

Alliance Rupture and Repair in Adolescent Psychotherapy: What Clinicians Can Learn from Research

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Abstract

The collaborative relationship between a client and therapist, known as the therapeutic alliance, plays an important part in promoting engagement and symptom improvement in adolescent psychotherapy. However, research indicates that alliance strains, called ruptures, are common among this age group, emphasizing the importance of addressing and resolving them for enhanced engagement and better outcomes. Despite this, there is a dearth of age-specific guidelines for effectively fostering a positive alliance and repairing these ruptures. This review examines existing literature to (a) summarize the current understanding of alliance formation in youth psychotherapy, particularly considering the distinct characteristics of working with adolescents, and (b) provide evidence-based recommendations to assist youth therapists in building strong alliances and effectively addressing alliance ruptures with this age group. Existing evidence indicates that while guidance designed for adult therapy can be beneficial, working with adolescents poses unique challenges. These challenges, including resistance to treatment, engagement in risky behaviors, confidentiality issues, and parental involvement, can strain the therapeutic relationship. This emphasizes the importance for youth therapists to understand the unique challenges and developmental stages adolescents face and to adapt their approach accordingly. By doing so, therapists can effectively address the needs of adolescents, fostering a strong alliance and handling any ruptures that may arise. Despite being a relatively new area of study with its inherent limitations, this review underscores the critical role of alliance research in improving therapy for adolescents and guiding the training of therapists who work with this age group.

Keywords: alliance, literature review, rupture and repair, youth psychotherapy, clinical implications

Adolescence is a crucial stage for growth and development, but also a delicate one, marked by the emergence of various mental health issues (WHO, 2021). Research indicates that approximately half of all adult mental health disorders begin during this critical period (Solmi et al., 2022). Therefore, addressing mental health concerns during adolescence is paramount. However, despite their need for support, adolescents frequently encounter challenges in participating in treatment and exhibit high dropout rates from therapy (De Haan et al., 2013; Stubbing & Gibson, 2022). These challenges pose specific obstacles for youth therapists: in the absence of active engagement from adolescents, even well-established evidence-based therapies may fail to attain the desired outcomes.

A primary focus in the endeavour to enhance adolescent engagement is the therapeutic alliance, i.e., the collaborative aspect of the relationship between clients and their healthcare providers (Bordin, 1979). Similar to research findings in adult therapy, studies focused on youth psychotherapy have consistently demonstrated a positive correlation between a strong alliance and both sustained treatment engagement and favourable outcomes across various therapeutic modalities (Bose et al., 2021; Karver et al., 2018; McLeod, 2011). This correlation is evident in both in-person and online therapy contexts (Anderson et al., 2016; Mortimer et al., 2022; Resnikoff & Nugent, 2021). Despite its recent growth, alliance research in youth psychotherapy remains less developed compared to adult therapy.

In a previous review (Cirasola & Midgley, 2022), we conducted a theoretical and empirical investigation into the definition, measurement, and role of the alliance in the context of child and adolescent psychotherapy. One key insight derived from this review was the crucial role of developmental factors in understanding the therapeutic alliance with young people. Expanding on this work and acknowledging the developmental differences between children and adolescents, our current review is dedicated to exploring the therapeutic alliance, specifically within the realm of adolescent clients. Specifically, this review focuses on

examining the literature surrounding the therapeutic alliance, with particular attention to its rupture and resolution, within the context of adolescent psychotherapy. Our aim is to distil practical insights from both theoretical frameworks and empirical evidence on the topic to inform and support clinicians working with young people.

To accomplish this, firstly we establish clear definitions of the therapeutic alliance and its rupture and resolution. Secondly, we explore adolescent development, providing a developmental perspective to better comprehend the unique complexities of engaging adolescents in therapy. Thirdly, based on a comprehensive narrative review, we present the findings derived from various studies concerning alliance ruptures and resolutions in youth psychotherapy. Finally, we distil insights from this complex literature, which encompasses neuroscience, developmental theories, and alliance research, into clinical implications. These insights are translated into actionable strategies aimed at assisting therapists in cultivating and sustaining a robust therapeutic alliance while adeptly managing ruptures with adolescent clients.

Defining the Therapeutic Alliance and Its Ruptures and Resolutions

A widely accepted definition describes the alliance as the "mutual understanding and agreement about change goals and the necessary tasks to move toward these goals along with the establishment of bonds to maintain the partners' work" (Bordin, 1994, p.13). Over recent decades, the concept of the alliance has undergone revision to account for its dynamic and evolving nature. Consequently, it has been redefined as an ongoing process involving intersubjective negotiation between patient and therapist marked by moments of deterioration in its quality, known as ruptures, and moments in which such tensions are resolved, termed resolutions (Muran & Eubanks, 2020; Safran & Muran, 2000).

Alliance ruptures are defined as challenges in collaborating on therapeutic tasks or goals, a weakening of the therapeutic bond, or difficulties in balancing client and therapist needs

(Muran & Eubanks, 2020; Safran & Muran, 2000). A rupture is deemed resolved or repaired when the client and therapist successfully re-establish a positive emotional bond and return to collaborative therapy.

Ruptures are identified through indicators of withdrawal or confrontation. Withdrawal ruptures are characterized by a "movement away" from the therapist/therapy. This might involve a client distancing themselves from the therapy or therapist, manifested in behaviors like denial, minimal responses, topic shifting, or intellectualization. In some cases, withdrawal can be subtle and may appear as a "movement towards" the therapist but in a way that negates the client's genuine experience, such as superficially disagreeing but avoiding direct confrontation to preserve the therapeutic relationship. Confrontation ruptures, on the other hand, are characterized by "movement against" the therapist/therapy. These are evident when a client actively resists the therapy or challenges the therapist, through behaviors like complaining, criticizing, or attempting to assert control. Ruptures can exhibit elements of both withdrawal and confrontation (Muran & Eubanks, 2020; Safran & Muran, 2000).

Therapists can employ diverse strategies to address ruptures, often influenced by their theoretical orientation. Drawing from research and clinical experiences in adult psychotherapy, strategies for repairing ruptures can be broadly classified into two categories: immediate and exploratory (Eubanks et al., 2018; Muran & Eubanks, 2020). Immediate repair strategies focus on quickly addressing ruptures in the therapeutic relationship without extensively probing their causes or meanings. The primary objective is to rapidly reduce emotional intensity, re-establishing a positive connection and collaborative spirit. These strategies may involve the therapist clarifying any misunderstandings, re-negotiating therapy tasks or goals to better align with the client's preferences, offering explanations for chosen treatment approaches, or assisting the client in refocusing on therapy.

