trans people. I have trans people in my social networks. I have intersex people in my social networks, and I've had trans clients. So, I have some familiarity with trans issues. And then some I have none with, like some of the complexities of medications, of taking T blockers of the whole process one has to go through. That's not something I have great familiarity with. So, if someone's in that stage of their transitioning, whatever that transitioning looks like, I would look for a trans therapist to be available for them because I think that'd be better served.

Anibal: Absolutely. Derek, looks as Superman is coming out. It's good news. Right? So, this sit comics made the announcement on the United States national coming out day. So, this week 11th October, that it's latest Superman, John Kent will be bisexual. We can read that in its next

Cultural competency with LGBTQ+: A Talk with Derek Scott

comic book, due to release in November, John will be pictured in a same-sex relationship with his friend Jay Nakamura. So, I'd like you to comment Derek on this detail, it says once DC comics said the pair will become romantically involved in the upcoming fifth issue after John mentally and physically burns out from trying to save everyone that he can. So, do you want to comment on these DC comics note mentally and physically burns out from trying to save everyone that he can?

Derek: I think DC comics are in the business of selling DC comics and I think they'll do whatever they can. I mean, look, what's happened right, in making that primary character bisexual, they've been internationally notice, including in Portugal, you know, so I think, you know, using a queer identity as a way to sell comics, well, I'm not surprised, it's marketing.

Anibal: Derek, coming back to IFS for gay men and queer women. You just said a lot around how much work therapists should do with themselves to be prepared and familiar with these groups of clients. So, it requires specific therapist personal work and tools or a specific focus. What would you recommend to be the main focus or to me to be minded of when working with LGBTQ+ people?

Derek: Well, like I said earlier, you know, if you don't have queer folks in your immediate social environment, you're probably better off referring to therapists that do because it's cultural competency. And it's very hard to teach. I mean, first you've got to become aware of your own cultural limitations, which we all have, then be open to other cultures ways of being, and then also to recognize those and normalize those as equally valid. And that's a reach for a lot of people. That's a reach, right? Whether it's about LGBTQ plus people or whether it's about, you know, Muslims, if you're a Christian or, you know, people of color, if you're white. And then again, you know, we positioned people of color as if all people of color are the same. And as if all white people are the same, right? So, even that positioning like, you know, Nigerian folks are way different from Jamaican folks, you know, so there's a sense in which that positioning is necessary, but it's also very limiting and it doesn't speak to intersectionality, right. So, you know, if my client is Muslim and lesbian, then that's going to bring out some particular challenges internally for her, right. So, which are different from Christian lesbian challenges. And so, again, you know, the more we can open and learn about some of those intersectional pieces, the better positioned we are. But if you've never sat with a... if you've never hung out with queers and had that kind of fun, frankly, you might want to think twice about whether or not you're the best person for your client. Now that said, if you're working with someone and they're beginning to come out, you don't want to refer them on because they may feel like somehow, they're not okay. So, you know, do the reading, do the research. There's a ton of information out there. So, find out what you need to find out, be aware that you know nothing about this process, you know, nothing about what it feels like on the inside. And that's fine, do what you can to get informed about it so that you are positioned well to serve your client.

Cultural competency with LGBTQ+: A Talk with Derek Scott

Anibal: You are running a four-week IFS course for gay men, male professionals, you call it *Stepping out comprehensive IFS course for gay men, male professionals*. Can you share more the structure and the goals of this course?

Derek: Sure. I'd love to, it's actually a full month program. So, I have this program called steppingstone, which it's an online program. It's four months, it's three hours a week. And people that take it feel well prepared at the end of it to bring IFS into their private practice, which is great. And then within that, I teach a cohort which is exclusively for gay male mental health professionals, because that's where I identify, that's my affinity group and the safety of that group, Anibal, means that men can go deeper into what they need to go into. And the commonalities. Right? We all hit in high school. We all developed very creative ways of hiding in high school. If we could, if we could pass. Those of us that are more femme had to deal with other kinds of bullying in high school, if we could not always pass. Right. But we have that in common. We have internalized homophobia in common. We often have stories of being gay boys that like to dress up in common. Most of us had girls as friends in school. We have that in common. So, there's so much commonality and there's so much safety with all of that just being known, you know, and within the mainstream IFS courses. In my courses at the IFS Institute, I was the only queer most of the time and didn't necessarily feel safe. So, they didn't feel safe enough to really, you know, present how I would present in the queer culture. And then also had to experience, you know, heteronormative teaching and then, you know, respond to it. Because I won't just sit and collude with it, but here's an example. I was taking my level two couples, a weekend and the trainers said, so imagine that you've got a couple in your office and he is very assertive, and she just defers to everything he says. So that was the introduction to this couple. Now, do you see what's problematic about that introduction?

Anibal: There's some cultural bias there?

Derek: There's something there Tisha, what you pick it up from that?

Tisha: Well, it seems very stereotypical heteronormative couple with a dominant male and submissive female. And it's, yeah. It's maybe a non-inclusive example.

Derek: Yes. How do you see it as a non-inclusive example?

Tisha: It's based on the assumption that the couple in your office is going to be straight.

