

Dr. Tara Sanderson:

Welcome back, everybody, and thank you for joining me. Today, we're gonna be talking with Katie Maynard. Katie is a licensed clinical social worker with over 2 decades of involvement within psychotherapy, clinical research, meso level community based social work, which I cannot wait to talk about a little more because I feel like that's an area I don't connect a lot with. She holds master's degrees in both social work and library information sciences from the University of Washington. Her lived experience informs and inspires her enthusiastic advocacy for better mental health care with peep for people without children. Alongside a private practice, she provides supervision, consultation, and training to clinicians seeking to enlarge their competency, with therapy that is affirmative of childless and child free people. She offers CE trainings on this topic and projects oh, topic and projects on her horizon include, broadened course catalog, professional publication, and ongoing inquiry into the experiences of mental health providers without children. You can find out more about her at her website or on Instagram, which I'll give you the links for in our, show notes.

Dr. Tara Sanderson:

Welcome, Katie. I am so excited to talk to you.

Katie Maynard:

Hi. Thank you. I'm thrilled to be here.

Dr. Tara Sanderson:

As you know, we start every episode with a guest question. So today's question is, what advice would you like to ask a happy and successful 85 year old?

Katie Maynard:

That's such a good question. I think I've given a lot of, I spent a lot of time thinking about aging without children lately. And so, I would love to ask this person that perhaps also doesn't have children, what do I need to stop worrying about right now? Because there are some things I would like to let go. What are some things that I might not have thought of that are kind of come my way that might be hard or joyful? I would just kind of like to know, I want a little crystal ball, basically, to hear about what future might be like.

Dr. Tara Sanderson:

I love that question. What do I need to stop worrying about right now? Yeah. Because some that worry and that fear and that fretting take up so much of our mental energy. And to have somebody be able to look back on their life and say, yeah. That's not as big of a deal as we thought it was. Just stop stop the energy putting on that right now. Move into this other area

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

Would be I feel like that would be such a weight off my shoulders. I can't even think of the topic of which that might be. Right. I can tell that there would be such a weight lifted off my shoulders. Mhmm. Yeah. Yeah. That's huge.

Dr. Tara Sanderson:

What a great one. So when you said yes to being on my podcast, I got so excited about this topic. I am childless by choice, and, I have definitely had my own experiences both in therapy and as a therapist and as a supervisor, having to navigate this very big world that has normalized having children. And I I definitely feel like I get to be on the outskirts of that sometimes. And so tell me a little bit about how you got into this journey, and we'll just kind of go from there.

Katie Maynard:

Yes. Listener, I was nodding vigorously the whole time, and Tara just said that. I, am also, childless. My story is a little bit of circumstance and, being on the fence about things and then experiencing infertility. And met my partner later in life and didn't end up having kids, and it wasn't in the cards. And so, my experience with that is very personal, and realized throughout my own journey that I didn't necessarily get kind of the best mental health care because there wasn't

a whole lot available that was really targeted towards me and affirming of me. Nice providers meant very well, but just really uneducated in this lived experience if they were not also childless or child free. So that really drew me into wanting to, okay, there has to be something out there and there wasn't, and, decided to start creating awareness about this.

Dr. Tara Sanderson:

It's so powerful. When I think about trauma informed care, a lot of people think about issues around, you know, sexuality or, rape or, physical abuse or those things, and we forget things like infertility as being a possibility for trauma informed care. When I go into a doctor's office and they immediately assume because I'm a middle aged woman, I must have children at home.

Katie Maynard:

Mhmm.

Dr. Tara Sanderson:

That can be retraumatizing. Instead of assuming that I have children, you could ask a whole different question. And that's that's across the board in all of our paperwork as clinicians in thinking about it for supervision components.

Katie Maynard:

Right.

Dr. Tara Sanderson:

Yeah. How do we think about this differently to give people a little more safety in in in the room being in whatever situation they're

Katie Maynard:

in. Right. It's so baked into society. We don't have a word for us that doesn't describe a difference from a parent. Right? And so parenthood is the norm clear clearly, and that is just imbued in therapy, of course, too. And so everything comes with us into the room. Yeah.