Exploratory repair strategies, on the other hand, aim for a more in-depth understanding of the rupture, exploring underlying relational themes. This approach includes encouraging clients to express their thoughts and feelings about the impasse, providing interpretations of underlying needs or desires, sharing the therapist's own reflections, and acknowledging any contributions to relationship challenges (Eubanks et al., 2018).

Adolescence and Psychotherapy

Adolescence, the transitional phase from childhood to adulthood, is marked by rapid and extensive developmental changes (Vyas et al., 2015). These changes affect various aspects of an individual's life, including their physical, cognitive, emotional, and social dimensions. To effectively help young clients navigate emotional challenges and behaviors, therapists must grasp the developmental and neurobiological processes of adolescence.

Puberty, a crucial stage in adolescence, coincides with significant emotional and social changes that shape the development of self-awareness, personality, self-image, and gender identity (Lerner & Steinberg, 2009). Each adolescent experiences these physical changes uniquely, influencing their self-esteem and sense of identity. Cultural norms, rites of passage, and societal expectations contribute to the diversity of adolescent experiences (Laser & Nicotera, 2021). Throughout adolescence, there is a notable shift towards greater independence from caregivers, accompanied by increased emphasis on peer relationships, including their first romantic relationship.

Puberty marks a crucial period for sexual exploration during adolescence. However, alongside this exploration come inherent risks, including unintended pregnancies, sexually transmitted infections, and emotional complexities. Cultural influences play a significant role in shaping adolescents' perceptions and behaviors regarding sexuality. For example, research has shown that factors such as race and gender can impact how adolescents view sexual relationships and seek support and education about sex (Bleakley et al., 2018). Comprehensive

sex education and accessible resources are vital for equipping adolescents with the knowledge and support to navigate these risks and make informed decisions about their sexual well-being and relationships (Laser, & Nicotera, 2021). The widespread use of the internet among adolescents adds complexity to the issue (Laser & Nicotera, 2021). A meta-analytic study conducted by Mori et al. (2019) found significant associations between adolescent sexting and various risky behaviors, such as sexual activity, multiple partners, lack of contraception use, delinquent behavior, internalizing problems, and substance use. Addressing sexual health in therapeutic settings requires a nuanced approach that accounts for the complexities of working with adolescents and cultural factors.

Adolescence also represents a period of substantial neural flexibility (Luyten et al., 2020). Recent advancements in neuroscience highlight profound alterations within the adolescent brain, particularly in regions associated with emotional regulation, decision-making, and social understanding. Both the amygdala and prefrontal cortex mature to facilitate improved emotional regulation and executive functions. However, the amygdala matures earlier than the prefrontal cortex, contributing to heightened emotional reactivity during adolescence (Ormhaug et al., 2014; Steinberg, 2018). Similarly, the ongoing development of the prefrontal cortex, crucial for decision-making and impulse control, renders adolescents particularly sensitive to rewards and social influences (Casey, 2015; Vetter et al., 2013). This sensitivity may clarify why adolescents have a strong yearning for peer acceptance and why peer pressure strongly influences their decisions. Furthermore, the brain reaches full maturity only during early adulthood, which might explain why adolescents often experience strong emotions and engage in more risk-taking decisions and behaviors compared to adults (Ormhaug et al., 2014; Steinberg, 2018).

These developmental transformations inevitably influence adolescents' involvement in therapy and the formation of the therapeutic alliance. For instance, adolescents' inclination

towards risky and impulsive behaviors can create tension in the therapeutic relationship, especially concerning safety (Blakemore, 2018; Foulkes & Blakemore, 2018; A. S. Morris et al., 2007). Conflicts may arise between what an adolescent considers normal behavior (which may involve significant risk-taking) and a therapist's duty to ensure safety, especially in situations involving substance use. Impulsivity is also recognized as a risk factor for self-harm, a behavior commonly observed in adolescents (Lockwood et al., 2017). The combination of intense emotions, impulsivity, self-harm, and risk-taking behaviors adds complexity to the work of youth therapists when engaging with adolescents compared to adults.

The pervasive use of the internet among adolescents, especially in Western and some Asian cultures, introduces additional considerations for therapy. Adolescents often navigate complex online environments where they may encounter harmful content, cyberbullying, or develop addictive behaviors related to social media use (Haley et al., 2017; Twenge & Campbell, 2018). Integrating discussions about internet usage and its potential impact on mental health into therapy sessions can be vital in addressing these modern challenges faced by adolescents.

At this stage of development, adolescents prioritize relationships with peers over those with adults, which can impact their willingness to rely on and trust adult clinicians for support (Midgley et al., 2016; Oetzel & Scherer, 2003). Additionally, unlike adults who often seek therapy voluntarily, adolescents are frequently referred to therapy by external entities such as parents, families, or schools (Gulliver et al., 2010; Shirk et al., 2011). This referral process can affect their motivation and readiness to engage in therapy. The societal stigma surrounding mental health issues and the fear of judgment or isolation by peers add complexity to adolescent therapy (Gopalan et al., 2010; Oetzel & Scherer, 2003). However, it is important to note that some adolescents, particularly older ones or those dealing with specific issues such as anxiety or obsessive concerns, actively seek help.

Last but not least, In adolescent therapy, establishing a strong alliance extends beyond the therapist-client relationship to include engagement with parents and, in some cases, other influential figures like school staff. Parents may serve various roles, from referring sources to active participants in assessments or organizers of logistical aspects. Engaging parents can significantly enhance therapy engagement and outcomes by fostering a supportive network around the adolescent. However, it also presents challenges for therapists. For instance, conflicting opinions on therapy goals between parents and adolescents, as well as the delicate balance between maintaining confidentiality and facilitating parental collaboration, add complexity to therapy sessions (Morris et al., 2007; Morris et al., 2016; Schnyder et al., 2019). Effectively managing these dynamics requires therapists to navigate interactions with both adolescents and their caregivers skillfully. This often involves adopting a balanced approach that respects the adolescent's autonomy and right to privacy while recognizing the importance of parental involvement in their child's therapeutic journey.

Considering the unique changes and challenges of adolescence mentioned above, youth therapists should be mindful of the distinct developmental needs of their clients when establishing and fostering an alliance with them. By carefully navigating these complexities, therapists can cultivate a therapeutic environment that encourages trust, open communication, and ultimately, positive outcomes.

Understanding Alliance Ruptures in Youth Therapy: Research Insights

Compared to the extensive research on alliance ruptures and resolutions in adult psychotherapy, studies within the context of youth psychotherapy have been relatively limited. Nonetheless, in line with adult literature, existing research on the topic demonstrates a correlation between effectively resolving alliance ruptures and positive treatment outcomes (Cirasola et al., 2022; Daly et al., 2009; Eubanks et al., 2018; Gersh et al., 2017; Schenk et al., 2019). Conversely, unresolved ruptures have been identified as a factor contributing to poorer

outcomes and the premature termination of therapy by young clients (Cirasola et al., 2024; O’Keeffe et al., 2020). This highlights the significance of understanding what factors can lead to ruptures and how to effectively resolve them with adolescents. Doing so can improve their engagement, enhance outcomes, and mitigate the risk of therapy ending prematurely among this demographic.