Derek: Absolutely. So that's, they need to back up from whether or not it's talking about stereotypes, the positioning in the first place, right. You've got a couple and he, the moment that is stated, there's the assumption that the couple is male and female. Otherwise you wouldn't say he, right. So, you know, as a gay man, I'm sitting there and I'm hearing, you know, if you've got a couple in your office and he, in the moment they hear that, I feel excluded.

Cultural competency with LGBTQ+: A Talk with Derek Scott

Anibal: Excluded, yes.

Derek: And my community is excluded, right. The moment that... So, then I've got a choice. Do I say something? Or do I wait and see if people who call themselves allies that are straight identified are going to comment or even notice? Nobody does. So, I raised my hand and I pointed out. And that's uncomfortable and that's risky. And if I do it more than once, oh, there's that gay man again, going on about, you know, blah, blah, blah. It's not always well-received. But I will say that particular instance, the trainer was Mike Elkin and he stopped. And he started to share with the class, because he became aware of it, the very first time he became aware of his homophobic parts. And I have never heard a straight man talk about his homophobic parts. And I was moved to tears by his willingness to do that. It was just love. But yeah, Mike is, you know, he's on, right. And he was willing to completely own what was going on for him. And another example of his internalized homophobia. So appreciated that.

Anibal: Yeah, beautiful. Well said.

Derek: But those sorts of instances are what make it unsafe for us. And they're there. I mean, there's many that make it unsafe for us to be, so to be running a cohort for gay mental health professionals, where they don't have to be concerned about that. I can't tell you, and the comments from the men on, oh, this feels so right. And I hadn't realized how much I'd been holding in other trainings where that is impossible. And so similarly, my colleague, Mel Galbraith, she's a queer identified woman. She's running a cohort for queer identified women who are mental health professionals, because it's the same thing. And I'm not going to run that because I'm not a queer identified woman. And I'll put out here with you guys, if anyone is listening to this, I would love to be able to support a trans inclusive training led by trans trainers. So, if there's anyone who's trans and has teaching parts and would be interested in that, I'd be happy to let them have the whole training packages all ready to go so that they could teach within their own community, because similarly, that sense of safety and that sense of people getting it just helps the learning environment. So, that's why I've initiated those programs.

Anibal: Beautiful.

Tisha: And I imagine there's continuity with the cohorts beyond the four months.

Derek: Yes. Yeah, yeah. Well, there's a couple of ways. Many of them want to come back and assist because there is supervised practice groups, as part of the training, and then many of them just form really good connections because as you probably know, once you know you've got parts, it's really nice to hang out with other people that know they've got parts.

Anibal: Derek, this journey towards inclusion and diversity looks as a long, long journey. We have come a long way, but a long way to go as well.

Cultural competency with LGBTQ+: A Talk with Derek Scott

Tisha: Yeah. What is in future for you? I know there's some retreats on the horizon potentially. What else do you envision? It seems like you've got a lot of creative ideas.

Derek: I do. Sometimes too many, so I need to rein them in. I have a file for my creative part. Is called my good ideas file and I write them down and put them in there. Because we might get around with [inaudible].

Aníbal: I like that.

Derek: At the moment I'm really enjoying being able to teach online. You know, it's a mixed blessing, right. But one of the things that COVID has brought us is in my teaching groups, I have people from Singapore and Australia and Brazil and they're really, you know, international. And, currently of course, it's very difficult to get into a level one with the IFS Institute. So, I have openings for the January programs, and I've been working with the Adler Institute in Toronto. So, the Adler professional graduate school is offering a certificate program in applied IFS therapy. And my course is seen as equivalent to that foundation course. So, you could take the steppingstone course and then move on to their broader clinical applications course. So, I'm thrilled for that and thrilled that people have access to both my programs and then programs lead to certification and the applied aspects of the model. I'm going to keep promoting within marginalized communities. I would really like to be able to offer this training package, especially to communities that are impoverished, right? So, the indigenous communities in Canada and north America, if they want to take this model and teach within their community, that's great. I was able to offer it to a group of Iranian psychotherapists in Iran. So yeah, with simultaneous translation, I was able to teach the model to 50 Iranian therapists, which felt great because, you know, their economy is in the toilet, but I was able to do it at vastly reduced costs. Which was great. So, that's where I see myself going, I think is continuing to teach and then facilitating that offering within diverse and marginalized communities. I think that's where it needs to go.

Aníbal: Beautiful. Derek, thank you so much for having us and for all you are doing with IFS. And it was again a joy to be here with you and Tisha, and I hope we can keep meeting and sharing this model, your work and our lives.

Derek: Yeah. You too. It's so nice to hang out with you two. And I hope, Aníbal, I was, as you know, I booked to come to Portugal when that gathering was going to be there, right when COVID hit. So, I do hope to meet you one day in Portugal, and you can show me around your beautiful country. So that's my hope.

Aníbal: Portugal is open now.

Derek: I've heard that. That's great.

Cultural competency with LGBTQ+: A Talk with Derek Scott

Tisha: Thank you, Derek. It's always inspiring to speak with you.