Dr. Tara Sanderson:

Yeah. I was doing a presentation with somebody who brought in the power wheel where it talks about, like, if you are, if you are ambulatory, that gives you more power typically in our society than somebody who has struggles with being ambulatory or if you're white or if you're this. And I I had always known my own privilege of being a white middle woman. Right? And then when I looked at the wheel, there was this whole section on being a parent. And I was like I mean, I knew that, but that was the first time looking at that wheel that I had really kind of settled into. Like, that's why I feel different. Mhmm. Even though, like, tip I I fit into so many typical privileged molds.

Dr. Tara Sanderson:

There is this one area where I'm like, oh my gosh. This doesn't work for me.

Katie Maynard:

Right. There's this whole concept of, like, parent status privilege and parent status bias And, yes, parenthood is difficult, and, yes, it comes with all these things, so sometimes people bristle at that idea. But the way that parents are treated in our society and the expectation, the, you know, term is proanalism, the expectation that most people could or should want to be parents and if you do then you're kind of at this different status level is really difficult for anybody who didn't want them, couldn't decide, did want them, and didn't have them, all of us, really.

Dr. Tara Sanderson:

Yeah. I even see that in my little tiny town. So I live in a a small town in Oregon, just south of Portland or north of Salem, depending on where you are in the world. And it's, it's 25100 people. So it's really a small little tiny town. And the way that information gets out in this town is through the school.

Katie Maynard:

Oh, yes. Yeah.

Dr. Tara Sanderson:

So I don't have kids. I don't get the school newsletter. No kid comes home to my house with a backpack and a and a thing. Mhmm. So I never know what's going on until I get ahold of my neighbor who has kids or happen to look up on the website that maybe they update. Like, everything about anything is done through the school system because it's just believed that, of course, everyone in town has kids.

Katie Maynard:

Mhmm. Right. Yes. And we're always kind of seen as potential parents as well is the hard thing around that as, as well.

Dr. Tara Sanderson:

Yeah. Yeah. That's so huge. So in thinking about this from a supervisory standpoint, you mentioned that you have, that you've done some research around childless or child free therapists and their supervision experiences. Tell me what your research kinda came out with.

Katie Maynard:

Yeah. So I was interested in okay. If I'm gonna start working with this and talking about this, I'd like to hear from the community. And so I did a survey just like a Google Doc kind of survey with therapists and recruited them from LinkedIn and Facebook groups and all those places about supervision and then also recruited some supervisors and just really asked for a lot of kind of basic things. Like, has anybody ever asked you about what it's like to be a person without children and supervision? Almost a 100% no. You know, like, no one had ever asked about this because, of course, it doesn't come up. And there were 2 articles that I read, and I can give you the citation to include in show notes too, that talked about involuntary childlessness. It was a very small group of therapists.

Katie Maynard:

And so those two articles really helped me structure the interview questions about, you know, do you feel a certain imposter syndrome? That was something that was talked about in the articles. Do you feel treated differently? Are you, you know, stressed out in supervision? Can you bring certain things up? There were a couple of things like that. And so the information that I found was, it was interesting, and it did kind of break down through, the lines of a child free intentionally child free person and a person who did want children and didn't have them, and maybe we'll just call them childless for, simplicity's sake. And so the the experiences did break down a little bit there within supervision, but on the whole, it was hard for people to feel like they were part of the profession in a very meaningful way, to feel like they understood, everything about human development. There was some sort of, like, once you become a parent, then you really, really understand. And I always let people know, like, yeah. You become, like, a real big expert on your own child, and you get to see things through their eyes, which was something that I had really looked forward to doing. And so I get that.

Katie Maynard:

Like, yes. You do understand things and you see them in a new way. And I've taken an awful lot of courses. And I've worked with maybe hundreds of, you know, children and their adults at this point, so I really do have some other things to bring to the table. But starting out as a younger clinician, I did not necessarily own that and know that, and I think that's what a lot of people, who took the survey were, you know, were feeling like. I I feel like I'm not experienced enough, because of my own lived experience.

