

Lifetime Achievement in Counseling Series: An Interview with Mariameé Gonzalez



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Each year TPC presents an interview with a seminal figure in counseling as part of its Lifetime Achievement in Counseling series. This year I am honored to introduce Dr. Mariameé Gonzalez. She is a professor of counselor education, the chair of the Clinical Mental Health Counseling Program at Antioch University Seattle, and a transformational leader and advocate. Collectivism grounds and infuses her work and her practice of mentorship as community building and a key strategy for increasing diversity in the counseling profession. I am grateful to Dr. Joshua Smith and Dr. Neal Gray for bringing the contributions and vision of Dr. Gonzalez to TPC readers.

—Amie A. Manis, Editor

Mariameé “Maria” Gonzalez (she/her/ella), PhD, LPC, was born in Puerto Rico and raised in the United States. She earned both her master’s and doctoral degrees from the University of Missouri–St. Louis and moved to Seattle, Washington, in 2014 to become a faculty member at Antioch University Seattle (AUS), located on the traditional land of the first people of Seattle, the Duwamish People, past and present. Dr. Gonzalez is the chair of the Master of Arts in Clinical Mental Health Program and is the co-founder of the Antioch University Latinx Mental Health & Social Justice Institute, which brings together community-engaged research, service, training, and community partnerships to promote the mental health and well-being of Latinx/e people. She truly enjoys teaching in the master’s and doctoral programs at AUS and is passionate about her work with other accomplices in liberation. She is a licensed professional counselor in the state of Missouri and an approved supervisor in the state of Washington.



Dr. Gonzalez currently serves as the president of the American Counseling Association (ACA) of Washington (2020–22), chair of ACA’s International Committee (2022), president elect-elect for the Western Association for Counselor Education and Supervision (WACES), and ACA parliamentarian for 2021–22. She served as coeditor of *Experiential Activities for Teaching Social Justice and Advocacy Competence in Counseling* and is a board member for the WACES *Journal of Technology in Counselor Education and Supervision*. Her research passions are global mental health, clinical supervision, Latinx/e human rights, counselor and counselor educator professional identity development, correctional counseling, liberation psychology, social justice and advocacy counseling, and anti-human trafficking advocacy. She has been involved with global mental health and advocacy for about 15 years and served as a United Nations delegate to advocate for global mental health, especially during the COVID pandemic. Dr. Gonzalez has spent over 20 years working through the paradigm of mental liberation, which includes global community and mentorship. She is currently a WACES mentor and enjoys spending time with her loved ones and community.

In this interview, Dr. Gonzalez discusses her work as a mentor, barriers facing the Latinx/e community, and advice for future counseling professionals.

1. You have recently been recognized for your work in mentorship. What is the role of a successful mentor in counselor education?

The role of mentorship in counselor education is essential for creating community and supporting the future generation of mental health professionals. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) mentions mentorship in the standard section 6.B.3.i, “the role of mentoring in counselor education.” Based on its importance, I believe mentorship should be promoted more often in the counseling profession and in programs.

A successful mentor in counselor education is someone who can provide a deeper perspective to a mentee on how to navigate counselor education and counseling environments through a lens of liberation. Mentorship can be conceptualized as a form of community building that allows for the mentor and mentee to learn from one another. The mentor can be a steward of the profession and provide support for the mentee to move forward with their professional and personal goals, values, and community building.

Research suggests that women and Black, Indigenous, and People of Color (BIPOC) folx are more likely than other groups to share that mentoring was an important component of their career. It is important that counseling professionals build their village of trusted colleagues to accompany them on their journey and foster the path of liberation as a counselor and/or counselor educator. Mentors can be part of this village and provide an environment that is supportive of mentees’ growth as individuals and as members of the counseling profession. By learning from one another, we can continue to be bound in our liberation and help the counseling profession evolve toward reducing oppression, creating space for all our gifts and stories, and lifting each other up.

2. What are the benefits and challenges associated with mentorship that you have experienced? How did you navigate these challenges?

The primary benefit I have experienced with mentorship is community. As someone who leans into community for strength and support, I find mentorship to be an expansion of this concept. It can be healing to have someone there to listen to or consult with us about a variety of professional issues. I have noticed over the years more students and new professionals intentionally looking for mentors because they want someone with whom they can discuss professional goals and someone who will provide a brave place for conversations about how to navigate cultural spaces and tap into their own cultural capital. More BIPOC folx and women seek out mentors to help them learn how to fully utilize their own cultural knowledge, values, and gifts in the counseling profession. Another benefit of mentorship is being present for one’s story. As a mentor, it is an honor to walk beside someone on their journey. I feel I learn so much from my mentees and get excited about ways we can continue to encourage this profession to evolve and create community for future professionals.

