



Relate-Youth (Relate-Y): An Integrative, Relationship Focused Training to Strengthen the Youth-Therapist Alliance – Background and Development

Antonella Cirasola & Peter Fonagy

To cite this article: Antonella Cirasola & Peter Fonagy (2025) Relate-Youth (Relate-Y): An Integrative, Relationship Focused Training to Strengthen the Youth-Therapist Alliance – Background and Development, *Journal of Infant, Child, and Adolescent Psychotherapy*, 24:1, 34-53, DOI: [10.1080/15289168.2025.2473326](https://doi.org/10.1080/15289168.2025.2473326)

To link to this article: <https://doi.org/10.1080/15289168.2025.2473326>



© 2025 The Author(s). Published with license by Taylor & Francis Group, LLC.



Published online: 03 Apr 2025.



[Submit your article to this journal](#)



Article views: 323



[View related articles](#)



[View Crossmark data](#)



OPEN ACCESS



Relate-Youth (Relate-Y): An Integrative, Relationship Focused Training to Strengthen the Youth-Therapist Alliance – Background and Development

Antonella Cirasola, PhD and Peter Fonagy, PhD, FBA

ABSTRACT

The therapeutic alliance has demonstrated to be a pivotal factor in achieving successful outcomes in youth psychotherapy. Despite significant advancements in psychotherapy research, the translation of these findings into accessible and practical training opportunities for mental health professionals remains limited. To address this gap, Relate-Youth (Relate-Y) was developed as a relationship-focused training that integrates principles from Alliance-Focused Training (AFT) for adults with developmental and mentalization frameworks. It aims to equip therapists with the skills to foster and sustain the therapeutic alliance with young people, including the identification and resolution of ruptures. This article examines the theoretical and empirical foundations of Relate-Y, which integrates contemporary research on the therapeutic alliance with insights from developmental psychology, relational psychotherapy approaches, and mentalization theory. The training is designed to support therapists in diverse practice settings to build effective, trust-based relationships with young people. Additionally, this article outlines the core components of Relate-Y and details the plans for feasibility testing, offering a comprehensive overview of this innovative approach.

Introduction

Adolescence represents a critical period of biological, psychological, and social development, yet it is also a stage marked by heightened vulnerability to mental health challenges (WHO & UNESCO, 2021). Longitudinal studies suggest that approximately 50 percent of adult mental disorders have their origins in adolescence (Solmi et al., 2022). Furthermore, research shows a steady decline in emerging adults' mental health over the past two decades, exacerbated by the COVID-19 pandemic and its aftermath (McGorry et al., 2024). This trend highlights the impact of global megatrends and societal changes on youth mental well-being.

CONTACT Antonella Cirasola ✉ Antonella.cirasola@annafreud.org 📍 University College London, 4-8 Rodney Street, London N1 9JH

Antonella Cirasola, PhD, Research Fellow at the Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM); affiliated with Anna Freud and University College London (UCL). She is an HCPC-accredited Clinical and Counselling Psychologist.

Peter Fonagy, CBE, FMedSci, FBA, FAcSS, PhD, Head of the Division of Psychology and Language Sciences at UCL. He serves as a Clinical Advisor to the UCLPartners Integrated Mental Health Programme and NHS England's Children and Young People's Mental Health Programme.

© 2025 The Author(s). Published with license by Taylor & Francis Group, LLC.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

This underscores the urgency of addressing mental health concerns during this formative stage, particularly as untreated or inadequately managed issues can lead to persistent difficulties in adulthood. Despite this need, young people often face barriers to engaging in therapy, including stigma, developmental challenges, and mistrust of mental health systems, contributing to alarmingly high dropout rates (De Haan et al., 2013; Stubbing & Gibson, 2022). These disengagement patterns limit the effectiveness of even well-established, evidence-based interventions, highlighting the need for strategies to bolster youth participation.

A pivotal determinant of successful therapeutic engagement is the strength of the therapeutic alliance – the collaborative, affective relationship between therapist and client (Bordin, 1979). Consistent evidence from youth psychotherapy research indicates that a robust alliance is associated with enhanced treatment engagement and improved outcomes, regardless of the specific therapeutic modality employed (Bose et al., 2021; Karver et al., 2018; McLeod, 2011). Notably, these findings apply to both in-person and online therapeutic contexts, which are increasingly relevant in the post-pandemic landscape (Anderson et al., 2016; Mortimer et al., 2022; Resnikoff & Nugent, 2021). Such generalizability reinforces the alliance as a cornerstone of effective youth therapy.

Alliance research has evolved from merely examining the association between the therapeutic relationship and treatment outcomes to exploring its dynamic and process-oriented aspects. This “second generation” research highlights the importance of alliance ruptures – moments of strain or conflict within the therapeutic relationship – and their repair. Empirical studies consistently demonstrate that successfully addressing alliance ruptures is associated with better outcomes, including increased session attendance and improved symptomatology (Cirasola et al., 2022; Daly et al., 2009; Eubanks et al., 2018; Gersh et al., 2017; Schenk et al., 2019). Conversely, unresolved ruptures significantly correlate with therapy dropouts and suboptimal outcomes among young people (Cirasola, Fonagy, et al., 2024; O’Keeffe et al., 2020). These findings align with adult therapy research, suggesting that rupture-repair processes are a transdiagnostic mechanism of change across developmental stages.

Despite the established importance of the therapeutic alliance, there remains a notable gap in the training of youth therapists. Surveys and qualitative studies indicate that many therapists feel underprepared in building strong alliances with young people, citing challenges such as developmental mismatch, resistance, and the complexity of family dynamics (Binder, Holgersen, & Høstmark Nielsen, 2008; Binder, Holgersen, Nielsen, et al., 2008; Morán et al., 2019). While psychotherapy research has advanced, these insights are often not translated into practical, accessible training modules for practitioners working with youth populations. This contrasts with adult therapy, where established programs such as Alliance-Focused Training (AFT) (C. J. Muran & Eubanks, 2020; Safran & Kraus, 2014) provide structured approaches to enhancing alliance-related competencies.

The limited availability of targeted training for youth therapists not only restricts their ability to foster robust alliances but also undermines the translation of evidence into practice. Recent initiatives have sought to bridge this gap by adapting alliance-focused frameworks to the specific needs of young people. For instance, Daly et al. (2009) validated a rupture-repair model derived from Cognitive Analytic Therapy (CAT) for youth populations, while Nof and colleagues developed the “Child Alliance Focused Approach” (CAFA) by adapting Safran and Muran’s (2000) model for child psychotherapy (Nof et al., 2019). Additionally, Cirasola and colleagues created a rupture resolution framework tailored for

short-term psychoanalytic psychotherapy with adolescents, drawing on empirical evidence and theoretical constructs (Cirasola et al., 2022, 2023). While these efforts represent substantial progress, further rigorous trials and implementation studies are required to establish their effectiveness and scalability within diverse clinical settings.