Dr. Tara Sanderson:

Yeah. And that's such an interesting piece as supervisors to navigate on a lot of different fronts. You know, it is interesting to me that I feel like I hear that more from my younger clinicians, that I supervise about when they're working with teens and the parent asks them, like, will you have kids or, you know, or do you? Or how how do you know all of these things? But I don't end up hearing that about things like when one of my supervisees is working with a veteran. I don't often hear them go, well, gosh. I just have no idea how to help them because I'm not a veteran.

Katie Maynard:

Yeah. That's such a good point. You know, there are so many lived experiences where we don't match, and we're never

going to, and we don't hold a lot of empathy. And I think it's also important to know that those clients who for it is extremely important to have another veteran in the room, they can pick that and that is perfectly fine. And parents can do that and, you know, any Lyft experience can do that. And it's still okay to try to work with all kinds of different people if you don't have kids.

Dr. Tara Sanderson:

Yeah. And there's not really a place for us to put on our own, you know, psychology today or on our website or whatever that says, like, this is this is my identity for other therapists or other supervisees to be able to note and and connect with that piece of it. There's a lot of other identities that we regularly have access to as a checkbox on a form. Yeah. But that's definitely it's still not one that's available to all of us in in that way.

Katie Maynard:

No. I think there's only one directory, and we had a big campaign about asking another the largest one to add, and they didn't. And so, it's, I think a lot of, you know, therapists out there advertising will say, like, women's issues or men's issues or fertility or life transition, and you kinda just, you know, hope that people will trickle down and find you somehow.

Dr. Tara Sanderson:

Yeah. Yeah. It makes me think that, like, one of the the go to's for me in in in our thing today, I usually like for people to have some takeaways that they can do just right now, would be to add that to my questionnaire for my my potential supervisees or for my intake on potential supervisees. Mhmm. Just asking that question and having some room for that in this space. And then for me also updating my information on my own website because nobody tells me what I can have on there. Like, I could absolutely put that identity on there as an opportunity to speak to those other folks who maybe are looking for someone who who will understand their situation, for by our own lived experiences or at least have more of that connection in that way.

Katie Maynard:

Yeah. For sure. And, it does come up in supervision if the supervisor is open to it is kind of what the survey showed too. So I love the idea of, you know, supervisors being really intentional about what they're asking about this and saying, you know, if I'm, if you feel uncomfortable talking to me about your parents' status identity or if you're in the middle of deciding or whatever, you know, it can come into the room. I welcome it. I'm interested in learning more. Like, anything like that, I think, would really help supervisees feel more comfortable bringing things up.

Dr. Tara Sanderson:

Yeah. Absolutely. Yeah. When you were doing that survey, what other kinds of things came up for supervisees of, like, what they maybe were hoping for or what they feel like they missed out on?

Katie Maynard:

Yeah. I feel like a lot of people, if they were in a group, like, in an agency or workplace, they felt like they were really treated differently than their coworkers that had children. And some of that is an HR issue with time off or whatnot. But the the clinical piece of that, I think the takeaway is to be really careful about where you're assigning the knowledge and why why some people are able to kind of pipe in with personal examples and then the room goes silent when they look at the childless person or, you know, like, what that might be like clinically for, a person who's a parent who's working with another parent. Maybe they have a lot of counter transference going on, and that can be talked about. Whereas a childless or child free person might not have the same kind of counter transference around parenting issues.

Dr. Tara Sanderson:

Yeah. I think that's really powerful. I think about at times when I have done agency work and they were farming out referrals that there were absolutely many times where they would hand referrals to somebody who had their own children if the if the, referral was a child or was a parenting issue about a child. And I do think that that was more, not quite subconscious, but it was it was intentional with kind of the best of intentions as as if, like, this is the norm and this is okay, and this is where this expertise lies, which isn't accurate at all. But, like, I I don't think that they were purposely being like, oh, we can't. I think they were doing it from a place of of somewhat good, but inaccurately. They weren't really thinking about the implications of how much experience does this other person have that could be beneficial to

this family that doesn't have anything to do with whether or not I have kids at home in that capacity. Mhmm.

Dr. Tara Sanderson:

Yeah. That's really huge.

Katie Maynard:

Yeah. I'm trying to think of some other things. The the therapists were, by and large saying, like, I never realized I was a niche. I didn't never realized this was actually a specialization, and this is the first time I've really ever thought of that. And I was, you know, like, saying to the computer screen, like, yeah. Me too. Like, I get I get it. I I went on that journey as well.