Mentorship, like any relationship, takes time and nurturing. I have found that it is helpful to discuss with your mentee their goals, personal expectations of the relationship, personal learning styles, cultural values, time commitment, and their support system/village. At times, mentees have had a need for personal support that was more suited for their counselor or therapist. Understanding the boundaries of the role of the mentor–mentee relationship is part of understanding our roles and being ethical professionals.

3. What do you consider to be your major contribution to the development of the counseling profession and why?

My voice is part of the collective consciousness of my loved ones and my community, including my ancestors. I think we all have power in our voices, and we each bring a unique perspective to this profession. My journey through mental health counseling, social justice, and higher education took roots early in my personal life as I overcame a series of challenging life events. Transitioning from Puerto Rico to the United States as a young child, overcoming poverty, and enduring the tragic loss of a loved one were mile markers along the path that has led me toward a career focused on social justice, mental health counseling, and counselor education. From my humble origins to chairing a clinical mental health counseling program at AUS, my professional and personal journey has prepared me to be deeply engaged in a profession that has provided purpose and an opportunity to create change in my world. As a lifelong social justice advocate, I have been passionate to live a life rooted in liberation and have used different paths to implement this. Over my career, I have had the honor to teach thousands of counselors-in-training and counselor educators-in-training, work with clients from all walks of life, publish research to foster social justice and advocacy, supervise and mentor, and be involved with leadership on many levels.

In my current state and national leadership roles, I work to promote a community in which we all strive to honor one another while creating a collective bond. Within this bond, we meet at the center of compassion while implementing our individual and communal gifts, strengths, commonalities, and differences. With this collective unity, we discover what connects us as professionals so we can expand our existing journeys, thus impacting how we interact with our counseling profession. The counseling profession reflects who we are and vice versa. This includes our voices, our stories, and our truths; therefore, if we evolve, we can continue to grow as a counseling profession. I have the honor to be the co-founder and co-director of a Latinx social justice mental health institute, ACA of Washington board chair, ACA parliamentarian 2021–22, president-elect-elect of WACES, chair of a counseling program, and chair of ACA's International Committee 2021–22. In all these roles, the goal has been to create a community in which we can provide support, resources, and opportunity for voices to be heard and for change to occur. I believe my main contributions are part of a larger story, much greater than myself. This includes honoring those who have paved the way for me and many others to be part of this profession, and as a way to keep their legacy alive, I work to co-create communities rooted in social justice within our profession and in supporting the next generation of counselors as they focus on helping the professional landscape evolve to a place of more liberated thought.

4. As the co-founder and director of the Latinx Mental Health & Social Justice Institute, what current barriers do you see this population facing and what does advocacy look like in your current role?

More than 19% of the U.S. population self-identify as Hispanic or Latine/x, making people of Latin origin the nation's largest racial/ethnic minority (Lopez et al, 2021). Approximately 1 in 10 Latine/x individuals with a mental health issue uses mental health services from a general health care provider. Current barriers impacting the Latine/x population with regard to mental health are lack of accessible health services, lack of Spanish-speaking professionals, lack of culturally responsive treatment that aligns with Latine/x values, stigma in the community around mental health, and the need for better health care policies for all Latine/x individuals, including those who are undocumented (American Psychiatric Association & Lisotto, 2017). To tackle these barriers, we need to address systemic inequities on the macro, meso, and micro levels.

Currently, my advocacy is focused on growing our Latinx Mental Health & Social Justice Institute at AUS (<https://latinxinstitute.antioch.edu>). The Institute provides leadership for community-engaged research and service through capacity building and authentic partnerships with community stakeholders to promote impactful improvements in the health and well-being of Latine/x communities regionally, nationally, and internationally. We hope to help address barriers by creating a community of Latine/x professionals who will be accomplices in our liberation, working together to dismantle the oppressive systems that have impacted our communities, create opportunities for change rooted in liberation, and use our cultural stories, strengths, and values to guide our practices. We offer a master's-level certificate in Latinx mental health and social justice, workshops to learn culturally responsive practices, partnerships with different nonprofit organizations, continuing education opportunities, an annual symposium during Hispanic Heritage Month, counseling services at our university's clinic, community building, research, mentorship, training, global engagement, and cultural justice and advocacy. All efforts and roles I participate in are based on principles of social justice, human rights, and inclusion respective to intersections of one's cultural Latinx narrative.