To the best of our knowledge, no specialized training currently exists to equip youth therapists with the skills needed to build and sustain strong therapeutic alliances with young clients. Addressing this training gap is crucial to ensuring therapists are well-prepared to manage alliance ruptures and foster a robust therapeutic relationship – a key determinant of treatment success in youth psychotherapy. Relate-Youth (Relate-Y) was developed by integrating principles from Alliance-Focused Training (AFT; Eubanks et al., 2023; J. C. Muran et al., 2025) – an evidence-based approach to strengthening the therapeutic alliance in adult therapy – with youth alliance research, developmental theory, and mentalization frameworks. This new integrative training is specifically designed to enhance the therapeutic alliance between young people and their therapists. It emphasizes the relational dimensions of therapy, offering clinicians practical, evidence-based tools to foster trust, enhance communication, and address the unique challenges of youth psychotherapy, such as resistance, disengagement, and cultural sensitivity. By prioritizing these relational dynamics, Relate-Y aims to build therapists' confidence and efficacy in engaging with young people, ultimately improving treatment outcomes.

This article outlines the theoretical and empirical foundations of Relate-Y, a training program that synthesizes contemporary research on the therapeutic alliance with key principles from developmental psychology, relational psychotherapy, and mentalization theory. To contextualize the development of Relate-Y, we begin by defining alliance rupture and repair, which are pivotal processes within its framework. Subsequently, we present the program's rationale, delineate its core components, and outline plans for its implementation. These plans include a feasibility evaluation designed to assess the program's effectiveness and practical impact in real-world clinical settings, with the ultimate goal of bridging the gap between research and practice in youth therapy.

Defining the therapeutic alliance and its rupture-repair

The therapeutic alliance is widely defined as a “mutual understanding and agreement about change goals, tasks, and the establishment of a bond to maintain the therapeutic work” (Bordin, 1994, p. 13). It comprises three key components: agreement on goals, agreement on tasks, and the quality of the relational bond between therapist and client. Goals refer to the desired changes the client wishes to achieve, tasks are the activities undertaken to realize those goals, and the bond represents the trust and emotional connection that sustain the therapeutic relationship.

Recent research conceptualizes the alliance as a dynamic and evolving process, characterized by moments of strain, referred to as “ruptures,” and their resolution, termed “repairs” (C. J. Muran & Eubanks, 2020; Safran & Muran, 2000). Ruptures, as described by Safran and Muran (2000), are inevitable tensions in the alliance that may arise from disagreements about goals or tasks or from challenges in the relational bond. These ruptures can range from minor tensions to major breakdowns that, if unresolved, may undermine therapeutic progress and lead to treatment failure (Muran & Eubanks, 2020).

Safran and Muran (1996), building on Harper's (1989) coding system, identified two primary types of ruptures: withdrawal and confrontation. Withdrawal ruptures involve a "movement away" from the other or therapy, where clients and therapists disengage from their relationship and/or the therapeutic process. These can manifest as behaviors such as denial, minimal responses, topic shifts, or intellectualization. In contrast, confrontation ruptures signify a "movement against" therapy or the other, marked by active conflict or resistance, where either the client or therapist challenges the other (Muran & Eubanks, 2020; Safran & Muran, 2000).

Repairs occur when the therapist and client collaboratively reestablish a shared focus on therapeutic work and a positive affective bond, restoring the alliance. Research and clinical experience in adult psychotherapy suggest two overarching strategies for repairing ruptures: immediate and exploratory approaches (Eubanks et al., 2018; Muran & Eubanks, 2020). Immediate strategies focus on swiftly resolving the rupture without delving into its underlying causes. These may include clarifying misunderstandings, renegotiating therapy tasks or goals, offering explanations for therapeutic approaches, or helping the client refocus on treatment objectives. By contrast, exploratory strategies aim to achieve a deeper understanding of the rupture by encouraging clients to articulate their thoughts and feelings about the impasse, exploring underlying relational themes, and sharing the therapist's reflections to foster collaborative meaning-making (Eubanks et al., 2018).

Far from being inherently detrimental, alliance ruptures – when recognized and repaired – can enhance trust, deepen the therapeutic bond, and improve treatment outcomes (Eubanks et al., 2018). However, unresolved or ignored ruptures are associated with significant risks, including alliance breakdowns, early termination of treatment, reduced client engagement, and poorer therapeutic outcomes (Eubanks et al., 2018; C. J. Muran & Eubanks, 2020; Safran et al., 2011). These findings highlight the critical need to train therapists to identify, address, and repair ruptures effectively, particularly when working with vulnerable populations like young people, who may be more prone to alliance challenges due to developmental and contextual factors.

The need for specialized alliance training for youth therapists

Adolescence is a critical developmental stage characterized by profound physical, emotional, and cognitive changes, as well as evolving societal expectations that differ across cultures. In Western societies, the recognized age range for adolescence has broadened in recent years. Organization, W. H (2024) defines "adolescents" as individuals aged 10–19, "youth" as those aged 15–24, and "young people" as encompassing ages 10–24. This broader understanding requires clinicians to develop a nuanced grasp of the developmental and neurobiological processes young people undergo and to adapt their therapeutic approaches accordingly.

Young people navigate complex developmental transitions, including puberty, identity formation, evolving peer relationships, and increasing autonomy. These changes shape how they engage in relationships, including in therapy. Their drive for independence and strong preference for peer relationships can create tension when interacting with therapists, who may be seen as authority figures. This perception can contribute to resistance, withdrawal, or defiance in the therapeutic process (Oetzel & Scherer, 2003). This dynamic complicates

the process of building trust and rapport, as therapists must balance guiding young people while respecting their desire for self-determination.

Many young people enter therapy with unclear, conflicting, or unrealistic expectations, such as anticipating quick results or hoping to feel exactly as they did before their struggles began (Midgley et al., 2016). When these expectations are not met or differ from those of the therapist – and remain unexplored – they can lead to frustration, misunderstanding, or disengagement. Compounding this, young people are often referred by parents or schools rather than seeking help independently, leading to ambivalence or outright resistance (Binder et al., 2008). Stigma surrounding mental health, power dynamics, and/or distrust of authority figures can further exacerbate this skepticism, increasing the risk of disengagement (Swift et al., 2018).

Adolescence is also a crucial stage for identity development, as young people shape their personal, social, cultural, gender, and ethnic identities, which in turn influence their self-perception, relationships, and engagement in therapy (Erikson, 1968; Umaña-Taylor et al., 2014). Alongside these psychological changes, young people undergo significant brain development, particularly in areas related to emotional regulation, decision-making, and social cognition. The amygdala, responsible for processing emotional responses, matures earlier than the prefrontal cortex, which governs impulse control and executive functioning. This developmental imbalance, along with the ongoing maturation of brain regions involved in emotional regulation, can heighten emotional reactivity and increase risk-taking behaviors (Steinberg, 2018). These factors may contribute to greater tension in the therapeutic relationship, requiring clinicians to adopt developmentally attuned approaches to foster engagement and trust.

Parental involvement, while often critical to the therapeutic process, adds layers of complexities. Therapists must navigate the balance between fostering young people's autonomy and addressing parental expectations. Conflicting goals between young people and their parents can create tension and strain the therapeutic alliance, underscoring the importance of skillfully managing these dynamics (Morris et al., 2007). Concerns about confidentiality can further complicate engagement in therapy. Young people may hesitate to share sensitive information out of fear that their disclosures will be relayed to parents, teachers, or other authority figures. This can hinder open communication and trust in the therapeutic relationship (Gopalan et al., 2010; Haley et al., 2017).