Katie Maynard:

That Wow. This realization of, wait a minute, I might actually be passionate about doing this work is something supervisors need to keep their ears open for in terms of, like, helping supervisees develop their niche or know that they're ready to work with a population that might be very similar to themselves.

Dr. Tara Sanderson:

Yeah. And that is huge. I even think back to grad school, like the human sexuality course that I took, or, like, the feminist women's studies courses that I took. There's there is still even within these huge options of having these conversations, there's still a framework in which we're talking about feminist studies as often including moms

Katie Maynard:

Mhmm.

Dr. Tara Sanderson:

And not just women. Right? And the choice of becoming a mom isn't really talked about in this idea of the choice of becoming a mom.

Katie Maynard:

Mhmm.

Dr. Tara Sanderson:

It it's still very much like that's the overarching, of course, she would, and then here's the outliers. Right? So interesting. And, I mean, that was 10 years ago. I do not know what they are teaching in schools today. Maybe I should check. But, you know, in in just thinking about that component, yeah, I think that they're they're even in in my seat in those classes. Felt like, well, yeah, but, oh, here's where I sit. I'm in this outlier component.

Dr. Tara Sanderson:

And and like you said, then there's not a place where that's a niche or a modeled that there's that that that's a niche. Mhmm. Yeah. That's interesting.

Katie Maynard:

Yeah. It's kinda it's an issue of both research and training, slash education. Right? Because research isn't really focusing on this as the topic of mental health and needs of people without kids here and there. And when you look up the researchers, a lot of them have gone on to have children and they're working in, like, youth and family studies or something like that. So there's there's a small body of work to go on, and I wish it was, you know, larger. And then I think a lot about training. And for the most part, a lot of our profession goes through grad school, education, early training before they reach midlife. And so there are a lot of people who are intending to have kids, thinking about it, have decided not to, have have them already, obviously.

Katie Maynard:

But there's a huge chunk of people for whom while we're learning about the life course, there's no light bulb going on in their head about, like, I'm missing here because their future hasn't happened yet. And that was me. Right? Like, I was not I wasn't seeing anything wrong because I would have spoken up about it, like, that was me in school. Like, I would

have said, like, I don't know about that. And I didn't see it because it wasn't there, and I think that we're just absent from the discussions on life course. The discussions on aging, nothing there either really.

Dr. Tara Sanderson:
Yeah.

Katie Maynard:
Yeah.

Dr. Tara Sanderson:
I taught a class, at a local university on, on lifespan development, and, we we spent a lot of time talking talking about the adulthood years because, currently, our model of adulthood goes from, like, 23 to 60. That's your adult years. And then we start talking about the 7 stages of being in the in the older age. Right? And there's, like, 25 stages before you become an adult, but there's only one for being an adult. So as a class, we kind of went through, not research based by at all means, but we were just like, let's just brainstorm. What would we put in these 40 year span of being a grown up? What kind of stages would we put in here? Because there's so many different things that happen between, you know, your mid twenties and your late fifties Mhmm. That we that we should learn about ourselves instead of just assuming we're all grown and done. Right? And this is a really important component that most of us go through school right after, you know, college or shortly after.

Dr. Tara Sanderson:
And then once we hit midlife, we're in the middle of our our own kind of universe where all of that is unfolding. And we're not in research mode anymore for most people unless that's part of the gig that they sign up for. So, yeah, there's not a lot of people who are putting the energy back in to this. So I love that this is such a big component of the work that you're doing.

Katie Maynard:
Yeah. There are many, many clients that are undecided, ambivalent, unsure, pretty sure they're gonna be child free, kinda wanna try. That is such a common reason to come to therapy too that it's something I really wanna build, you know, a lot of awareness around that middle place of, you know, what happens between those ages.

