

Sherry Wickman is a 25 year old art therapist who recently took a job teaching art at a local high school. She is currently living at home with her parents and older sister. One of her professors referred her. She came for therapy feeling anxious and mildly depressed with issues related to the consolidation of her identity.

At intake she took the MMPI, Young Schema Questionnaire, and the Gallup Strength's finder. Her testing indicated someone who is self-sacrificing, enmeshed with her mother, isolated socially with a tendency to subjugate her wishes to those of others. She struggles with feelings of inferiority and inadequacy and is prone to deny her anger. She is intelligent, hard working, and inquisitive. She completed her undergraduate and master's degree in art therapy in 6 years. She has a genuine capacity for empathy for others, which tends to leave her ignoring her own needs.

She did not meet criteria for Major Depressive Disorder, Generalized Anxiety Disorder, or any Personality Disorder.

She is motivated for therapy, and the question I have as clinic director is this: Should she be seen by a CBT therapist, a psychodynamic therapist, or a therapist well-versed in both techniques? In referring her, what type of value and ethical reasoning process would you go through? What drives how you make the referral of a patient like her? If she *elected* to be seen by a treatment-specific therapist (i.e., CBT or psychodynamic), with what type of therapist should she begin? At what point (if any) might the "starting" therapist choose to transfer her to a therapist specializing in the alternate paradigm? How/when might such a transfer be clinically indicated and for what reasons?