For therapists working with young people, understanding developmental transitions is essential, as these changes shape the therapeutic relationship and influence engagement in therapy. Research consistently shows that the therapeutic alliance is a key predictor of treatment success across modalities and settings (Bose et al., 2021; Cirasola et al., 2022; Cirasola, Fonagy, et al., 2024; Karver et al., 2018; McLeod, 2011), yet building and maintaining this alliance with young clients requires specialized skills.

Traditional, adult-oriented approaches often fail to resonate with young people, who have distinct developmental, emotional, social, and cultural needs. Without tailored strategies, therapists may struggle to foster trust and engagement, limiting the effectiveness of therapy. Specialized training equips clinicians with the tools to navigate these complexities, ensuring interventions are developmentally attuned and responsive to young clients. Without such training, therapists risk missing critical opportunities to support young people through this formative period, ultimately reducing treatment effectiveness and

long-term outcomes. Investing in youth-specific training is not just beneficial – it is essential for ensuring meaningful therapeutic progress and lasting impact

The Relate-Y training: Aims and background

As Bordin (1983) stated, “The process of building and repairing strong alliances is the treatment itself” (p. 36). This principle underpins the Relate-Y training, which posits that a robust therapeutic relationship is foundational for fostering meaningful engagement and promoting the growth of young clients aged 10–24. Youth therapy involves unique relational dynamics that differ from adult therapy, requiring a developmentally attuned approach to building the therapeutic alliance and managing ruptures effectively. Relate-Y addresses this need by equipping clinicians with the skills to adapt their practice to the specific needs of young clients, recognizing that a strong therapeutic alliance is essential for effective therapy. Table 1 presents the logic model underpinning the Relate-Y training.

This training is designed to enhance clinicians’ understanding of young people’s developmental changes and their impact on the therapeutic relationship. It offers practical, adaptable, and evidence-informed strategies to help therapists navigate these challenges, strengthen the therapeutic relationship, and effectively identify, manage, and repair ruptures in real time. By equipping therapists with tools to build stronger relationships with young clients, *Relate-Y* training places the therapeutic alliance at the core of clinical practice. The underlying hypothesis is that a strong therapeutic relationship is key to improving engagement and treatment outcomes.

Relate-Y is an integrative training program that draws on insights from therapeutic alliance research, developmental psychology, relational psychotherapy, and mentalization theory. By integrating multiple perspectives, Relate-Y offers an evidence-based, flexible approach to working with young clients. While informed by various frameworks, it is primarily rooted in alliance theory and research. It combines alliance-focused models originally developed for adults – such as Alliance-Focused Training (Eubanks et al., 2023; C. J. Muran & Eubanks, 2020; J. C. Muran et al., 2025; Safran & Kraus, 2014) – with research-based approaches for identifying and repairing alliance ruptures in youth therapy (Cirasola et al., 2022, 2023; Daly et al., 2009; Nof et al., 2019). Building on a growing body of research on the therapeutic alliance with young people, including recent task analysis studies (Cirasola et al., 2022, 2023; Cirasola, Fonagy, et al., 2024; Cirasola, Heller, et al., 2024; Cirasola, Szegedi, et al., 2024; O’Keeffe et al., 2020), Relate-Y provides a structured, evidence-based framework attuned to the unique needs of young clients.

Developmental psychology serves as another foundational pillar of Relate-Y. Taking a developmental perspective requires a nuanced understanding of the physical, emotional, cognitive, and social changes that define adolescence. These shifts influence how young people engage in therapy, making it essential for clinicians to recognize their impact on the therapeutic relationship (Cirasola, Fonagy, et al., 2024; Luyten et al., 2021). Relate-Y aims to enhance therapists’ awareness of these developmental dynamics, including how new technologies, the online world, and online therapy platforms can shape youth communication, identity formation, and emotional expression.

Relate-Y also draws upon a diverse range of relational and developmental approaches to psychotherapy, including attachment theory (Bowlby, 1969), developmental (Freud, 1946; Winnicott, 1958) and relational psychoanalysis (Benjamin, 2017; Mitchell, 1988), and Self-

Table 1. Relate-Y logic model.

Context	Target	Intervention	Mechanism of Change	Direct Outcomes	Indirect Outcomes
Youth mental health settings.	Mental health professionals working with young people.	Relate-Y: An Integrative Relationship-Focused Training to Strengthen the Youth-Therapist Alliance	<ul style="list-style-type: none">Increasing awareness of how developmental changes impact the therapeutic relationship.Promoting curiosity and openness in therapy.Enhancing emotional awareness through self-monitoring and reflection.Strengthening the ability to identify and repair relational ruptures.	<ul style="list-style-type: none">Increased therapist confidence and competence in fostering trusting relationships with young people.Strengthened ability to recognize and repair relational ruptures.Greater self-awareness and reflective practice.Reduced therapist stress and burnout.	<ul style="list-style-type: none">Increased youth engagement and active participation in therapy.Enhanced mental health outcomes for young people.

psychology (Kohut, 1971). It also draws on Blatt's dual-process theory (Blatt, 2008; Blatt & Luyten, 2009) and insights from infant research (Blatt, 2008; Blatt & Luyten, 2009). Attachment theory underscores the importance of creating a secure base, which is essential for fostering trust and safety in the therapeutic relationship. This secure base allows young people to feel emotionally safe, enabling them to explore their inner experiences and vulnerabilities in therapy. Infant research indicates that healthy development relies more on the ability to repair misattunements than on perfect attunement, a concept applicable to the therapeutic relationship (Beebe & Lachmann, 1998; Ham & Tronick, 2009). Just as ruptures are inherent in mother-infant interactions, tensions in the patient-therapist dynamic are inevitable, but effective repair can strengthen the alliance and promote positive change.

Relational psychoanalysis focuses on the co-construction of meaning between therapist and client, highlighting the collaborative nature of the therapeutic process. This approach emphasizes mutual engagement, where both therapists and young people actively contribute to understanding and resolving challenges (Benjamin, 2017; Mitchell, 1988; Ogden, 2019). Self-psychology emphasizes the role of empathic attunement – the therapist's ability to sensitively align with a young person's emotional world – in shaping their sense of self. This attunement fosters resilience, strengthens self-esteem, and enhances the capacity to navigate relationships beyond therapy (Kohut, 1971). Similarly, Blatt's (2008) dual-process theory explores the interplay between relatedness and self-definition, a balance that is especially pertinent during adolescence as young people grapple with identity formation while navigating relationships with others. Together, these theories affirm the therapeutic relationship as a central driver of change, with trust serving as the primary vehicle for therapeutic progress (Fonagy et al., 2023).

A further cornerstone of Relate-Y is mentalization theory, which focuses on understanding and interpreting one's own and others' mental states (Bateman & Fonagy, 2004; Luyten et al., 2024). This theory acknowledges that misunderstandings are an inherent part of human interaction, as no individual can fully "read" another's mind. Mentalization is critical for effective communication and the repair of alliance ruptures, especially during moments of emotional disconnect or misunderstanding. Young people, due to their heightened emotional reactivity and ongoing neurobiological development, are particularly susceptible to misattunements in therapy (Rossouw et al., 2021). Their still-maturing abilities in emotion regulation, self-reflection, and perspective-taking make them more prone to misinterpretations, amplifying the risk of therapeutic ruptures. This highlights the critical role of mentalization – focusing on understanding young people's thoughts, emotions, and intentions – in navigating ruptures (Rossouw et al., 2021). Repairing misunderstandings in therapy not only addresses immediate ruptures but also fosters the young person's natural development of mentalizing capacities, supporting their long-term emotional and relational growth (Fonagy et al., 2021; Rossouw et al., 2021).