Dr. Tara Sanderson:
Yeah. And I imagine that that perspective lean leaning into the space for our supervisees who are still learning what it's like to be a clinician and having to decide their professional identity and their theoretical orientation and all of these pieces in the midst of a time where they may also be deciding whether or not they want to have children, whether or not they want to marry, whether or not they, you know, want to do, anything. Right? Like, they they are still in some of that really early adult decision making mode that that can be a complication in our supervision process, and not a complication bad, just a complication in, like, okay. Now we have more that we can explore, and and and especially helping them figure out where is the best place to explore these pieces. You know? Are you are you going to therapy? Do you have folks that you can can work with? What's your social circle like so that you can really kinda dig into this stuff that may or may not play a role in the therapeutic process that you're doing with your clients.

Katie Maynard:
Yeah. And along with that, all the things, all the bias that we have absorbed too. Like, what are we doing as clinicians to really examine any bias about parent status or intended parent status and how to, guide our supervisees to really analyze that within themselves can feel very strange to a lot of people that have never really considered that concept, but I found that it's really meaningful when people start to see how that could show up with case conceptualization or goals or, you know, people, thinking those going through infertility or having a thinking error by thinking, oh, you know, if this doesn't work out, I'm still gonna be okay. Yeah.

Dr. Tara Sanderson:
Yeah. That is so huge. And just even thinking about the wording of things, I know for a lot of, you know, legal forms, they still put marital status on things, but on our farm, we have relationship status. Mhmm. And it includes all sorts of things from married to single to polyamorous to all sorts of, options. But I'm wondering about that that language around,

about your basically, whether or not you are a parent, your parental status. I wonder if there is wording that we could also change up in that way to make that less biased too.

Katie Maynard:

Mhmm. That's such a good question. I kind of use, like, tell me about your loved ones for the family piece and if they, you know, if they list, but, yeah, parent, yes or no. I mean, at a certain point, you get really tired of being the not the default human. Nobody was born a parent. So

Dr. Tara Sanderson:

Yeah. Yeah. Like, with married status, the few color analyst folks that I have worked with, like, hate that question. They're just like, that's not at all what I subscribe to. Right. And and I think if I had to continually write whether or not I was a parent on things, that's how I would feel is like, wait a second. This is why. Like, stop it from another way.

Katie Maynard:

Yeah. Yeah. And the thing you know, the single people without kids, it's like a double ish you know, it's just compounded, with singleness and,

Dr. Tara Sanderson:

you

Katie Maynard:

know, perinatalism.

Dr. Tara Sanderson:

Yeah. Yeah. That's really interesting. Another little area for us to keep working on is how do we make sure we are not contributing to that more, but we are asking the question to make sure that people, under feel comfortable sharing where they're at and being open to that no matter what status any of us have to be able to build that into the framework of what we're what we're trying to build in our supervision. One of the, I think it was Natalie Edmond, came in to do a training with me for a while back on supervision. And one of the big components that she talked about was, like, we as supervisors need to learn to lean in and not shy away from asking questions about race and ethnicity and this and these areas on this power wheel. We need we need to know about our person, and we need to share who we are in that space and recognize those things. That's how we can decolonize our practices.

Dr. Tara Sanderson:

That's how we can really kind of break down some of these walls. And this this component is really important to to that space of it of saying, like, this is who I am coming into this space. Who are you coming into this space? And I wonder even if if on that for that framework inside of supervision, kind of bringing that that power wheel, into the space of saying, hey. I'm gonna share with you what what who I who I am and what I bring to this space. And I'd like for you to do the same with me. Mhmm. That kind of would would lean into that without it feeling like we're telling people or continuing to to push that agenda of being very parent focused.

Katie Maynard:

Mhmm. Yeah. Absolutely. There's so much that comes into the, this kind of, like, space around not having kids that is really intersectional as well. So people have this intersection of many different identities as well as the positionality of those identities and, or society views people who don't have kids, like, as a travesty compared to, like, you know, it's just very complicated, and I think on the whole, the community feels like, when you look at the research, it's based on white people going through infertility or, you know, like the the people who were available to answer a survey, those types, and there's not a whole lot that's really deep into a lot of diverse respondents. So I think supervisors and supervisees both really understanding that, and how that could affect their their own clients.

