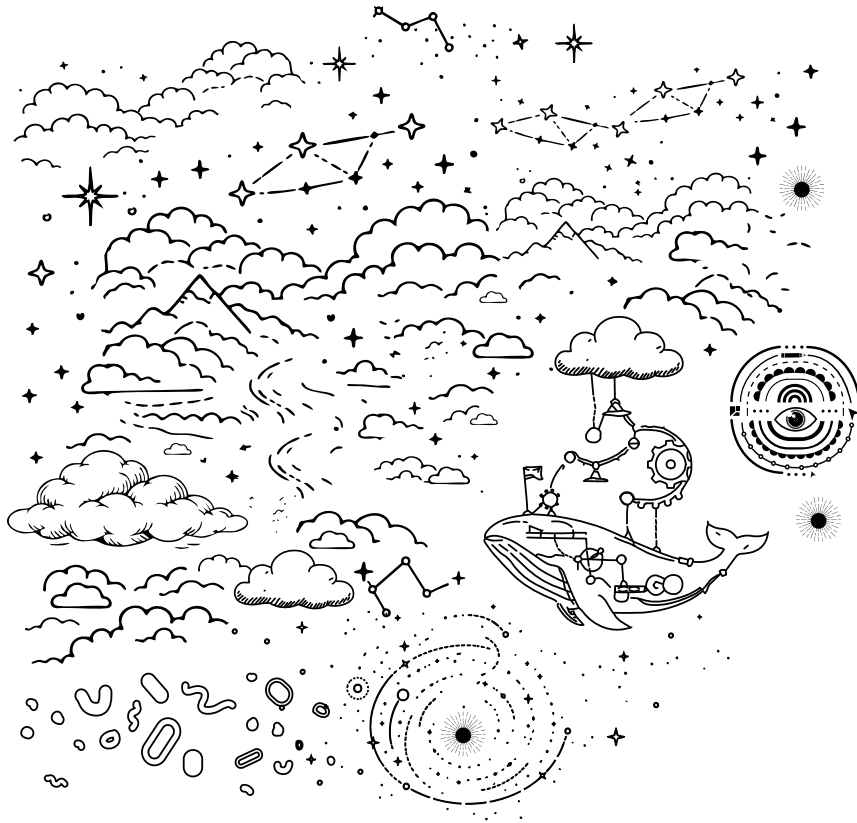


# | THERAPIST IDENTITY STATEMENT



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**Carrie A. Dyer**, BFA, MFA  
*Wake Forest University, Department of Counseling*  
MA Candidate, Clinical Mental Health Counseling

## | Education

- / MA, Wake Forest University, Master of Arts in Counseling Candidate, August 2026*
- / MFA, School of the Art Institute of Chicago, Master of Fine Arts in Visual Communication, 2006*
- / BFA, East Tennessee State University, Bachelor of Fine Arts, 2004*

## | Professional Affiliations

- CSI, Chi Sigma Iota Counseling Academic and Professional Honor Society*
- ACA, American Counseling Association*
- ACC, Association for Creativity in Counseling Creative Arts*
- AMCD, Association for Multicultural Counseling & Development*
- CSJ, Counselors for Social Justice*

## | Specialized Training

- > EMDRIA-approved EMDR Training (completed)*
  - > Integrated EMDR & Internal Family Systems (IFS) Model (completed)*
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# 0A. THERAPIST IDENTITY STATEMENT

## Philosophy of Counseling

I am becoming a counselor who approaches suffering as adaptation, prioritizes safety and attunement over performance, and helps clients make meaning of their internal worlds with compassion, structure, and respect. My understanding of counseling begins with a simple but profound belief: people are not broken, they are patterned. What often appears as dysfunction is, more often, adaptation. I believe change does not occur through force, correction, or insight alone, but through relationship, through the slow, steady process of being seen, understood, and met without judgment. Healing unfolds when the nervous system experiences safety, when protective parts are honored rather than overridden, and when meaning is made from what once felt overwhelming or fragmented. The counseling relationship, then, is not a space where the therapist “fixes,” but where we witness, co-regulate, and gently untangle.

## Core Counseling Values

At the core of my work are the values of compassion, curiosity, and respect for the intelligence of each person’s internal system. I hold a deep commitment to rehumanizing experiences that have been pathologized, particularly in individuals navigating trauma, ADHD, and other neurodivergent ways of being (Hallowell & Ratey, 2021; Brown, 2019). These values show up in my interactions through slowing down, honoring resistance as protection, and resisting the urge to align only with the parts of a client that want change while rejecting the ones that feel stuck. I aim to create a therapeutic space where all parts are welcome, where nothing needs to be hidden to be held.