By integrating complementary theories and research findings, Relate-Y aims to provide a comprehensive framework that equips therapists with the tools needed to build and sustain strong, supportive alliances with young people. Furthermore, the training manual and structure have been refined with expert input from leading scholars in therapeutic alliance research, including Professors Catherine Eubanks and Chris Muran, as well as experts in developmental psychology and mentalization theory, such as Professor Peter Fonagy.

Additionally, feedback from practicing youth therapists has ensured that the program’s content remains practical, relevant, and directly applicable to the realities of youth therapy.

This collaboration between theory and practice – grounded in research and continuous feedback from experts and clinicians with firsthand experience – aims to ensure that *Relate-Y* is both scientifically rigorous and responsive to real-world challenges. The development of *Relate-Y* aligns with contemporary calls for evidence-based practices in clinical settings and the ongoing professional development of therapists. With its emphasis on relational dynamics, the program offers actionable strategies for addressing common challenges in youth therapy.

Importantly, *Relate-Y* is not a new therapeutic modality, but a specialized training program designed to enhance the therapeutic alliance – a fundamental component of all forms of talking therapy. Rather than replacing existing therapeutic approaches, it complements them by equipping clinicians with tools to deepen engagement and repair ruptures within their current framework. The training is highly adaptable and can be integrated into various therapeutic models, including cognitive, psychodynamic, humanistic, and integrative approaches. Regardless of the specific therapeutic approach used, *Relate-Y* aims to strengthen the relational foundation of therapy, helping clinicians foster trust, collaboration, and therapeutic effectiveness.

Relate-Y is designed to support clinicians at all experience levels, from seasoned practitioners to those new to youth therapy, by providing a flexible framework adaptable to varying expertise. It can be applied in both in-person and online therapy, integrating seamlessly with different therapeutic approaches to meet the diverse needs of young clients. To enhance accessibility and scalability, *Relate-Y* will be delivered primarily online, making it more widely available to professionals working with young people across diverse geographic and institutional settings.

Content of the *Relate-Y* training

Relate-Y provides a flexible, evidence-informed toolkit designed to help clinicians strengthen the therapeutic alliance and repair relational ruptures with young people. It highlights both the universal principles of therapeutic relationships and the unique dynamics of each client-therapist interaction. Additionally, it integrates cultural considerations, ensuring therapists can adapt their approach to diverse contexts and individual client needs. This adaptability allows clinicians to maintain a strong therapeutic alliance, even in complex or challenging situations. [Table 2](#) provides an overview of the core content of the *Relate-Y* program.

Table 2. Content of the *Relate-Y* program.

Section	Description
Defining the Therapeutic Alliance and Its Rupture-Repair Processes	Overview of the therapeutic alliance, including rupture and repair processes.
Youth and Psychotherapy	Understanding the unique developmental factors of adolescence and how they affect therapy, as well as common factors leading to ruptures.
Rupture Recognition	Training therapists to identify early signs of rupture to address them proactively.
Therapists Relate Stance	Exploring therapist attitudes and behaviors that strengthen the therapeutic alliance.
Repair Strategies	Evidence-based techniques for repairing ruptures in the therapeutic relationship.
Therapist Use of Self	Reflecting on the therapist’s use of self to enhance engagement and foster deeper connections with clients.
Strategies for Therapist Self-Care and Growth	Providing strategies for therapist well-being and growth to maintain effectiveness.

The first section of the Relate-Y program provides basic psychoeducation on the therapeutic alliance, including key definitions and an in-depth exploration of rupture and resolution processes. The *“Youth and Psychotherapy”* section examines the unique developmental factors influencing therapy with young people, such as cognitive, emotional, and social changes. It contextualizes alliance rupture literature within the specific context of youth therapy, enabling therapists to identify and address developmental factors that may contribute to ruptures. By recognizing potential challenges early, therapists can proactively build trust, manage expectations, and strengthen the therapeutic relationship, ensuring it remains resilient even through ruptures.

The *Rupture Recognition* section trains therapists to identify early signs of ruptures – whether through withdrawal or confrontation – allowing for timely and effective intervention. The rupture markers outlined in the training are based on the *Rupture Resolution Rating System* (3RS v2022; Eubanks et al., 2022), an observer-based tool for identifying and coding ruptures and their resolutions in therapy sessions. While grounded in the 3RS framework, these markers have been adapted to incorporate a developmental perspective, ensuring their relevance for youth therapy.

Recognizing even subtle tensions in the therapeutic relationship is critical, as unnoticed ruptures can quietly undermine the alliance (Eubanks et al., 2021). For instance, a client might withdraw emotionally, offering vague responses like “I don’t know” or disengaging entirely. Left unaddressed, these shifts can escalate tension and disrupt therapeutic progress. This is especially relevant in youth therapy, where research shows that young people are more likely to disengage or end therapy prematurely if they feel misunderstood or dissatisfied, rather than voicing their concerns directly (Cirasola, Szegedi, et al., 2024; O’Keeffe et al., 2020). For example, a young person might avoid eye contact or respond with a shrug – behavior that may appear disinterested but often signals difficulties in self-expression or tension within the therapeutic relationship.

While confrontational ruptures tend to be more overt, therapists must also learn to recognize their unique markers. These behaviors often manifest as the young person challenging or resisting the therapist, sometimes in indirect ways. For example, a client might test the therapist with sarcasm or demand definitive advice, saying, “You’re not telling me what I should do!” Such interactions typically reflect a breakdown in the alliance, rooted in frustration or a perception that the therapist is not being sufficiently helpful.

To address these dynamics, Relate-Y trains therapists to identify even subtle tensions early, using video demonstrations and interactive exercises to encourage proactive exploration before issues escalate. In line with AFT (Eubanks et al., 2021) therapists are taught to recognize both verbal and nonverbal cues, such as silence, appeasing behavior, or discrepancies between a client’s words and emotions. For example, a client smiling or laughing while discussing a distressing topic may be signaling unresolved discomfort, prompting the need for further inquiry. By working with real-world scenarios, therapists are supported in becoming more attuned to behaviors that may indicate ruptures, as well as their own emotional responses – such as frustration or confusion – that could signal a rupture is occurring.