Dr. Tara Sanderson:

Yeah. Yeah. And that intersectionality is so huge of recognizing the more I recognize about myself and what I bring into the room, the better I am going to be able to notice some of those transference issues or countertransference issues with my clients, the better I'm gonna be able to notice when I need to get curious about their experience instead of

superimposing my own Mhmm. Onto what's going on with them, or judging even some of the things that they are saying or doing. That I feel like is one that I work with a lot of my younger supervisees on is they've got this idea of this is the way the world works, so this is what should be done, or this is what I was taught in class should be done. Yeah. And then, you know, the client comes in with a a different way of doing things, and they're just like, well, should I just tell them that this is how it should be done? And then, no. That's not how we do things, but let's talk about why you feel so strongly about that piece.

Dr. Tara Sanderson:

And that's where some of those intersectionalities can come in of understanding their perspective on that.

Katie Maynard:

Yeah. It feels like this, parenthood and pursuing children or stopping to pursuing children is this area where therapists just lose their boundary about countertransference and will say, I've heard really, really terrible things that people have heard from their therapist all the way to, like, trying to be helpful and just like, okay. That was kind of dumb to say, but just really horrible things. And I've it feels like that's socially validated because there are so many people that will start a conversation. Do you have kids? Oh, well, do you have a pet? Oh, you know, like, it's just it's so socially validated too, like, approach this and talk about it and judge it and, like, you can interact with a stranger about whether or not they want children. You don't know if that person just had a miscarriage, suffered all kinds of things, doesn't want children, like, you don't know.

Dr. Tara Sanderson:

Absolutely.

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

I literally the reason I laughed so hard at that is I literally just had that happen at a networking event recently. The instructions on the networking event form were, like, you're gonna get paired with this person, find something you have in common. Well, we started talking work and shop, and it was fine. They're in a different kind of community than I am. So I was learning a lot about them. They were learning about me, but not about me personally, just about, you know, business. And, at the end when we were supposed to introduce ourselves, I was like, crap. We're supposed to find something that we that's similar.

Dr. Tara Sanderson:

And she looked at me, and she's like, do you have kids? Nope. Do you have pets? Nope. And she just looked at me scared. I was like, what what do I say next?

Katie Maynard:

Oh my goodness.

Dr. Tara Sanderson:

Yeah. I was like, do you like being on the boat that we're on today? And she was just like, yep. And I said, great. We both like being on the water. We'll go with that. But I was I was like, oh my gosh. Is this the only thing that people ask? And the answer is, yeah, most of the time.

Katie Maynard:

What do

Dr. Tara Sanderson:

you do for a living? Do you have kids? And if you don't have kids, do you have pets?

Katie Maynard:

Mhmm. Right. Yeah. I've experienced that too. Bridal shower is the last time I think that happened to me, and it's just

like, I'm gonna go get another glass of wine.

Dr. Tara Sanderson:

Where's my mimosa? Yeah. I I think I left it in the other room. Let me go find it. Yeah. There is a lot. And I think that our culture has given a lot of room for people to comment on on your child rearing on your personal choices around having children Mhmm. And that that that is somehow, like, culturally okay. I mean, everything from if you're in the store and your child is crying, someone will often walk up and tell you what to do about your crying baby.

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

And it's under their business, or I've heard a lot of pregnant women go through that experience where someone will walk up and just start touching their belly and be like, oh, well, clearly, this is out here for everyone to touch. Correct? Like, no. That's still her human body. Don't you don't just walk up and touch her.

Katie Maynard:

Right. Yeah.

Dr. Tara Sanderson:

But similarly about choosing not to or or even if it's not a choice, physically and not not having kids or any of those options, there still is this commentary that it's like, it's okay for me to talk about what you do with your reproductive organs.

Katie Maynard:

Right. And the the idea that someone who wanted to have children, quote, unquote, gave up, stopped trying, said I'm done with this, emotionally, financially, spiritually done. A lot of people say they feel a lot of pressure from their therapist to not give up. Yeah. Yeah.

Dr. Tara Sanderson:

Like, it's any other therapist business.

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

Whether or not that they give up on that or keep trying or whatever option that is. That's so hard. And and then I think about that from a supervisory standpoint. Like, to me, that is a really key importance of supervisors to know what's going on in the therapy room all the way around. I'm a big advocate for people taping their supervisory sessions Yeah. Or their sessions clinicians doing the the therapy, and then the supervisor being able to view that. It didn't come out very clearly, but that's what I meant, because of that. Because I I would want to be able to see that session and pause it and say, tell me what went on in you when you decided to say to your client that they should or shouldn't do something.