Causes of Ruptures

Alliance ruptures can occur across all age groups due to various reasons, such as therapist rigidity, defensiveness, or the inaccurate use of interpretations or other treatment techniques. Misunderstandings and issues related to cultural identity and social status are common challenges encountered by therapists across different age groups. Working with adolescents introduces its own unique set of challenges due to their complex developmental stage, and this manuscript focuses on examining the specific ruptures encountered within this age group and presents relevant research evidence on this topic.

A qualitative study using interviews with CBT therapists identified several key factors contributing to ruptures with adolescents and categorised them as (a) client-related, (b) parental-related, and (c) alliance-related issues (Marquardt, 2021). Client-related factors encompassed issues such as therapy reluctance, misunderstandings about therapy tasks and processes, and resistance to committing to therapy and its tasks. Parental factors included misaligned therapy goals between adolescents and their caregivers and parental pressure for therapy contrary to the adolescent's wishes. Alliance-related issues covered strains in the therapeutic relationship, including lack of trust, ruptures, misunderstandings, power imbalances, and complications arising from therapists disclosing risk-related matters to other parties (Marquardt, 2021).

Previous research yielded similar findings, with psychodynamic youth therapists identifying the following causes of ruptures in their work with adolescent clients: (1)

adolescents' lack of intrinsic motivation to participate in therapy, (2) their distrust of the therapist or the therapeutic process, (3) their negative expectations about the outcome of therapy, and (4) discrepancy in therapy goals between adolescents and their caregivers (Morán et al., 2019). Binder et al. (2008) also delved into therapists' experiences in establishing and repairing therapeutic alliances with adolescents and identified the following key challenges: (1) understanding and explaining the problem in a manner that resonates with the young person and promotes collaborative work, (2) balancing the therapist's role as an adult with clinical expertise and being in a symmetrically listening position, (3) motivating adolescents to actively engage, (4) establishing a shared framework for joint meaning-making (e.g., aligning with the adolescent's own description of their problem), and (5) managing ambivalence while respecting it (Binder, Holgersen, & Høstmark Nielsen, 2008; Binder, Holgersen, & Nielsen, 2008).

A prevalent cause of ruptures identified across studies is adolescents' mistrust toward the therapist or therapy process (Cirasola et al., 2022, 2024; Li et al., 2022; O'Keeffe et al., 2020). This suggests that while trust is crucial in all therapeutic interactions regardless of age, its significance is especially emphasized when working with young people for various reasons. As previously noted, adolescents are often directed to therapy rather than seeking it out themselves, leading to initial hesitancy in trusting both the therapy process and the therapist. This distrust may be compounded by the understanding that confidentiality could be compromised in cases of safeguarding concerns, or by fears that confidential details may be shared with parents. Additionally, adolescents may perceive therapy as an attempt to exert control over them, encroaching on their autonomy (Midgley et al., 2016; Oetzel & Scherer, 2003). For instance, they may be particularly attuned to perceived imbalances in power and authority within the therapeutic relationship. They might also be more inclined to resist or feel

disconnected from therapeutic approaches that they perceive as disregarding their autonomy or agency (Oetzel & Scherer, 2003).

Existing research highlights that while misunderstandings and alliance strains are common in therapy across age groups, youth therapists face distinct challenges with adolescents. These include heightened emotions, reluctance to engage, mistrust, power imbalances, safeguarding concerns, and confidentiality issues, especially regarding parental involvement. However, it is noteworthy that most reviewed studies on the causes of ruptures are based on therapists' perspectives. Future investigations should also incorporate the adolescent perspective. While further research is needed, current research on alliance and its ruptures with young people indicates that therapists working with this age group encounter specific challenges related to their developmental stage. Understanding these challenges can empower therapists to address them more effectively.

Types of ruptures

Research on alliance ruptures in youth psychotherapy indicates a high prevalence of ruptures when working with young people. Notably, withdrawal ruptures have been found to be more common and relevant in youth psychotherapy compared to confrontational ones (Cirasola et al., 2022; Daly et al., 2009; Gersh et al., 2017; Schenk et al., 2019). This finding may be due to the focus of many studies on adolescents exhibiting internalizing behaviors (Cirasola et al., 2022; O'Keeffe et al., 2020). Clients with internalizing traits are more prone to withdrawal tendencies, contributing to the higher occurrence of such ruptures (Lipsitz-Odess et al., 2021; Muran & Eubanks, 2020). However, withdrawal ruptures are also prevalent in studies involving adolescents with borderline characteristics (Daly et al., 2009; Gersh et al., 2017; Schenk et al., 2019), suggesting that withdrawal could be a rupture pattern specifically characteristic of this demographic.

The prevalence of withdrawal ruptures in youth therapy poses distinctive challenges. These ruptures, characterized by their subtle nature, are more challenging to identify compared to confrontational ruptures. For example, appeasing behaviors may be misinterpreted as signs of a pseudo-alliance, where the surface appearance of a functional therapeutic relationship masks underlying issues. It is possible that the inherent power imbalance in youth psychotherapy, along with some young people's reluctance to participate in therapy or share their concerns with adults instead of peers, may contribute to this phenomenon.

It might be that the authority held by adult therapists makes adolescents more prone to conceal their disagreements or reluctantly agree. This idea is supported by recent studies indicating that when adolescents feel dissatisfied, they are more inclined to withdraw from engagement and consider terminating therapy rather than openly discussing their concerns with the therapist (Cirasola et al., 2023; O’Keeffe et al., 2020). Additionally, in a study on premature dropout among depressed adolescents, therapists reported limited awareness of the sources of dissatisfaction experienced by young people (O’Keeffe et al., 2019). Therefore, therapists should be mindful of this potential risk when working with adolescents and strive to empathetically and openly address even minor signs of resistance or dissatisfaction with treatment.

Although less common and more readily identifiable, confrontational ruptures remain a concern for therapists working with adolescents. These ruptures may occur when a young person discloses risky behaviors but insists on confidentiality or expresses dissatisfaction with progress or the therapist's approach. Such ruptures often trigger intense emotions in the adolescent, such as anger, frustration, or dissatisfaction, which can elicit similarly strong reactions in the therapist, especially when feeling attacked or pressured. As a result, the therapist is confronted with the demanding task of adeptly handling these emotions and pressures while also repairing the rupture.