This heightened awareness is a vital first step toward effective repair, enabling therapists to address tensions and prevent minor ruptures from hindering progress (Muran & Eubanks, 2020). Research underscores the importance of this skill: therapists’ ability to

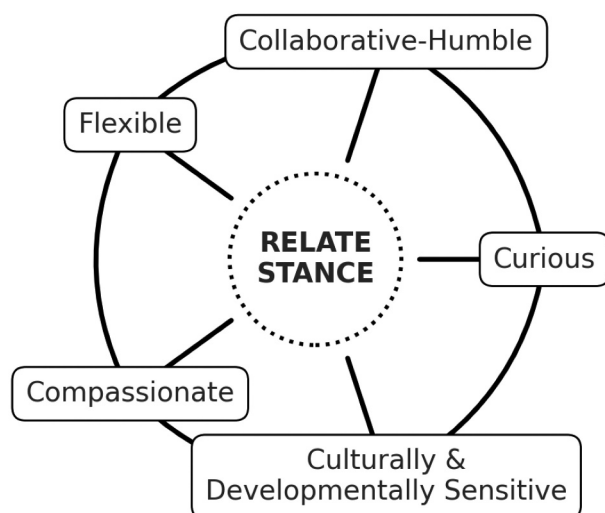


Figure 1. The relate stance.

detect ruptures is associated with stronger therapeutic alliances and better outcomes (Atzil-Slonim et al., 2016; Chen et al., 2018; Rubel et al., 2018; Zilcha-Mano et al., 2017).

The ***Therapists Relate Stance*** section highlights the attitudes and behaviors that form the foundation of effective therapeutic relationships (see Figure 1). This stance emphasizes: (a) genuine curiosity and interest, (b) a collaborative-humble approach, (c) flexibility and respect, (d) a compassionate, non-judgmental attitude, and (e) cultural and developmental sensitivity. These qualities are critical for fostering trust and openness, especially with young people who may feel hesitant, defensive, or misunderstood in therapy. Young people navigating the tension between autonomy and vulnerability, respond best to therapists who engage them with authentic curiosity and interest. The *Relate* stance is where mentalization theory, therapeutic alliance research, and approaches like *Alliance-Focused Training* (AFT) converge most effectively, as its core qualities are essential for sustaining a reflective and open therapeutic presence.

Curiosity encourages therapists to adopt an open, “not-knowing” stance, avoiding assumptions about the young person’s thoughts or feelings. This approach aligns with mentalization theory, which emphasizes stepping outside one’s own perspective to understand the young person’s unique worldview. For instance, if a withdrawn 15-year-old says, “I don’t care about anything,” a therapist adopting the Relate stance might respond with curiosity: “That sounds really tough – can you tell me more about it and about what makes you feel that way?.” This response communicates that the young person’s experience matters, fostering deeper reflection and engagement. Additionally, by adopting a collaborative and humble stance, therapists empower young people to take an active role in shaping the conversation. This approach fosters a sense of agency, encouraging open expression without fear of judgment or assumptions. This is especially important when working with young clients, who are often highly attuned to power dynamics and sensitive to imbalances in the therapeutic relationship.

Flexibility complements curiosity by acknowledging the fluid and subjective nature of young people's emotions. It involves a trial-and-error approach, where the therapist attempts to repair ruptures and remains open to adjusting their strategy based on the young person's response, rather than adhering to a rigid approach. This fosters collaboration and demonstrates the therapist's willingness to adapt and learn alongside the client. Compassion also serves as the emotional foundation of the Relate stance, helping young people feel seen and understood. When a rupture occurs, such as a young person accusing the therapist of "not getting it," a compassionate response like, "I might not have gotten it right, but I want to – I'd like to work through this together," can help repair the relational disconnect.

Lastly, the Relate stance emphasizes cultural and developmental sensitivity, encouraging therapists to reflect on both their similarities and differences with their young clients. This includes understanding developmental stages, generational gaps, and cultural backgrounds, and how these factors influence the therapeutic relationship. Generational and cultural differences can sometimes lead to misunderstandings, but awareness and sensitivity to these differences are essential for addressing and resolving them – sometimes even with the help of humor. For example, if a young person feels misunderstood, a therapist might say, "I'm just an old guy who still remembers dial-up internet, so I might not get how frustrating it is when your posts don't get likes – but help me out here! Why is it important for you?" This approach openly acknowledges differences and misunderstandings in a non-defensive way. By demonstrating awareness and moving 'toward' or 'alongside' the young person, the therapist can reduce tension and fosters a safe, responsive environment where trust can grow.

Overall, the core message of the Relate stance is that it is not only important *what* the therapist does to build the relationship and repair ruptures – since, like all humans, therapists will inevitably make mistakes – but *how* they do it. Through reflective exercises in the Relate-Y training, therapists are supported in increasing their awareness of both their contributions and any biases or assumptions they may hold, enabling them to manage these factors more effectively.

The "**Repair Strategies**" section equips therapists with evidence-based techniques for addressing ruptures, recognizing them as natural and inevitable parts of the therapeutic process. In *Relate-Y*, therapists are trained in a range of immediate and exploratory repair strategies, drawing from *Alliance-Focused Training* (AFT; Eubanks et al., 2023; Muran et al., 2025), the *Rupture Resolution Rating System* (3RS; Eubanks et al., 2022), and youth alliance research (Cirasola et al., 2022, 2023, Cirasola, Fonagy, et al., 2024; Cirasola, Heller, et al., 2024; Cirasola, Szegedi, et al., 2024; Daly et al., 2009; Nof et al., 2019; O'Keeffe et al., 2020). These strategies are flexible and adaptable, with no rigid sequence, allowing therapists to apply them based on their clinical judgment and the context of each interaction. Therapists can shift between strategies as needed, using clinical judgment to choose the most effective approach. This flexibility helps repair ruptures, strengthen the therapeutic alliance, and promote emotional growth.

Consistent with Alliance-Focused Training (AFT; Eubanks et al., 2023; Muran et al., 2025), Relate-Y reframes ruptures as natural and inevitable moments of tension in the therapeutic relationship rather than failures. While challenging, these moments offer valuable opportunities to pause, clarify, and reassess before moving forward. Given the complexities of therapy – particularly with young people navigating rapid developmental shifts

and evolving relational dynamics – misunderstandings, mismatched expectations, and tensions are not just common but unavoidable.

By removing blame from both the young person and the therapist, Relate-Y positions ruptures as meaningful openings for reflection, learning, and deeper connection rather than obstacles. However, this does not mean they are easy to navigate or always fully repairable. Yet, normalizing their occurrence can help therapists approach them with less fear and self-criticism, fostering a more compassionate, reflective, and attuned therapeutic stance. When therapists respond to ruptures with curiosity rather than anxiety or frustration, they create space for repair, strengthening trust, engagement, and the therapeutic alliance. By modeling openness and curiosity in these moments, therapists also reinforce to young people that their feelings matter, even in moments of difficulty.

Furthermore, because ruptures can be uncomfortable and their resolution challenging – though valuable – ongoing training and support for therapists are essential. While there are no quick fixes, effectively managing ruptures can strengthen the therapeutic relationship. In line with AFT, repair is seen as a process of trial and error, unfolding within and between sessions through various strategies. These strategies serve as tools to facilitate repair, while acknowledging that not all ruptures will be resolved immediately. The therapist's willingness to engage in repair is crucial, emphasizing patience and recognizing that repair is a gradual, ongoing, process.

By providing therapists with a diverse set of tools, Relate-Y aims to build confidence in their ability to repair ruptures. It encourages them to embrace these moments as opportunities to tolerate discomfort and connect with the young person. The key takeaway is that, when handled thoughtfully, ruptures offer valuable opportunities for relational growth and therapeutic development, transforming challenges into moments that ultimately strengthen the therapeutic alliance.