Katie Maynard:

Right.

Dr. Tara Sanderson:

And and how is that our role as clinicians? Like, when when did that shift for you that you felt like you could tell them to continue

Katie Maynard:

Mhmm.

Dr. Tara Sanderson:

On a path when if this was anything else, you probably wouldn't have said that. Tell me more about that piece.

Katie Maynard:

Mhmm.

Dr. Tara Sanderson:

Because unless the supervisee is really, aware of that kind of a comment that they would make about that

Katie Maynard:

Mhmm.

Dr. Tara Sanderson:

Or aware about that issue, that may not come up in supervision as a topic to talk about. Mhmm. Right?

Katie Maynard:

Right. Those urges to say something, I always tell my supervisees, like, bring those up. Like, the things that you wanted to say, like, and you didn't, like, what what happened, and I think you're right, you need the context because it could be, you know, the the therapist just perceiving that client really struggling and really needing to hear some compassionate support. Yes. And, what should that support be? We're not used to supporting people who say I don't want to have kids or I've stopped trying. That's, we don't really have words for that, so it makes sense that I think people have the urge and they just go for it, in the best way that they think they can. Yeah.

Dr. Tara Sanderson:

I love that statement of, like, when you're feeling this urge to say something, whether or not you say it, those are the things that I want you to bring into our supervision because we need to continue to do the work on those pieces. One of my clinicians told me a long time ago that she had gotten the And I love that of, like, check yourself as you're chatting. Like, is this beneficial to the client? Am I getting more information from this? Am I truly in a psychoeducational role at this moment, which is fine to be in sometimes. Like, there's no problem.

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

But am I purposefully doing that, or am I just saying what is coming up out of my Mhmm. Maybe unintentional want or urge.

Katie Maynard:

Mhmm. Right? The other thing that comes up is if you if a therapist is disclosed or on their website or whatever that they don't have kids and that client sees that, there can be this excitement about, like, mining you for information because it might be one of the first people that you have, like, access to hear about all this stuff from in a really objective way. And so I've tried to guide a lot of my supervisees and other therapists that I know, like, you need to be careful about how much you share and to really think about ahead of time where your boundaries are because you'll get all the questions. Right? And that it's a beautiful thing to know that you're just in the you know, held in this experience with somebody that at least understands a little bit and perhaps to say, like, I don't understand all of your story because nobody has the exact same path and trajectory and reasons and support in their family, but I'm definitely exposing myself to the wider community and learning from them on Instagram or Facebook, or I'm going to, you know, conferences or listening to these podcasts like yours, like, to let clients know that we're aware, we're there, and then what we're able to share with them, And, of course, the reasons why the client wants. Yeah. Yeah.

Dr. Tara Sanderson:

Which immediately brought to mind this idea of, like, how important it is to to have information out there on Facebook, on Instagram, on those places, but also in in, like, group therapy components, right, of

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

Not just support group ish, although those are great too, but also in that psychoeducation It can be this whole group of people who are experiencing this and sharing their their stories with each other. I think about that a lot with people who ask about my parenting status, because they are looking for, do I know what I'm talking about? Mhmm. Which is fine. I can do that without telling you whether or not I have kids. I can tell you all sorts of things that I know whether or not I have kids.

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

And the same thing goes in this situation of somebody really resonates with that of, like, oh, she really probably knows more of my story or connect with me in this different way. That also doesn't mean I'm going to tell you my whole story.

Katie Maynard:

Mhmm.

Dr. Tara Sanderson:

But if you're looking for connection with other people who get you and who can share some of this experience with you, let me connect you with this group of people who do this, whether it's a group that I host or someone else to continue that connection point. Because it is it does feel really lonely when when the whole world looks like it's doing something completely different than you are.

Katie Maynard:

Right. Absolutely true. And the flip side of that, like you kind of alluded to, is when clients who are, pregnant or parenting want to know if we also have children and how hard that is. And I think that's actually where I've seen the most research done, the most, you know, kind of academic interest into that experience. Mhmm.