This expanding research emphasizes the distinct challenges therapists face when addressing alliance ruptures in their work with adolescents. It underscores the necessity of tailored training programs for youth therapists, enabling them to skillfully identify and address subtle strains in the therapeutic relationship, including withdrawal ruptures, and effectively manage confrontational ruptures.

Repairing Alliance Ruptures in Youth Psychotherapy

Extensive guidance exists for cultivating a robust therapeutic alliance and managing ruptures in adult psychotherapy, often supported by specialized training programs like the Alliance-Focused Training (Safran & Kraus, 2014)(Safran & Kraus, 2014). These training methods have demonstrated effectiveness in improving therapeutic outcomes in adult therapy (Eubanks et al., 2018; Safran et al., 2011). However, comparable resources explicitly tailored to adolescent therapy are lacking. While some of the adult guidance may be relevant to adolescents, as discussed earlier, working with this population presents unique challenges and developmental considerations that may require a nuanced approach.

The absence of tailored guidance for cultivating a strong therapeutic alliance and managing ruptures with adolescents can leave therapists working with youth feeling unprepared and unsupported. Qualitative research has shown that youth therapists often experience vulnerability and caution in their work with young people (Binder, Holgersen, & Nielsen, 2008; Morán et al., 2019). Addressing this gap is crucial to ensure that youth therapists receive adequate training and that adolescents receive high-quality care.

In recent years, there has been a deliberate push to develop strategies for resolving ruptures specifically tailored for youth therapy. However, many therapeutic models used with adolescents are adaptations of approaches originally designed for adults. For example, Daly and colleagues (2009) validated Bennett and colleagues' (2006) model for repairing ruptures in Cognitive Analytic Therapy (CAT) for use with young people. Similarly, Nof et al. (2019)

modified Safran and Muran's (2000) rupture-repair model for child psychotherapy, resulting in the 'Child Alliance Focused Approach' (CAFA). Additionally, for adolescents aged 12-16 and older, Safran and Muran's original rupture model is recommended (Nof et al., 2019). In contrast, Cirasola et al. (2022, 2023) specifically developed a model for resolving ruptures in short-term psychoanalytic psychotherapy, integrating research and theory through task analysis. This represents a strategic effort to enhance therapeutic practices to better meet the unique needs of adolescents. However, further research is needed to assess the effectiveness of these guidelines.

Instead of focusing on individual models, this review highlights common effective strategies that have emerged across various therapeutic approaches. By adopting this approach, therapists from diverse backgrounds can become acquainted with a spectrum of effective techniques for fostering therapeutic alliances and repairing ruptures with adolescents. This approach is supported by recent research, which emphasizes that there is no singular "magic" solution or prescribed sequence of interventions for addressing ruptures. Instead, therapists are encouraged to actively engage in repeated "movements toward" the client to effectively manage ruptures, recognizing that these may present as "movements away or against" the therapist or therapy (Cirasola et al., 2023; Muran et al., 2022; Muran & Eubanks, 2020).

Strategies for Repairing Ruptures

Drawing from existing evidence, several therapeutic strategies and attitudes have emerged as beneficial in fostering a strong alliance and repairing ruptures with adolescents. These include: (a) validating the feelings and experiences of young people, (b) actively nurturing trust, (c) demonstrating genuine interest and curiosity in adolescent clients, (d) respecting their autonomy and identity, and (e) acknowledging and praising their efforts and engagement in therapy (Cirasola et al., 2023; Marquardt, 2021; Nof et al., 2019). While many

of these strategies are applicable across different age groups, they may require some developmental consideration when working with adolescents.

Validation, which entails recognizing and accepting the young person's emotions and experiences as legitimate within their specific context, is a crucial element in both the repair process and overall therapy (Cirasola et al., 2023; Muran et al, 2020). Integrating validation into the process of resolving ruptures creates an environment where adolescents feel heard and acknowledged even when tensions occur. This approach fosters a collaborative and effective therapeutic relationship, laying the foundation for building trust, strengthening the therapeutic alliance, and repairing ruptures.

Given the potential challenges adolescents may face in trusting their therapists and the pivotal role of trust in therapy's success, therapists are strongly encouraged to consistently integrate interventions aimed at actively cultivating and reinforcing trust throughout the therapeutic process. Current literature suggests that trust is cultivated when therapists engage empathetically with an individual's personal narrative (Fisher et al., 2023; Fonagy & Allison, 2014). This understanding conveys to the client that the therapist is making a significant mental effort to connect, which biologically signals trustworthiness (Luyten et al., 2020).

While further research is needed to explore strategies for aiding clients in transitioning from distrust to trust, we posit that the repeated experience of an attuned therapist and the resolution of ruptures can facilitate this transformation. In fact, a study in youth psychotherapy revealed that adolescents who initially harboured epistemic mistrust but successfully addressed trust issues perceived their therapists as empathetic, warm, and understanding, reflecting the therapist's genuine commitment to their support. Conversely, adolescents unable to resolve trust issues exhibited diminished confidence in the therapeutic relationship and a reduced belief in the therapy's effectiveness (Li et al., 2022). This highlights how epistemic trust relies on the client's belief in the therapist's competence, honesty, warmth, and genuine interest. It also

highlights how important it is for therapists to show these traits and attitudes to young people to build trust.

Therapists can foster trust through several approaches, such as clear and open social communication, moments of recognition, active listening, validation of adolescents' experiences, and consistent empathy. Notably, a single case study involving an adolescent with epistemic mistrust revealed that therapists who engage in a non-rigid manner, including moderate self-disclosure, can help the young person develop familiarity and trust (Cirasola et al., 2024). Therefore, therapists may find it beneficial to also integrate moderate self-disclosure and adopt a flexible approach when working with adolescents who exhibit epistemic mistrust.

Moreover, therapist attitudes of demonstrating genuine interest and curiosity about clients have been identified as beneficial for fostering a strong therapeutic alliance and facilitating the repair of ruptures (Cirasola et al., 2023). Implementing this approach involves allowing the young person to lead therapy conversations and being open to discussing any topic, thereby promoting continuity and engagement between sessions. Deliberate validation, alongside genuine interest and curiosity, plays a central role in effective rupture resolution, echoing Carl Rogers' concept of positive regard (Rogers & Wood, 1974). This approach is not only effective but essential in building trust and fostering meaningful therapeutic relationships with adolescents.

Expressing appreciation for the client also appears to strengthen the alliance (Cirasola et al., 2023). Therapists can achieve this by acknowledging the adolescent's efforts and commending them for their bravery and trust in sharing sensitive information. Strengthening the therapeutic bond in this manner can motivate ongoing participation in therapy, which holds significant importance, especially in cases where adolescents initially did not actively seek therapy or showed limited engagement. Furthermore, recognizing the impact of cultural and societal factors, such as mental health stigma, is crucial. Taking into account cultural

differences and understanding how they shape adolescents' experiences can greatly improve therapeutic relationships. By implementing interventions that are culturally competent and tailored to address the unique challenges faced by adolescents, therapists can enhance their ability to connect with and support their clients.