The *“Therapist Use of Self”* section focuses on enhancing therapists' reflective capacity, in line with both mentalization theory and AFT. It highlights the importance of therapists being mindful of how their personal style, values, and emotional responses impact their relationship with their young clients. Rather than keeping these aspects hidden, therapists are encouraged to use them intentionally to build rapport. Since the therapeutic relationship is inherently relational, both therapist and young person contribute to its dynamics. Therefore, the Relate-Y training emphasizes therapist self-awareness in recognizing and addressing their role in any tension, conflict, or misattunement during sessions. By reflecting on their own mental states – such as frustration, defensiveness, or doubt – therapists can avoid impulsive reactions and respond in ways that preserve the alliance.

For example, if a therapist feels defensive or frustrated by a young person's confrontational behavior, a relational and reflective approach would involve acknowledging and exploring these emotions. This helps prevent impulsive reactions and fosters deeper understanding. For instance, the therapist might reflect internally, “Why am I feeling so challenged right now? Is this more about my own fear of losing connection than what the young person said?”. Research shows that therapists' ability to self-reflect and regulate their emotions is linked to more effective alliance-building and rupture repair (Rubel et al., 2018; Zilcha-Mano et al., 2017).

When appropriate, sharing this reflective process with the client can strengthen the alliance. A therapist might say, “When you said that, I felt unsure if I was helping in the way you needed. I'd like to understand more about what's going on for you.” These statements

demonstrate the therapist's commitment to understanding the young person's perspective while modeling the reflective, relational qualities central to a mentalizing interaction. Mindful self-disclosure can help balance power dynamics, model emotional openness, and strengthen the therapeutic alliance by fostering trust and engagement. When used thoughtfully, it encourages young people to express emotions more freely and supports rupture repair. However, self-disclosure must remain constructive – enhancing rapport without imposing blame or guilt. By promoting the thoughtful use of self, Relate-Y helps therapists maintain a balanced, attuned presence, essential for relational and therapeutic success.

The “*Strategies for Therapist Self-Care and Growth*” section emphasizes the emotional demands of the therapeutic work, particularly in managing stressful events like alliance ruptures. It underscores the importance of therapist self-care for sustained effectiveness and well-being. Young people heightened emotional reactivity and complex relational dynamics can create challenges, increasing the risk of emotional fatigue and burnout. Relate-Y, like AFT and mentalization theory, underscores the importance of self-care practices – such as mindfulness, supervision, reflective debriefing, and/or personal therapy – not only for therapists' well-being but also for maintaining a reflective stance in therapy. Research supports that these strategies improve therapist-client relationships and long-term therapeutic efficacy (Bruce et al., 2010; Stevanovic & Rupert, 2004).

Mindfulness, in line with mentalization theory, promotes present-moment awareness of mental states. Regular mindfulness practice helps therapists stay attuned to their own emotions and those of their clients, even in stressful situations. Supervision provides a relational space for therapists to reflect on their mental states with a trusted colleague, modeling the reflective processes they aim to foster in therapy. It also serves as a space for repairing the therapist's own ruptures, allowing them to return to sessions with renewed clarity and empathy. Personal therapy can also further support this process by giving therapists a space to explore their emotional patterns and countertransference, enhancing their ability to remain present, regulated, and empathetic in sessions.

Regardless of the self-care strategies therapists choose, Relate-Y underscores the importance of prioritizing their well-being – not only for their own benefit but also as a model of emotional self-awareness and regulation for their clients. Young people, who often face challenges with emotional regulation, benefit from seeing therapists prioritize self-reflection and mental health. This reinforces the idea that such care is both attainable and essential.

In summary, Relate-Y is a strengths-based program that builds on therapists' existing skills and experiences to enhance their ability to engage effectively with young people. By providing evidence-based strategies alongside structured opportunities for reflective practice, it aims to support therapists' professional growth, with the hope of improving engagement and outcomes for young people. The program's content is continuously updated based on emerging research and trends in youth development and the therapeutic alliance. This ensures that Relate-Y remains current, relevant, and responsive to the evolving needs of both therapists and their clients.

Conclusion and future directions

The growing recognition of the challenges involved in engaging young people in therapy underscores the urgent need for specialized training. Adolescence is a pivotal

developmental stage characterized by profound cognitive, emotional, and social changes. While it is a time ripe with opportunities for growth, it is equally fraught with vulnerabilities that can lead to mental health difficulties. Supporting young people effectively during this period requires therapists to cultivate strong, trust-based relationships that serve as the foundation for meaningful therapeutic progress.

Misunderstandings and tensions are inevitable in any relationship, including the therapeutic one, and should not be feared. These moments, while challenging and often uncomfortable, are not merely obstacles to progress, but when managed thoughtfully, can become valuable opportunities for repair and the deepening of trust and connection. The ability to recognize and address ruptures is therefore an essential skill for clinicians working with young people, as supported by evidence linking successful rupture repair to improved therapeutic outcomes (Cirasola, Fonagy, et al., 2024; Eubanks et al., 2018).

The need for continuous professional development in youth psychotherapy is more pressing than ever, especially as the demand for effective mental health support continues to rise (McGorry et al., 2024). *Relate-Y* was developed to meet this need by equipping therapists with the skills to create a more supportive and effective therapeutic environment for young people. By fostering trust, empathy, and collaboration, the training helps clinicians build a strong therapeutic alliance grounded in epistemic trust – the belief that the therapist is a reliable and supportive guide. Epistemic trust has been identified as a critical factor in effective psychotherapy, particularly in youth populations, as it facilitates openness to learning and change (Fiorini et al., 2024; Fonagy & Allison, 2014; Fonagy et al., 2019).

Grounded in youth alliance research (Cirasola et al., 2022, 2023; Cirasola, Fonagy, et al., 2024; Cirasola, Heller, et al., 2024; Cirasola, Szegedi, et al., 2024; O’Keeffe et al., 2020) *Relate-Y* integrates key elements of AFT (Eubanks et al., 2023; Muran et al., 2025) with developmental and mentalization principles. It also incorporates feedback from clinicians and experts in the field. Designed to address the unique challenges of youth therapy, *Relate-Y* has the potential to provide an evidence-based approach to strengthening the therapeutic alliance and enhancing engagement.

While the theoretical and conceptual foundations of *Relate-Y* are strong, assessing its real-world applicability is essential. Evaluating the program’s feasibility in clinical settings and its acceptability to youth clinicians is a critical next step. With the increasing demand for evidence-based practices, gathering empirical support for *Relate-Y*’s effectiveness is vital. To this end, a feasibility study has been designed to assess the program’s acceptability, quality, relevance, and preliminary effectiveness in real-world contexts.

As part of this project, the training will be implemented for the first time and delivered to youth therapists with diverse theoretical backgrounds and varying levels of experience. In addition to receiving the training, participants will provide feedback and complete questionnaires to assess changes in their learning, confidence, and ability to foster alliances and repair ruptures. This study will employ a mixed-methods approach, collecting both quantitative (e.g. surveys and questionnaires) and qualitative (e.g. focus groups interviews) data at key intervals: before, immediately after, and three months post-training. The longitudinal design enables a robust evaluation of both immediate and long-term outcomes, while the mixed-methods approach provides a comprehensive understanding of the program’s impact on clinical practice. If found effective, findings from this feasibility study will guide refinements to the training and generate essential data to support its broader implementation. These insights will be

crucial for optimizing the training and ensuring its successful integration into clinical settings.