## Theoretical Orientation & Approach

My integrative orientation is rooted in an understanding that healing occurs through interconnected processes across the body, mind, relationships, and meaning-making systems, rather than through any single modality alone. My perspective is grounded in trauma-informed and neurodivergence-affirming frameworks. I am particularly drawn to Internal Family Systems (IFS), EMDR, Acceptance and Commitment Therapy (ACT), Emotionally Focused Therapy (EFT/EFIT), somatic approaches, and Jungian analytical psychology. IFS resonates with me because it offers a non-pathologizing lens that honors the multiplicity of the self, while EMDR provides a structured pathway for reprocessing trauma held in the body and nervous system. EFT deepens this work through an attachment-based lens, helping to understand how emotional patterns are shaped within relationships and how experiences of connection, rupture, and repair continue to organize the nervous system over time. Jungian analytical psychology adds a depth-oriented perspective that attends to symbolism, the unconscious, and the process of meaning-making, particularly in how individuals relate to shadow aspects, archetypal patterns, and the unfolding of identity over time. ACT supports values-based action and psychological flexibility, while somatic approaches help bridge the gap between cognition and embodied experience (Shapiro, 2018; Schwartz, 2021; Hayes et al., 2012; Johnson, 2019; van der Kolk, 2014).

My work is further formed by Existential Therapy, particularly its focus on meaning-making, freedom, responsibility, and the

inherent tensions of being human. I am drawn to existential perspectives that explore how individuals navigate uncertainty, isolation, identity, and mortality, not as problems to be solved, but as fundamental aspects of existence to be met, witnessed, and lived through. This lens deepens my understanding of clients as meaning-makers, especially in how they interpret and organize their experiences across time. I attend to the dimensions of being, physical, social, psychological, and spiritual, as interconnected layers through which individuals experience themselves and the world (Hallowell & Ratey, 2021; Price, 2022). Attending to these dimensions allows for a more holistic understanding of distress, particularly in how embodiment, relationships, internal narratives, and larger questions of purpose or belonging interact. In this way, therapy becomes not only a space for symptom relief, but for exploration, integration, and the ongoing construction of meaning (Frankl, 1963; Yalom, 1980; van Deurzen, 2012).

This integrative approach is further informed by ecological and feminist perspectives, recognizing that individual experience is embedded within broader relational, cultural, and systemic contexts. Drawing from Urie Bronfenbrenner’s ecological systems theory, I understand clients as situated within interconnected layers of influence, from immediate relationships to larger sociocultural structures. Feminist theory further informs my work by attending to power, voice, and the ways in which experiences of marginalization, identity, and social location shape both distress and healing. Together, these models allow me to conceptualize clients not as collections of symptoms, but as complex systems shaped by relational history, environment, and adaptation, often carrying patterns that reflect not only individual experience, intergenerational and systemic influences. In this way, what emerges in the present can often be understood as an intelligent continuation of what has been lived, learned, and inherited across time (Bronfenbrenner, 1979; Brown, 2019).

While these modalities emerge from different theoretical traditions, they converge in my work through an experiential and integrative orientation, one that prioritizes what is felt, not just what is known. Across approaches, I attend to the nervous system, to relational patterns, and to the deeper layers of meaning that shape how individuals experience themselves and the world. In this way, therapy becomes not a collection of techniques, but a cohesive process of integration across body, mind, relationship, and story. These modalities engage overlapping domains of experience and can be understood as interconnected pathways of therapeutic processing:

### *Integrative Pathways of Therapeutic Processing:*

- / **EMDR** → bilateral stimulation, embodied processing, memory reconsolidation
- / **Somatic** → interoception (eighth sense)
- / **IFS** → parts, embodiment, and narrative
- / **EFT** → emotional processing and attachment
- / **ACT** → values, mindfulness, and present-moment contact
- / **Existential** → relational presence and meaning-making (mind/body/social/spiritual)
- / **Feminist** → systems awareness and relational power dynamics
- / **Jungian** → symbolism, archetypal identity, unconscious patterning, and meaning-making

Together, these approaches do not function as separate techniques, but as interconnected pathways of change, allowing me to move fluidly between embodied experience, relational patterns, and meaning-making processes.

### **Commitment to Multicultural Responsiveness & Advocacy**

My commitment to multicultural responsiveness and advocacy is rooted in an understanding that individual distress cannot be separated from systemic context. I recognize that experiences of trauma, marginalization, and identity are shaped by larger structures of power, access, and cultural narratives. As a counselor, I see my role not only as supporting individual healing but as advocating for more equitable, inclusive, and affirming systems. I am committed to ongoing self-reflection, humility, and learning, recognizing that cultural competence is not a fixed achievement but a lifelong process of listening, unlearning, and repair.