From our exploration of the literature, it becomes evident that valuing the autonomy and individuality of adolescents might also be crucial for nurturing a robust therapeutic bond and effectively managing ruptures. This assumes particular importance for adolescents given their developmental stage characterized by a quest for independence. Hence, involving adolescents actively in treatment decisions, such as setting goals, can empower them and enhance engagement. Encouraging discussions on topics they find relevant, like social media or peer relationships, can also help foster deeper connections beyond symptom management. Similarly, adopting a non-directive approach, especially with dismissive adolescent clients, can bolster rapport. These considerations are especially pertinent given the prevalence of withdrawal ruptures in adolescent therapy. Therefore, regular check-ins and encouragement for adolescents to express their concerns are imperative. Therapists should, thus, strive to cultivate an environment where adolescents feel safe to openly articulate their genuine emotions, including any negative feelings towards therapy or the therapist.

When working with adolescents, managing expectations and establishing clear privacy and confidentiality rights is also fundamental. Therapists should prioritize transparency by outlining the limits of confidentiality from the outset and consistently communicating these boundaries to adolescents. Seeking consent before sharing information can also be important to further foster trust and encourage open dialogue. Collaborating with both parents and adolescents can also help navigate conflicting perspectives while respecting autonomy and addressing ruptures effectively.

In summary, therapists repairing ruptures with adolescents must prioritize strategies like validating feelings, nurturing trust, showing genuine interest, respecting autonomy, and acknowledging efforts in therapy. Open communication, clear confidentiality boundaries, and collaboration with adolescents and parents are crucial. Creating a space for open expression and considering cultural influences can help therapists build stronger alliances and assist adolescents on their path to healing.

Common Mistakes to Avoid

Youth therapists can also address alliance ruptures by avoiding certain behaviors or attitudes that may create or exacerbate ruptures, either through withdrawal or confrontation. Therapist withdrawal behaviors may include passivity, such as prolonged silences, or making complex interpretations that are hard for the client to grasp. On the other hand, confrontation behaviors from therapists might involve criticizing the client or exercising excessive control. Early research in adult therapy indicates that therapists' contributions to ruptures can predict clients prematurely discontinuing therapy (Muran & Eubanks, 2020; Eubanks et al., 2018). Furthermore, specific practices, such as over-structuring therapy, inappropriate self-disclosure, excessive silence, and rigid adherence to treatment models, have been linked to weaker alliances, unresolved ruptures, and unfavourable outcomes, including therapy dropouts (Ackerman & Hilsenroth, 2001; Castonguay et al., 1996; Muran & Eubanks, 2020; Roth & Fonagy, 2006).

Similar findings were found in youth psychotherapy, with some nuances related to the adolescent developmental stage. For instance, Morán et al. (2019) found that therapists often felt that ruptures occurred due to their failure to recognize and respond to the adolescents' intense emotional experiences, leading to strong emotional reactions in both parties. Additionally, O'Keeffe et al. (2020) identified three main categories of therapist behaviors contributing to ruptures in youth psychotherapy: (1) minimal therapist response, such as

passive or unresponsive behavior and prolonged silences; (2) persistence with a therapeutic activity despite the adolescent's lack of engagement or outright rejection, leading to withdrawal; and (3) a focus on risk issues and potential breaches of confidentiality (O’Keeffe et al., 2020).

Comparable results emerged in a study that focused on short-term psychodynamic therapy (Cirasola et al., 2023) highlighting the following therapists’ behaviors as negatively impacting the alliance and contributing to ruptures: (a) insisting on discussing topics that the young person was reluctant to talk about or had refused, (b) failing to explicitly validate the client's thoughts and feelings, (c) rigidly avoiding any self-disclosure, (d) using lengthy, intellectualized interpretations, and (e) ending sessions abruptly during moments of tension, even if the session time was up. These behaviors often resulted in power struggles or an increased distance between the therapist and the adolescent.

These findings collectively stress the complexity of the therapeutic relationship in youth psychotherapy, indicating that therapists need training not only in recognizing and addressing alliance ruptures but also in being aware of their own contributions to the alliance and its ruptures.

Discussion

The exploration of alliance ruptures and their resolutions in adolescent therapy, though a relatively new research area, has seen significant growth in recent years. This expanding research offers valuable insights for clinical practice in working with adolescents. Understanding alliance ruptures and resolutions in youth therapy begins with recognizing the unique developmental challenges and opportunities of this life stage. The adolescent phase is characterized by profound physiological and neurobiological shifts, demanding therapists to navigate these complexities with skill and sensitivity. The interplay of emotional fluctuations with maturation processes adds layers to the therapeutic context. Advances in neuroscience

have deepened our understanding of adolescent behavior in relation to brain development. Awareness of increased impulsivity, decision-making challenges, and the balance between stressors and developmental opportunities is vital for creating targeted interventions. Such knowledge is fundamental for developing and implementing therapeutic strategies that meet the unique challenges and opportunities presented by adolescents in therapy.

The prevalence of withdrawal ruptures among adolescents, characterized by subtle behaviors and minimal responses, underscores the importance of therapists' attentiveness in identifying these nuanced challenges. Adolescents, in the midst of identity formation and seeking autonomy, may not overtly express their true feelings, necessitating therapists to adeptly recognize and address even minor strains in the therapeutic relationship. Additionally, adolescents' inclination toward risk-taking and impulsive decision-making can lead to conflicts within therapy, especially regarding safety and well-being. Therapists must navigate these issues with a comprehensive understanding of adolescents' developmental context, thereby enhancing their ability to effectively address ruptures and foster positive therapeutic outcomes.

Alliance research underscores the critical role of trust in the therapeutic relationship, particularly in adolescent therapy (Cirasola et al., 2022, 2024; Li et al., 2022; Morán et al., 2019; O'Keeffe et al., 2020). While initial mistrust is common, adolescents greatly benefit from feeling acknowledged, heard, and understood by their therapists, fostering the development of epistemic trust crucial for therapeutic progress. Therefore, therapists should be attuned to this dynamic and actively work to build trust, especially with highly distrustful adolescents. Interestingly, therapists' genuine use of self and avoidance of a rigid, distant, non-disclosing approach have also been found effective in this regard (Cirasola et al. 2014). Addressing inevitable misunderstandings and tensions in therapy becomes a reparative journey, which, we argue, can catalyze for further trust-building.