In conclusion, *Relate-Y* introduces a relationship-focused approach aimed at strengthening the therapeutic alliance between young people and clinicians. As research on the therapeutic alliance advances, translating these insights into practical, clinician-focused training is crucial. *Relate-Y* addresses this need by offering a flexible, research-based framework tailored to real-world clinical challenges. Such training has the potential to enhance clinicians' skills and, in turn, improve mental health care for young people. As Carl Rogers famously said, "The curious paradox is that when I accept myself just as I am, then I can change" (Rogers, 1961, p. 17). This sentiment reflects the spirit of *Relate-Y* – by embracing the complexities of the therapeutic relationship with authenticity and acceptance, therapists and young people can navigate growth, healing, and transformation together.

Acknowledgments

We would like to express our deepest gratitude to Professors Catherine Eubanks and Chris Muran for their invaluable feedback and resources. Their foundational research on the therapeutic alliance and Alliance-Focused Training (AFT) played a crucial role in shaping the development of *Relate-Youth* (*Relate-Y*) training.

Disclosure statement

The first author, Antonella Cirasola, is the developer of the *Relate-Y* training discussed in this manuscript. This role has been transparently disclosed, and every effort has been made to provide an impartial and objective account of the program. The second author has no conflicts of interest to declare.

Funding

The feasibility study evaluating the program is funded by the ARISTOS Fellowship, awarded to Antonella Cirasola. ARISTOS is supported by the European Union's Horizon Europe research and innovation program under the Marie Skłodowska-Curie grant agreement No. 101081334.

References

- 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), 511–529. <https://doi.org/10.1080/10503307.2015.1049671>
- Atzil-Slonim, D., Wiseman, H., & Tishby, O. (2016). Relationship representations and change in adolescents and emerging adults during psychodynamic psychotherapy. *Psychotherapy Research*, 26(3), 279–296. <https://doi.org/10.1080/10503307.2015.1010627>
- Bateman, A., & Fonagy, P. (2004). *Psychotherapy for borderline personality disorder: Mentalization based treatment*. Oxford University Press.
- Beebe, B., & Lachmann, F. M. (1998). Co-constructing inner and relational processes: Self and mutual regulation in infant research and adult treatment. *Psychoanalytic Psychology*, 15(4), 480–516. <https://doi.org/10.1037/0736-9735.15.4.480>
- Benjamin, J. (2017). A relational psychoanalysis perspective on the necessity of acknowledging failure in order to restore the facilitating and containing features of the intersubjective relationship (the

- shared third). *International Journal of Psychoanalysis*, 9(2), 441–450. <https://doi.org/10.1111/j.1745-8315.2009.00163.x>
- 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., & Hø, Ø. G. (2008). Establishing a bond that works: A qualitative study of how psychotherapists make contact with adolescent patients. *European Journal of Psychotherapy & Counselling*, 10(1), 55–69. <https://doi.org/10.1080/13642530701869730>
- Blatt, S. J. (2008). *Polarities of experience: Relatedness and self-definition in personality development, psychopathology, and the therapeutic process*. American Psychological Association.
- Blatt, S. J., & Luyten, P. (2009). A structural-developmental psychodynamic approach to psychopathology: Two polarities of experience across the life span. *Development & Psychopathology*, 21(3), 793–814. <https://doi.org/10.1017/S0954579409000431>
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252–260. <https://doi.org/10.1037/h0085885>
- Bordin, E. S. (1983). A working alliance based model of supervision. *Counseling Psychologist*, 11(1), 35–42. <https://doi.org/10.1177/0011000083111007>
- 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 & Practice*, 29(2), 124–136. <https://doi.org/10.1037/cps0000052>
- Bowlby, J. (1969). *Attachment and loss: Attachment; John Bowlby*. Basic books.
- Bruce, N. G., Manber, R., Shapiro, S. L., & Constantino, M. J. (2010). Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy Theory, Research, Practice, Training*, 47(1), 83. <https://doi.org/10.1037/a0018842>
- Chen, R., Atzil-Slonim, D., Bar-Kalifa, E., Hasson-Ohayon, I., & Refaeli, E. (2018). Therapists' recognition of alliance ruptures as a moderator of change in alliance and symptoms. *Psychotherapy Research*, 28(4). <https://doi.org/10.1080/10503307.2016.1227104>
- Cirasola, A., Fonagy, P., Midgley, N., Cirasola, A., Fonagy, P., & Midgley, N. (2024). Psychotherapy can learn from research alliance rupture and repair in adolescent psychotherapy: What clinicians can learn from research. *Psychotherapy Theory, Research, Practice, Training*. <https://doi.org/10.1037/pst0000535>
- Cirasola, A., Heller, O., & Midgley, N. (2024). Transference work and the repair of ruptures in psychoanalytic psychotherapy with depressed adolescents. *Journal of Infant Child, & Adolescent Psychotherapy*, 23(3), 269–284. <https://doi.org/10.1080/15289168.2024.2373596>
- 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*, 32(7), 1–18. <https://doi.org/10.1080/10503307.2022.2061314>
- 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 Theory, Research, Practice, Training*, 61(1), 68–81. <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(March). <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 & Psychotherapy: Theory, Research & 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>
- Erikson, E. H. (1968). *Identity youth and crisis*. No. 7. WW Norton & company.

- Eubanks, C. F., Muran, J. C., & Safran, J. (2022). *Rupture resolution rating system (3RS): Manual version 2022* [Unpublished manuscript]. Mount Sinai-Beth Israel Medical Center.
- Eubanks, C. F., Muran, J. C., & Safran, J. D. (2018). Alliance rupture repair: A meta-analysis. *Psychotherapy Theory, Research, Practice, Training*, 55(4), 508–519. <https://doi.org/10.1037/pst0000185.supp>
- Eubanks, C. F., Muran, J. C., & Samstag, L. W. (2023). Alliance-focused training: Teaching therapists to navigate alliance ruptures.
- Eubanks, C. F., Warren, J. T., & Muran, J. C. (2021). Identifying ruptures and repairs in alliance-focused training group supervision. *International Journal of Group Psychotherapy*, 71(2), 275–309. <https://doi.org/10.1080/00207284.2020.1805618>
- Fiorini, A., Liotti, M., Di, M., Fiorentino, F., Maria, F., Lingiardi, V., & Tanzilli, A. (2024). The interplay of epistemic trust, defensive mechanisms, interpersonal problems, and symptomatology: An empirical investigation the interplay of epistemic trust, defensive mechanisms, interpersonal problems, and symptomatology: An empirical investi. *Personality & Individual Differences*, 233 (September), 112893. <https://doi.org/10.1016/j.paid.2024.112893>
- Fonagy, P., & Allison, E. (2014). The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy Theory, Research, Practice, Training*, 51(3), 1–27. <https://doi.org/10.1037/a0036505>
- Fonagy, P., Bateman, A., Lorenzini, N., Luyten, P., & Campbell, C. (2021). Development, attachment and childhood experiences: A mentalization perspective. In A. E. Skodol & J. M. Oldham (Eds.), *The American Psychiatric Association Publishing Textbook of Personality Disorders* (3rd ed., pp. 167–188). American Psychiatric Association Publishing.
- Fonagy, P., Campbell, C., & Luyten, P. (2023). Alliance rupture and repair in mentalization-based therapy. In American Psychological Association (Ed.), *Rupture and repair in psychotherapy: A critical process for change* (pp. 253–276). C. F. Euba.
- Fonagy, P., Luyten, P., Allison, E., & Campbell, C. (2019). Mentalizing, epistemic trust and the phenomenology of psychotherapy. *Psychopathology*, 52(2), 94–103. <https://doi.org/10.1159/000501526>
- Freud, A. (1946). *The psycho-analytical treatment of children*. Imago Publishing Co. <http://psycnet.apa.org/record/1947-01846-000>
- 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 & Psychotherapy: Theory, Research & 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/Journal de l'Académie Canadienne de Psychiatrie de l'enfant et de l'adolescent*, 19(3), 182–196.
- Haley, W. E., Shensa, Freeman, J. E., Primack, A. B., Colditz, A., Sidani, J. E., Whaite, E. O., Lin, L., Rosen, D., Shensa, J. B., Radovic, A., & Miller, E. (2017). Social media use and perceived social isolation among young adults in the US. *The American Journal of Preventive Medicine*, 53(1), 1–8. <https://doi.org/10.1016/j.amepre.2017.01.010>
- Ham, J., & Tronick, E. (2009). Relational psychophysiology: Lessons from mother–infant physiology research on dyadically expanded states of consciousness. *Psychotherapy Research*, 19(6), 619–632. <https://doi.org/10.1080/10503300802609672>
- Harper, H. (1989). Coding guide I: Identification of confrontation challenges in exploratory therapy. University of Sheffield.
- 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 Theory, Research, Practice, Training*, 55(4), 341–355. <https://doi.org/10.1037/pst0000176>
- Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. International Universities Press.