### **Population & Setting Preferences**

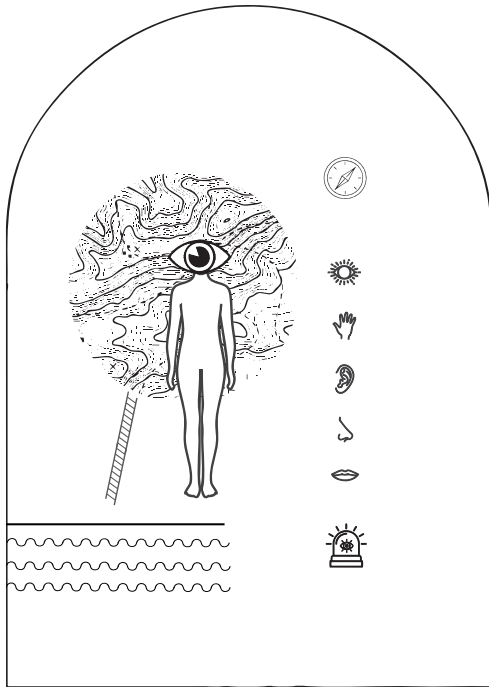
I feel particularly called to work with adults navigating ADHD, trauma, and identity development, especially where these experiences intersect with shame, perfectionism, and emotional overwhelm. I am drawn to settings that allow for depth-oriented work, where there is space for both structure and exploration, such as private practice or integrative clinical settings. I am passionate about developing psychoeducational and visual tools that help clients better understand their internal worlds, including

frameworks like my “Maps of the Self-scape” and the “Adaptive Worry System.”

### **Professional Aspirations**

Professionally, I hope to continue deepening my training in EMDR, IFS, and somatic therapies, and to explore advanced training in contemporary psychoanalytic approaches. I am inspired by clinicians who embody presence over performance, those who prioritize attunement, humility, and relational depth. I am particularly influenced by the work of Brené Brown, whose research on vulnerability, shame, and courage underscores the importance of relational safety, as well as Kendal Hart’s integrative approach to EMDR and parts-based work, which reflects the kind of depth-oriented, trauma-informed practice I hope to embody. I admire practitioners like Beatriz Ledesma, whose integration of expressive arts, cultural humility, and psychodynamic insight reflects the kind of therapist I hope to become. I am drawn to clinicians who are expanding the field through the integration of lived experience and professional identity, particularly those who openly identify as neurodivergent. Practitioners such as Candin Phillips and Megan Anna Neff model a form of clinical presence that honors both expertise and embodiment, challenging traditional expectations of neutrality while deepening authenticity, accessibility, and relational trust. Ultimately, I aspire to practice in a way that is both clinically grounded and deeply human, where therapy becomes a space not just for symptom reduction, but for meaning-making, integration, and transformation.





## 0B. VALUES-IN-ACTION REFLECTION

### ***/ Experience 01:***

#### *Validating “too much” and “not enough”*

During my internship, I began to notice a pattern in my work with clients that shifted my understanding of what it means to truly “meet” someone in session. At times, clients would return to the same emotional experience repeatedly, circling a feeling, emphasizing a moment, or expressing distress in ways that did not resolve through insight or problem-solving. Initially, I found myself responding with well-intentioned interventions, offering reframes, identifying patterns, or gently guiding toward solutions.

Over time, I began to recognize that something essential was being missed. These moments were not a failure of intervention, but a signal. Clients were not asking to be corrected or redirected, they were seeking to be felt. When that need for attunement was not fully met, the system did not settle. Instead, it repeated, intensified, or withdrew. This experience embodied the value of attunement and therapeutic validation as a core mechanism of change. I came to understand that validation is not simply about offering reassurance or agreement, but about accurately reflecting the emotional truth of a client’s experience in a way that allows the nervous system to register, “I am seen.” In many cases, it is this moment, not interpretation or strategy, that creates the conditions for movement.

This realization shifted how I show up in session. I became more attentive to pacing, more willing to slow down, and more intentional about staying with an experience until it feels received, rather than moving too quickly. I began to track when a part of the client was still “speaking,” even if the content had already been understood cognitively. As I deepened this understanding, I began to notice a broader pattern in both training spaces and clinical conversations that concerned me. I encountered workshops and discussions that framed validation as something to be used sparingly, or even as potentially reinforcing maladaptive patterns. While I understand the intention behind these perspectives, I have seen how the absence or misunderstanding of validation can be harmful, particularly for individuals with trauma histories or neurodivergent nervous systems.

In my own experiences as a client, as well as in my work with others, I have witnessed how cognitive interventions, such as restructuring thoughts, can feel invalidating when they are introduced before a person’s experience has been fully received. This is especially true for neurodivergent individuals, including those with ADHD, who are often already highly self-aware. Many of the clients I work with can intellectually identify their patterns, yet still experience intense emotional responses, such as rejection sensitivity or shame, that are not resolved through insight alone.