Based on existing evidence, we also advocate for therapists to cultivate a diverse range of strategies and apply them flexibly, guided by clinical judgment, rather than rigidly adhering to a single approach or model. Therapists could greatly benefit from this approach, as it allows them to tailor their interventions to the unique needs of each adolescent client. Drawing from existing evidence and clinical expertise, this review identifies several therapeutic strategies and attitudes that have consistently proven effective in fostering a strong therapeutic alliance and repairing ruptures with adolescents. These include: (a) validating the feelings and experiences of young people, (b) actively nurturing trust, (c) demonstrating genuine interest and curiosity in adolescent clients, (d) respecting their autonomy and identity, and (e) acknowledging and praising their efforts and engagement in therapy (Cirasola et al., 2023; Marquardt, 2021; Nof et al., 2019). By embracing this diverse repertoire of strategies, therapists can create a supportive and empowering therapeutic environment that encourages adolescents to actively participate in their therapeutic journey and facilitates meaningful change.

The strategies and attitudes outlined in this review highlight the importance of creating a supportive and inclusive therapeutic space for adolescents. While acknowledging that these strategies may not cover every aspect and may occasionally overlap with approaches for adult clients, they provide a solid groundwork for further exploration and application in clinical practice with young people. These approaches are well-suited for integration into training and supervision programs, supported by evidence suggesting that deliberate practice of these techniques can effectively incorporate them into routine therapeutic practice (Bate et al., 2022).

As we hope this review makes clear, even in the 'best' therapy, alliance ruptures will occur, and youth therapists should not expect that they can always avoid such ruptures happening. Indeed, it may well be that the process of experiencing alliance ruptures, then recognizing them and going through a process of repair is part of what makes therapy effective. When ruptures are successfully addressed, this can lead to a strengthening of the therapeutic

bond, and provide the adolescent with an experience of feeling understood and recognized as a person with their own mind and feelings, which in turn may contribute to better outcomes.

Strengths & Limitations

This review provides a comprehensive summary of theoretical, clinical, and empirical literature on alliance in youth psychotherapy, encompassing a wide range of sources. It offers valuable insights into empirically supported approaches for repairing alliance ruptures and discusses their applicability when working with adolescents, contributing significantly to therapeutic practices. However, it is important to note that despite including a diverse range of literature, research on alliance with young people remains limited. Consequently, this review was based on a relatively small number of studies, highlighting the need for further research to deepen our understanding of the alliance's role and dynamics in youth psychotherapy. It is crucial to recognize that existing research primarily reflects Western perspectives, highlighting the urgent need to explore cultural variations in how adolescence and therapeutic relationships are perceived. Understanding these cultural nuances is essential for ensuring the relevance and effectiveness of therapeutic interventions across diverse contexts.

Conclusion

This review underscores the crucial need to enhance therapists' comprehension and proficiency in navigating therapeutic relationships with adolescents in therapy. Integrating insights from current research on adolescent development and therapy processes, particularly alliance research, is essential for guiding clinical practice. Similar to practices in adult therapy, it is imperative to establish specialized training programs grounded in alliance research to equip therapists in effectively managing alliance ruptures. As the field progresses, ongoing integration of research will be pivotal in continuously refining these training programs, ensuring their efficacy in addressing the evolving needs of adolescent clients across various therapy settings.

References

- Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapists characteristics and techniques negatively impacting the therapeutic alliance. *Psychological Studies*, *38*(2), 171–185. <https://doi.org/10.1037/0033-3204.38.2.171>
- Anderson, T., Crowley, M. E. J., Himawan, L., Holmberg, J. K., & Uhlin, B. D. (2016). Therapist facilitative interpersonal skills and training status: A randomized clinical trial on alliance and outcome. *Psychotherapy Research*, *26*(5). <https://doi.org/10.1080/10503307.2015.1049671>
- Bate, J., Prout, T. A., Rousmaniere, T., & Vaz, A. (2022). *Deliberate practice in child and adolescent psychotherapy*. American Psychological Association. APA Books.
- Bennett, D., Parry, G., & Ryle, A. (2006). Resolving threats to the therapeutic alliance in cognitive analytic therapy of borderline personality disorder: A task analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, *79*(3), 395–418. <https://doi.org/10.1348/147608305X58355>
- Binder, P.-E., Holgersen, H., & Høstmark Nielsen, G. (2008). Re-establishing contact: A qualitative exploration of how therapists work with alliance ruptures in adolescent psychotherapy. *Counselling and Psychotherapy Research*, *8*(4), 239–245. <https://doi.org/10.1080/14733140802363167>
- Binder, P.-E., Holgersen, H., & Nielsen, G. H. Ø. G. Hø. (2008). Establishing a bond that works: a qualitative study of how psychotherapists make contact with adolescent patients. *European Journal of Psychotherapy and Counselling*, *10*(1), 55–69. <https://doi.org/10.1080/13642530701869730>
- Blakemore, S. J. (2018). Avoiding Social Risk in Adolescence. *Current Directions in Psychological Science*, *27*(2), 116–122. <https://doi.org/10.1177/0963721417738144>

- Bleakley, A., Khurana, A., Hennessy, M., & Ellithorpe, M. (2018). How patterns of learning about sexual information among adolescents are related to sexual behaviors. *Perspectives on Sexual and Reproductive Health*, 50(1), 15-23. <https://doi.org/10.1363/psrh.12053>
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252–260.
- Bordin, E. S. (1994). *Theory and research on the therapeutic working alliance: New directions*.
- Bose, D., Proenza, D. A., Costales, G., Viswesvaran, C., Bickman, L., & Pettit, J. W. (2021). Therapeutic Alliance in Psychosocial Interventions for Youth Internalizing Disorders: A Systematic Review and Preliminary Meta-Analysis. *Clinical Psychology: Science and Practice*, 29(2), 124–136. <https://doi.org/10.1037/cps0000052>
- Casey, B. J. (2015). Beyond simple models of self-control to circuit-based accounts of adolescent behavior. *Annual Review of Psychology*, 66, 295–319.
- Castonguay, L. G., Goldfried, M. R., Wiser, S., Raue, P. J., & Hayes, A. M. (1996). Predicting the Effect of Cognitive Therapy for Depression: A Study of Unique and Common Factors. In *Journal of Consulting and Clinical Psychology* (Vol. 64, Issue 3).
- Cirasola, A., Martin, P., Fonagy, P., Eubanks, C., Muran, C. J., & Midgley, N. (2022). Alliance ruptures and resolutions in short-term psychoanalytic psychotherapy for adolescent depression : An empirical case study. *Psychotherapy Research*, 1–18. <https://doi.org/10.1080/10503307.2022.2061314>
- Cirasola, A., & Midgley, N. (2022). The Alliance With Young People : Where Have We Been, Where Are We Going ? *Psychotherapy*. 60(1), 110–118. <https://doi.org/10.1037/pst0000461>
- Cirasola, A., Midgley, N., Muran, J. C., Eubanks, C. F., Hunter, E. B., & Fonagy, P. (2023).