5. What three challenges to the counseling profession as it exists today concern you most?

In the last 20 years, the average college tuition has increased by 30%. With the rising costs of higher education, more students are taking out student loans, and this debt is a burden that weighs more heavily on today's college graduates than any generation that came before them. Due to the financial barriers, this impacts the demographic landscape of who enters the profession, quality of life, job satisfaction, and other factors. As a profession, we need to continue working on advancing and ensuring that licensed professional counselors can have seamless portability of their licenses when moving to other states, practicing across state lines, and engaging in telecounseling. This issue was illuminated during the COVID pandemic. We need to also work toward eliminating barriers that build a wall between our profession and the needs of our communities. Specifically, we need to work on decolonizing our profession. This includes recognizing that for many BIPOC individuals, the trauma from colonization and oppression impacts the mental health of individuals, families, and communities and the process of freeing ourselves from mental and systemic oppression. And last, we need to ensure adequate and equitable reimbursement for professional counselors in all settings. This means that all professional counselors need to be included as providers under all public and private insurance plans, especially Medicare.

6. What needs to change in the counseling profession for these concerns to be successfully resolved?

We need to find a way to provide financial options for students pursuing degrees in counseling and counselor education. This means intentionally creating a diverse pipeline of counselors and counselor educators through offering more scholarships, setting up state funding programs for counseling programs—more grants and university initiatives—and offering more easily accessible public service student loan forgiveness. In addition to eliminating financial barriers, we need to engage in practices to decolonize our profession. This includes decolonizing counseling theories, clinical practices, training programs, policies, research practices, leadership models, financial structures, and other systemic factors that create oppressive barriers. By dismantling systems of oppression, we can move toward a place of mental liberation and support liberatory practices in collaboration with the clients

and communities in which we live and serve. When I think of liberation, I lean into the words of activist, Indigenous Australian (or Murri) artist, and academic, Lilla Watson, which she presented in a speech to the UN and attributed to her work with an Aboriginal Rights group in Queensland: “If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together” (1985). As a profession, let’s continue to work toward a place in which we are bound in our liberation, freeing ourselves from oppression, and continue to heal collectively.

For the opportunity to heal, accessibility and inclusion are important for our profession to create community and connections. Currently, ACA has a strategic plan to address the challenges of licensure portability. They are working on a Counseling Compact, which “is an interstate compact, or a contract among states, allowing professional counselors licensed *and* residing in a compact member state to practice in other compact member states without a need for multiple licenses” (National Center for Interstate Compacts, 2022). The Counseling Compact is to help counselors have easier access to practice across state lines, which includes telehealth options, which will also allow clients more access to a diverse range of professional mental health counselors.

ACA and NBCC have been working for years on lobbying efforts to pass legislation that would allow for licensed professional mental health counselors to be reimbursed by Medicare. ACA’s and NBCC’s Government Affairs teams are working hard to get this legislation passed, but we should also get involved. We urge counselors to contact their state senators and ask for their support on this initiative. Medicare is the nation’s largest health insurance program. Opening its access to licensed professional counselors would increase access to services for BIPOC folx, people of lower socioeconomic status, and the older population. Medicare covers more than 43 million people age 65 or older and more than 10 million Americans with disabilities. Many of these folx are in communities with limited access to mental health services and/or the services lack diversity in professionals. As professional counselors in and around these communities, we should strive to create and then join the solution to accessible health care.

7. If you were advising current counseling leaders, what advice would you give them about moving the counseling profession forward?

Listen. I would advise leaders to listen to the members and stakeholders. There are many ways in which we can work toward evolving our profession, but we need to listen to one another in order to do this together. I would encourage current leaders to support and mentor leaders from communities that have been silenced or not invited to the table. As leaders, we need to think of the next generation and be thoughtful about supporting all communities, especially BIPOC leaders. As BIPOC leaders, we have many gifts to offer and need to bring our villages with us. As stated earlier, we are all bound together in liberation, so let’s collectively lead into a more inclusive future of our profession.

This concludes the seventh interview for the annual Lifetime Achievement in Counseling Series. TPC is grateful to Joshua D. Smith, PhD, NCC, LCMHC, and Neal D. Gray, PhD, LCMHC-S, for providing this interview. Joshua D. Smith is an assistant professor at the University of Mount Olive. Neal D. Gray is a professor and Chair of the School of Counseling and Human Services at Lenoir-Rhyne University. Correspondence can be emailed to Joshua Smith at jsmith@umo.edu.

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