Dr. Tara Sanderson:

Yeah. Yeah. The the ongoing research, I think, is a piece that I am continually interested in of of what what does it look like in the long term for this? How how can supervisor support supervisees who are in this position? How can supervisors who are in this position navigate the realm of experiences of other folks? And, especially, like, how do we connect with our clients, who who who don't know that this is a niche either. Right?

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

Who are who are experiencing this in a in a whole new perspective and continue to educate. I'm super excited to learn about your CE experiences and and what you're doing right now, which we'll jump into here in a second, because I do think that there there is just like in supervision, we've seen a boom in the last probably 4 or 5 years of more CE supervision topics of talking about how to use motivational interviewing in c in as a CE Mhmm. Or what are the legal and ethical ramifications of being a supervisor. And this is another area where we need to see a blossoming of more information, so that so that people can become more aware, and we can start to change that dynamic. So tell me about the CEs that you have done or the educational content. What's what's been kind of eaten up? What's the good stuff?

Katie Maynard:

Yeah. It's been absolutely exciting. I didn't know that people would be into it at all, and people are excited, interested, and the topics you know, the first one I did was kind of like the foundational awareness, like childlessness 101. What what don't you know? What do you know? A lot of, some research, some basics, a lot of themes that come up in therapy. I did some case studies like that kind of thing. It seems like delay and pronatalism and choice and regret are often things that come up. And then the second training that I formulated and came up with was, like, okay, clinical

applications. Like, you you kinda know the basics, but how can you infuse this into what you're doing through an intake form all the way to, you know, goal setting to an intervention of some kind to termination.

Katie Maynard:

And so that one, I included some you know, like, what about an eco map or a, you know, like, one of those family tree kind of things, the genograms. Childlessness doesn't even have a marker. Child freedom doesn't have a marker. It's just this dead end. So what could we do with our clients to help them map out their worlds in a way that affirms them and their, you know, intergenerational experiences because plenty of us have people around us without kids. Plenty of us have family members in the past without kids. Yeah.

Dr. Tara Sanderson:

That is really powerful. I think about I I supervise students who are going through the marriage and family therapy program at a local university, and I have never seen so many genograms. Every client required a genogram for that department. And lord have mercy. I have never seen that many, for everybody. But, yeah, I mean, that that isn't a component that isn't represented Mhmm. At all and has some some feeling attached to it once once they put all of those pieces in place. And, like, how can we flip that to a way that, like, lets people know about your ancestral experiences, but not have it feel like it just is ending in a way.

Dr. Tara Sanderson:

That's really powerful. I'd love to see research done on an opportunity to change that method too. And not just like, hey. Let's add, you know, a little gold star for that human. Although, I mean, I would take a gold star any day. Yeah. But, but, yeah, how do we how do we make this different so it it isn't a model of procreation? Right. It is a model of family dynamics that is really a family dynamic across any family setting is way more valuable than just who did what to who.

Katie Maynard:

Mhmm. Yeah. Absolutely. There are these things called focused genograms, and there are topics like how trauma is you know, goes through, you know, the family dynamics or anger. There are some emotion ones. So there are some things, but nothing around infertility, child freedom, childlessness, or ambivalence. Ambivalence would be an interesting one. Yeah.

Katie Maynard:

Family dynamics around that.

Dr. Tara Sanderson:

Yeah. That would be really interesting. Yeah. Well, how can people find you? I'm gonna put all of this in the, show notes, but I would love to to hear it.

Katie Maynard:

Yeah. Great. So I have very creatively named my website katiemaynard.com so you can find me there. I know. And I'm on Instagram creating content for it was initially content for therapists around this, but lo and behold, the childless and childfree communities are following me in equal numbers and really excited and my user handle there is childlessness in the room. If I could go back I would have changed it, but here we are to be a little more inclusive. But that is where I kind of find, the the biggest community conversations and getting to know people. And so I do have some things up on my website that you can look through as well.

Dr. Tara Sanderson:

Great. I will put those in the show notes. I'm so excited

Katie Maynard:

Yeah.

Dr. Tara Sanderson:

About diving deeper into this topic, and, I'm so grateful that you were here today.

Katie Maynard:

It was lovely to chat with you. Thank you.

Dr. Tara Sanderson:

Alright, everybody. We will see you next time. Take care.