- Repairing alliance ruptures in psychodynamic psychotherapy with young people: The development of a rational–empirical model to support youth therapists. *Psychotherapy*.
<https://doi.org/10.1037/pst0000514>
- Cirasola, A., Szegedi, D., Fonagy, P., & Midgley, N. (2024). "You can't really have a relationship with them because they just ask you questions": understanding adolescent dropout—an empirical single case study." *Frontiers in Psychology* 15 (2024): 1381901.<https://doi.org/10.3389/fpsyg.2024.1381901>
- Daly, A. M., Llewelyn, S., McDougall, E., & Chanen, A. M. (2009). Rupture resolution in cognitive analytic therapy for adolescents with borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, 83(3), 273–288.
<https://doi.org/10.1348/147608309X481036>
- De Haan, A. M., Boon, A. E., De Jong, J. T. V. M., Hoeve, M., & Vermeiren, R. R. J. M. (2013). A meta-analytic review on treatment dropout in child and adolescent outpatient mental health care. *Clinical Psychology Review*, 33(5), 698–711. <https://doi.org/10.1016/j.cpr.2013.04.005>
- Eubanks, C. F., Muran, C. J., & Safran, J. D. (2018). Alliance Rupture Repair: A Meta-Analysis. *Psychotherapy*, 55(4), 508–519. <https://doi.org/10.1037/pst0000185>.supp
- Fisher, S., Fonagy, P., Wiseman, H., & Zilcha-Mano, S. (2023). I see you as recognizing me; therefore, I trust you: Operationalizing epistemic trust in psychotherapy. *Psychotherapy*.
<https://doi.org/10.1037/pst0000501>
- Fonagy, P., & Allison, E. (2014). The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy*, 51(3), 372–380.
<https://doi.org/10.1037/a0036505>
- Foulkes, L., & Blakemore, S. J. (2018). Studying individual differences in human adolescent brain development. *Nature Neuroscience*, 21(3), 315–323.

<https://doi.org/10.1038/s41593-018-0078-4>

- Gersh, E., Hulbert, C. A., McKechnie, B., Ramadan, R., Worotniuk, T., & Chanen, A. M. (2017). Alliance rupture and repair processes and therapeutic change in youth with borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, *90*(1), 84–104. <https://doi.org/10.1111/papt.12097>
- Gopalan, G., Goldstein, L., Klingenstein, K., Sicher, C., Blake, C., & McKay, M. M. (2010). Engaging families into child mental health treatment: Updates and special considerations. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *19*(3), 182–96. PMID: 20842273; PMCID: PMC2938751.
- Gulliver, A., Kathleen, M. G., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, *113*(10), 9. <https://doi.org/10.1186/1471-244X-10-113>
- Haley, W. E., Freeman, Primack, B. A., Shensa, A., Sidani, J. E., Whaitte, E. O., yi Lin, L., Rosen, D., Colditz, J. B., Radovic, A., & Miller, E. (2017). Social media use and perceived social isolation among young adults in the US. *American Journal of Preventive Medicine*, *53*(1), 1–8. <https://doi.org/10.1016/j.amepre.2017.01.010>. Social
- Karver, M. S., De Nadai, A. S., Monahan, M., & Shirk, S. R. (2018). Meta-analysis of the prospective relation between alliance and outcome in child and adolescent psychotherapy. *Psychotherapy*, *55*(4), 341–355. <https://doi.org/10.1037/pst0000176>
- Laser, J. A., & Nicotera, N. (2021). *Working with adolescents: A guide for practitioners*. Guilford Publications.
- Lerner, R. M., & Steinberg, L. (2009). *Handbook of adolescent psychology, volume 1: Individual bases of adolescent development* (Vol. 1). John Wiley & Sons.
- Li, E. T., Midgley, N., Luyten, P., Sprecher, E. A., Campbell, C., Li, E. T., Midgley, N., Luyten, P., Sprecher, E. A., & Campbell, C. (2022). Mapping the Journey From

- Epistemic Mistrust in Depressed Adolescents Receiving Psychotherapy. *Journal of Counseling Psychology*, 69(5), 678. <https://doi.org/10.1037/cou0000625>
- Lipsitz-Odess, I., Benisty, H., Dolev-Amit, T., & Zilcha-Mano, S. (2021). Alliance rupture profiles by personality disorder pathology in psychotherapy for depression: Tendencies, development, and timing. *Clinical Psychology & Psychotherapy*, November, 1–10. <https://doi.org/10.1002/cpp.2700>
- Lockwood, J., Daley, D., Townsend, E., & Sayal, K. (2017). Impulsivity and self-harm in adolescence: a systematic review. *European Child and Adolescent Psychiatry*, 26(4), 387–402. <https://doi.org/10.1007/s00787-016-0915-5>
- Luyten, P., Campbell, C., Allison, E., & Fonagy, P. (2020). The Mentalizing Approach to Psychopathology: State of the Art and Future Directions. *Annual Review of Clinical Psychology*, 16, 297–325. <https://doi.org/10.1146/annurev-clinpsy-071919-015355>
- Marquardt, S. (2021). Marquardt, S. (2021). Rupture and Repair of the Therapeutic Alliance in CBT with Young People (Doctoral dissertation, University of Roehampton) https://pure.roehampton.ac.uk/ws/portalfiles/portal/6878965/Marquardt_Sonia_Final_Thesis_1_.pdf
- McLeod, B. D. (2011). Relation of the alliance with outcomes in youth psychotherapy: A meta-analysis. *Clinical Psychology Review*, 31(4), 603–616. <https://doi.org/10.1016/j.cpr.2011.02.001>
- Midgley, N., Holmes, J., Parkinson, S., Stapley, E., Eatough, V., & Target, M. (2016). “Just like talking to someone about like shit in your life and stuff, and they help you”: Hopes and expectations for therapy among depressed adolescents. *Psychotherapy Research*, 26(1), 11–21. <https://doi.org/10.1080/10503307.2014.973922>
- Morán, J., Díaz, M. F., Martínez, C., Varas, C., & Parra Sepúlveda, R. (2019). The subjective experience of psychotherapists during moments of rupture in psychotherapy with