For these clients, the distress does not live solely in cognition, it lives in the nervous system, often shaped by repeated experiences of feeling like “too much” or “not enough.” When therapeutic responses move too quickly toward correction or reframing,

without first establishing a felt sense of understanding, it can reinforce those very patterns of invisibility or burden. This has highlighted for me the importance of interventions that move beyond cognition alone, particularly for neurodivergent individuals. Approaches that incorporate somatic awareness, mindfulness, EMDR, and parts-based work such as IFS offer pathways to engage the nervous system directly, allowing experiences to be processed, integrated, and reorganized at a deeper level than insight alone can reach.

This further reinforced my belief that validation is not a passive or permissive stance, but an active, regulatory, and relational intervention that creates the conditions for this deeper work to unfold. It is not about agreeing with every thought, but about accurately meeting the emotional experience beneath it so that the system can settle enough to engage in meaningful processing. Without this foundation, even well-intended interventions can miss their mark. Through this experience, I recognized a strength in my growing sensitivity to relational cues and emotional nuance, while identifying a growth edge in tolerating the internal pull to intervene, solve, or move forward prematurely. Moving forward, I will carry this value by prioritizing attunement as an intervention in itself, while integrating somatic, mindfulness-based, EMDR, and IFS-informed approaches to support clients in ways that honor both their cognitive insight and their embodied experience, especially for those who have learned, often over time, to experience themselves as both “too much” and “not enough”.

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## ***/ Experience 02:*** ***Navigating Counselor Training*** ***as a Neurodivergent Clinician***

As I moved through my training and internship experience, I began to notice a gap that both surprised and shaped me. While ADHD and neurodivergence are highly prevalent across the client populations we serve, there was relatively limited depth in how they were conceptualized within training spaces. They were often framed through a deficit-based or behavioral lens, rather than as complex, embodied, and context-dependent ways of experiencing the world. As someone who both works with and resonates with neurodivergent experiences, this absence became increasingly visible.

This experience embodied the value of neurodivergence-affirming and rehumanizing care. I began to recognize how easily ADHD can be misunderstood, not only by broader systems, but even within clinical spaces that aim to support. Rather than viewing this as a limitation, it became an organizing force in my development. I felt a growing responsibility to better understand, articulate, and translate these experiences in ways that feel accurate, compassionate, and usable.

I began to notice how easily neurodivergent experiences are pathologized within standard clinical frameworks. Training often emphasizes brief, goal-oriented work, cognitive restructuring, and assumptions about symptom resolution or “plateauing.” While these approaches can be effective in certain contexts, they can flatten the depth of neurodivergent lived experience when applied without sufficient attunement. What is often treated as distortion may instead be adaptation, rooted in sensory overwhelm, relational misattunement, or chronic nervous system activation. When interventions move too quickly toward correction, individuals can be left feeling unseen, reinforcing the very patterns of disconnection therapy aims to repair.

This shifted my identity as a counselor from primarily receiving knowledge to actively engaging in its expansion. I began developing psychoeducational and visual tools, such as the Adaptive Worry System and Maps of the Self-scape, to help bridge the gap between lived experience and clinical language. These frameworks reflect my commitment to making internal experiences more visible, structured, and accessible, particularly for individuals navigating ADHD, trauma, and emotional overwhelm.

Through this experience, I recognized a strength in my ability to integrate lived insight with clinical frameworks, while identifying a growth edge in continuing to deepen my evidence-based understanding of ADHD and its intersections with trauma and identity. Moving forward, I will carry this value by advocating for more nuanced and inclusive conceptualizations of neurodivergence, both in my clinical work and within the systems I am part of. This experience continues to shape not only what I do as a counselor, but how I see and understand the people I serve.

# References

- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Brown, B. (2019). *Dare to lead: Brave work. Tough conversations. Whole hearts*. Random House.
- Frankl, V. E. (1963). *Man's search for meaning*. Beacon Press.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.
- Hallowell, E. M., & Ratey, J. J. (2021). *ADHD 2.0: New science and essential strategies for thriving with distraction—from childhood through adulthood*. Ballantine Books.
- Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. Guilford Press.
- Price, D. (2022). *Unmasking autism: Discovering the new faces of neurodiversity*. Harmony Books.
- Schwartz, R. C. (2021). *No bad parts: Healing trauma and restoring wholeness with the internal family systems model*. Sounds True.
- Shapiro, F. (2018). *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures* (3rd ed.). Guilford Press.
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- van Deurzen, E. (2012). *Existential counselling & psychotherapy in practice* (3rd ed.). Sage.
- Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.