- Luyten, P., Campbell, C., Moser, M., & Fonagy, P. (2024). The role of mentalizing in psychological interventions in adults: Systematic review and recommendations for future research. *Clinical Psychology Review*, 108(January), 102380. <https://doi.org/10.1016/j.cpr.2024.102380>
- Luyten, P., Malcorps, S., & Fonagy, P. (2021). Adolescent brain development and the development of mentalizing. In T. Rossouw, M. Wiwe, & I. Vrouva (Eds.), *Mentalization-based treatment for adolescents: A practical treatment Guide* (pp. 25–40). Routledge.
- McGorry, P. D., Mei, C., Dalal, N., Alvarez-Jimenez, M., Blakemore, S. J., Browne, V., Killackey, E., Hickie, I. B., Jones, P. B., McDaid, D., Mihalopoulos, C., Wood, S. J., El Azzouzi, F. A., Fazio, J., Gow, E., Hanjabam, S., Hayes, A., , Pang, E.,... Killackey, E. (2024). The lancet psychiatry commission on youth mental health. *Lancet Psychiatry*, 11(9), 731–774. [https://doi.org/10.1016/S2215-0366\(24\)00163-9](https://doi.org/10.1016/S2215-0366(24)00163-9)
- 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>
- Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration*. Harvard University Press.
- 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>
- 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>
- 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(3), 549–568. <https://doi.org/10.1177/13591045221081193>
- Muran, J. C., & Eubanks, C. F. (2020). *Therapist performance under pressure: Negotiating emotion, difference, and rupture*. American Psychological Association.
- Muran, J. C., Eubanks, C. F., Samstag, L. W., & Macdonald, J. (2025). *Alliance-focused training: An evidence-based guide to negotiating rupture in therapy*. APA Books.
- 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>
- Oetzel, K. B., & Scherer, D. G. (2003). Therapeutic engagement with adolescents in psychotherapy. *Psychotherapy Theory, Research, Practice, Training*, 40(3), 215–225. <https://doi.org/10.1037/0033-3204.40.3.215>
- Ogden, T. H. (2019). Ontological psychoanalysis or “what do you want to be when you grow up ?” *Psychoanalytic Quarterly*, 88(4), 661–684. <https://doi.org/10.1080/00332828.2019.1656928>
- 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 Theory, Research, Practice, Training*, 37(9), 1591–1601. <https://doi.org/10.1037/pst0000279>
- 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. (1961). *On becoming a person: A therapist’s view of psychotherapy*. Houghton Mifflin Harcourt.
- Rossouw, T., Wiwe, M., & Vrouva, I. (Eds.). (2021). *Mentalization-based treatment for adolescents: A practical treatment guide*. Routledge.

- Rubel, J. A., Zilcha-Mano, S., Feils-Klaus, V., & Lutz, W. (2018). Session-to-session effects of alliance ruptures in outpatient CBT: Within- and between-patient associations. *Journal of Consulting & Clinical Psychology*, 86(4), 354–366. <https://doi.org/10.1037/ccp0000286>
- Safran, J. D., & Kraus, J. (2014). Alliance ruptures, impasses, and enactments: A relational perspective. *Psychotherapy Theory, Research, Practice, Training*, 51(3), 381–387. <https://doi.org/10.1037/a0036815>
- Safran, J. D., & Muran, C. J. (1996). The resolution of ruptures in the therapeutic alliance. *Journal of Consulting & Clinical Psychology*, 64(3), 447–458. <https://doi.org/10.1037/0022-006X.64.3.447>
- Safran, J. D., & Muran, C. J. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. (Guilford Press, Ed.) Guilford Press.
- Safran, J. D., Muran, C. J., & Eubanks-Carter, C. F. (2011). Repairing alliance ruptures. *Psychotherapy Theory, Research, Practice, Training*, 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>
- 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. *Molecular Psychiatry*, 27(1), 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. <https://doi.org/10.2989/17280583.2018.1480166>
- Stevanovic, P., & Rupert, P. A. (2004). Career-sustaining behaviors, satisfactions, and stresses of professional psychologists. *Psychotherapy Theory, Research, Practice, Training*, 41(3), 301. <https://doi.org/10.1037/0033-3204.41.3.301>
- 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>
- Swift, J. K., Callahan, J. L., Cooper, M., & Parkin, S. R. (2018). The impact of accommodating client preference in psychotherapy: A meta-analysis. *Journal of Clinical Psychology*, 74(11), 1924–1937. <https://doi.org/10.1002/jclp.22680>
- Umaña-Taylor, A. J., Quintana, S. M., Lee, R. M., Cross, W. E., Jr., Rivas-Drake, D., Schwartz, S. J., Syed, M., Yip, T., Seaton, E., & Ethnic and Racial Identity in the 21st Century Study Group. (2014). Ethnic and racial identity during adolescence and into young adulthood: An integrated conceptualization. *Child Development*, 85(1), 21–39. <https://doi.org/10.1111/cdev.12196>
- WHO, & UNESCO. (2021). *Making every school a health-promoting school-global standards and indicators*. World Health Organization.
- Winnicott, D. W. (1958). The capacity to be alone. *International Journal of Psycho-Analysis*, 39, 416.
- World Health Organization. (2024). *Adolescent and young adult health*. <https://www.who.int/south-eastasia/health-topics/adolescent-health>
- Zilcha-Mano, S., Snyder, J., & Silberschatz, G. (2017). The effect of congruence in patient and therapist alliance on patient's symptomatic levels. *Psychotherapy Research*, 27(3), 371–380. <https://doi.org/10.1080/10503307.2015.1126682>