- adolescents. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 22(1). <https://doi.org/10.4081/ripppo.2019.346>
- Mori, C., Temple, J. R., Browne, D., & Madigan, S. (2019). Association of sexting with sexual behaviors and mental health among adolescents: A systematic review and meta-analysis. *JAMA pediatrics*, 173(8), 770-779. <https://doi.org/10.1363/psrh.12053>
- Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social Development*, 16(2), 361–388. <https://doi.org/10.1111/j.1467-9507.2007.00389.x>
- Morris, E., Fitzpatrick, M. R., & Renaud, J. (2016). A pan-theoretical conceptualization of client involvement in psychotherapy. *Psychotherapy Research* , 26(1), 70-84. <https://doi.org/10.1080/10503307.2014.935521>
- Mortimer, R., Somerville, M. P., Mechler, J., Lindqvist, K., Leibovich, L., Guerrero-Tates, B., Edbrooke-Childs, J., Martin, P., & Midgley, N. (2022). Connecting over the internet: Establishing the therapeutic alliance in an internet-based treatment for depressed adolescents. *Clinical Child Psychology and Psychiatry*, 0(0), 135910452210811. <https://doi.org/10.1177/13591045221081193>
- Muran, C. J., Eubanks-Carter, C. F., Lipner, L. M., & Bloch-Elkouby, S. (2022). Renegotiating tasks or goals as rupture repair: A task analysis in a cognitive-behavioral therapy for personality disorder. *Psychotherapy Research*, 1–14. <https://doi.org/10.1080/10503307.2022.2079439>
- Muran, C. J., & Eubanks, C. F. (2020). *Therapist performance under pressure: Negotiating emotion, difference, and rupture*. American Psychological Association.
- Nof, A., Dolev, T., Leibovich, L., Harel, J., & Zilcha-Mano, S. (2019). If you believe that breaking is possible, believe also that fixing is possible: A framework for ruptures and repairs in child psychotherapy. *Research in Psychotherapy: Psychopathology, Process*

- and Outcome*, 22(1), 45–57. <https://doi.org/10.4081/ripppo.2019.364>
- O’Keeffe, S., Martin, P., & Midgley, N. (2020). When Adolescents Stop Psychological Therapy: Rupture- Repair in the Therapeutic Alliance and Association With Therapy Ending. *Psychotherapy*, 37(9), 1591–1601. <https://doi.org/10.1037/pst0000279>
- O’Keeffe, S., Martin, P., Target, M., & Midgley, N. (2019). “I just stopped going”: A Mixed Methods Investigation Into Types of Therapy Dropout in Adolescents With Depression. *Frontiers in Psychology*, 10(FEB), 1–14. <https://doi.org/10.3389/fpsyg.2019.00075>
- Oetzel, K. B., & Scherer, D. G. (2003). Therapeutic engagement with adolescents in psychotherapy. *Psychotherapy*, 40(3), 215–225. <https://doi.org/10.1037/0033-3204.40.3.215>
- Ormhaug, S. M., Jensen, T. K., Wentzel-Larsen, T., & Shirk, S. R. (2014). The therapeutic alliance in treatment of traumatized youths: Relation to outcome in a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 82(1), 52–64. <https://doi.org/10.1037/a0033884>
- Resnikoff, A. W., & Nugent, N. R. (2021). Social media use: What are adolescents communicating? *The Brown University Child and Adolescent Behavior Letter*, 37(6), 1–6. <https://doi.org/10.1002/cbl.30546>
- Rogers, C. R., & Wood, J. K. (1974). Client-centered theory: Carl R. Rogers. In Brunner/Mazel. (Ed.), A. Burton (Ed.), *Operational theories of personality*. Brunner/Mazel.
- Roth, A., & Fonagy, P. (2006). *What works for whom?: a critical review of psychotherapy research*. Guilford Press.
- Safran, J. D., & Kraus, J. (2014). Alliance ruptures, impasses, and enactments: A relational perspective. *Psychotherapy*, 51(3), 381–387. <https://doi.org/10.1037/a0036815>
- Safran, J. D., & Muran, C. J. (2000). Negotiating the therapeutic alliance: A relational

treatment guide. Guilford Press.

Safran, J. D., Muran, C. J., & Eubanks-Carter, C. F. (2011). Repairing Alliance Ruptures.

Psychotherapy, 48(1), 80–87. <https://doi.org/10.1037/a0022140>

Schenk, N., Zimmermann, R., Fürer, L., Krause, M., Weise, S., Kaess, M., Schlüter-Müller,

S., & Schmeck, K. (2019). Trajectories of alliance ruptures in the psychotherapy of adolescents with borderline personality pathology: Timing, typology and significance.

Research in Psychotherapy: Psychopathology, Process and Outcome, 22(2), 199–211.

<https://doi.org/10.4081/ripppo.2019.348>

Schnyder, N., Lawrence, D., Panczak, R., Sawyer, M. G., Whiteford, H. A., Burgess, P. M.,

& Harris, M. G. (2019). Perceived need and barriers to adolescent mental health care:

Agreement between adolescents and their parents. *Epidemiology and Psychiatric*

Sciences. <https://doi.org/10.1017/S2045796019000568>

Shirk, S. R., Karver, M. S., & Brown, R. (2011). The Alliance in Child and Adolescent

Psychotherapy. *Psychotherapy*, 48(1), 17–24. <https://doi.org/10.1037/a0022181>

Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., Il Shin, J.,

Kirkbride, J. B., Jones, P., Kim, J. H., Kim, J. Y., Carvalho, A. F., Seeman, M. V.,

Correll, C. U., & Fusar-Poli, P. (2022). Age at onset of mental disorders worldwide:

large-scale meta-analysis of 192 epidemiological studies. In *Molecular Psychiatry* (Vol.

27, Issue 1, pp. 281–295). Springer Nature. <https://doi.org/10.1038/s41380-021-01161-7>

Steinberg, L. (2018). Age of Opportunity: Lessons from the new science of adolescence.

Journal of Child and Adolescent Mental Health, 30(1), 61–66.

Stubbing, J., & Gibson, K. (2022). What Young People Want from Clinicians: Youth-

Informed Clinical Practice in Mental Health Care. *Youth*, 2(4), 538–555.

<https://doi.org/10.3390/youth2040039>

Twenge, J. M., & Campbell, W. K. (2018). Associations between screen time and lower

psychological well-being among children and adolescents: Evidence from a population-based study. *Preventive Medicine Reports*, 12(September), 271–283.

<https://doi.org/10.1016/j.pmedr.2018.10.003>

Vetter, N. C., Leipold, K., Kliegel, M., Phillips, L. H., & Altgassen, M. (2013). Ongoing development of social cognition in adolescence. *Child Neuropsychology*, 19(6), 615–629. <https://doi.org/10.1080/09297049.2012.718324>

Vyas, N. S., Birchwood, M., & Singh, S. P. (2015). Youth services: meeting the mental health needs of adolescents. *Irish Journal of Psychological Medicine*, 32(1), 13–19. doi:10.1017/ipm.2014.73

World Health Organization, United Nations Educational, United Nations Educational, Scientific, & Cultural Organization. (2021). Making every school a health-promoting school: Implementation guidance. World Health Organization.