



Facultad de Estudios Superiores
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The Impact of the Therapeutic Alliance on Treatment Adherence: A Case Report of a Patient with Anorexia Nervosa

El impacto de la alianza terapéutica en la adherencia al tratamiento: un caso clínico de una paciente con anorexia nerviosa

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Abstract.

The aim of this study was to address a significant gap in the literature by highlighting the impact of the therapeutic alliance on reducing dropout rates in psychotherapeutic treatment for patients diagnosed with anorexia nervosa within the framework of brief strategic psychotherapy. This case report focuses on a clinical case analysis conducted within a specialized therapeutic setting at the Center for Strategic Intervention Specialists (MIP Center Chile) in 2020. The selected case involves a 20-year-old female patient with restrictive anorexia nervosa, diagnosed according to DSM-5 criteria, who had previously experienced difficulties adhering to psychological treatments. This study is unique in its use of the “Session Rating Scale” (SRS), a structured feedback tool employed during therapy sessions to evaluate and actively enhance the therapeutic alliance. The SRS provided valuable insights into the patient’s perception of the therapeutic relationship, focusing on dimensions such as trust, alignment on therapeutic goals, and the therapist’s responsiveness to specific needs. The findings demonstrated that fostering a trustworthy and validating therapeutic environment significantly enhanced the patient’s engagement, ultimately improving treatment adherence and reducing the likelihood of dropout. This case report contributes to the literature by addressing the lack of evidence on the role of the therapeutic alliance in the context of brief strategic psychotherapy for anorexia nervosa. It underscores the importance of

structured feedback tools, such as the SRS, and offers clinicians practical guidance on leveraging the therapeutic alliance to optimize treatment outcomes in this population.

Keywords: anorexia nervosa, eating disorders, therapeutic alliance, brief psychotherapy, care report

Resumen. El objetivo de este estudio fue abordar una brecha significativa en la literatura destacando el impacto de la alianza terapéutica en la reducción de las tasas de abandono en el tratamiento psicoterapéutico de pacientes diagnosticados con anorexia nerviosa, en el marco de una psicoterapia estratégica breve. Este informe de caso se centra en un análisis clínico realizado en un entorno terapéutico especializado en el Centro de Especialistas en Intervención Estratégica (MIP Center Chile) en 2020. El caso seleccionado involucra a una paciente de 20 años con anorexia nerviosa restrictiva, diagnosticada según los criterios del DSM-5, quien había mostrado dificultades previas en la adherencia a tratamientos psicológicos. Este estudio es único por su uso de la escala “Session Rating Scale” (SRS), una herramienta estructurada de retroalimentación utilizada durante las sesiones de terapia para evaluar y mejorar activamente la alianza terapéutica. La SRS proporcionó información valiosa sobre la percepción de la paciente respecto a la relación terapéutica, enfocándose en dimensiones como la confianza, la alineación en los objetivos terapéuticos y la capacidad del terapeuta para responder a necesidades específicas. Los hallazgos demostraron que fomentar un entorno terapéutico confiable y validante mejoró significativamente el compromiso de la paciente, optimizando la adherencia al tratamiento y reduciendo la probabilidad de abandono. Este informe de caso contribuye a la literatura al abordar la falta de evidencia sobre el rol de la alianza terapéutica en el contexto de la psicoterapia estratégica breve para la anorexia nerviosa. Resalta la importancia de herramientas estructuradas de retroalimentación, como la SRS, y proporciona a los profesionales clínicos un ejemplo práctico sobre cómo aprovechar la alianza terapéutica para optimizar los resultados del tratamiento en esta población.

Palabras clave: anorexia nerviosa, trastornos alimentarios, alianza terapéutica, psicoterapia breve, caso clínico

INTRODUCTION

Eating disorders (EDs) are severe psychiatric conditions associated with substantial morbidity and mortality rates, representing a significant public health challenge (Hudson et al., 2007). Anorexia nervosa (AN) and bulimia nervosa (BN) are among the deadliest psychiatric illnesses, accounting for approximately 10,200 deaths annually in the United States (Streatfeild et al., 2021). Globally, the prevalence of all DSM-5 eating disorders ranged from 3.7 to 32.9% in women and 0.5 to 12.8% in men (Mitchison et al., 2020; Silén & Keski-Rahkonen, 2022; Silén et al., 2020). Studies show that AN affects between 0.8% and 6.3% of women in their lifetime, and BN impacts on 0.8% to 2.6% of this population (Fairweather-Schmidt & Wade, 2014; Mustelin et al.,

2016; Silén et al., 2020; Smink et al., 2014). Mortality rates associated with this disorder are high (Ayton et al., 2024; Iwajomo et al., 2021), with a standardized mortality ratio (SMR) of 10.5 found in a cohort study of patients from a tertiary care ED program, indicating a mortality risk significantly higher than that of the general population (Birmingham et al., 2005). A meta-analysis of 42 studies estimated the mortality rate for AN at 5.9%, suggesting a substantial risk of death over time (Sullivan, 1995) with medical complications and suicide as leading causes of death (Crow et al., 1999; Nielsen et al., 1998; Smith et al., 2018).

The trajectory of this disorder is marked by periods of relapse and remission, with a potential evolution into bulimia nervosa. Studies estimate that 50-73% of patients with this condition achieve remission, 20-30%

experience a chronic course, and 9-14% die from AN (Espie & Eisler, 2015; Steinhausen, 2002). Despite therapeutic improvements, the long-term prognosis for patients with EDs remains a challenge. Treatment adherence is essential for achieving optimal outcomes, as nonadherence can lead to reduced treatment effectiveness and increased difficulties in achieving therapeutic goals (Alañón Pardo et al., 2017; Pagès-Puigdemont & Valverde-Merino, 2018). In AN particularly, securing treatment adherence poses a significant challenge, with about half of the patients discontinuing treatment recurrently (Löwe et al., 2001). Identifying and promoting effective psychotherapeutic interventions is critical for improving positive outcomes treatment in patients with this condition.

Brief Strategic Psychotherapy has gained global recognition as an effective therapeutic model for various psychiatric disorders (Nardone & Watzlawick, 1993; Nardone & Watzlawick, 2005; Stefano & Ricardo De la Cruz, 2023). A longitudinal study over ten years involving 3,640 cases, with an average of seven therapy sessions, reported a 95% effectiveness rate for phobic and anxiety disorders, 89% for obsessive-compulsive disorders, 83% for depressive disorders, and 83% for EDs (Nardone & Watzlawick, 2005). These results underscore the relevance of Brief Strategic Psychotherapy as a tailored and highly effective approach for addressing the unique challenges associated with this condition.

The primary aim of this case report is to highlight the significance of the therapeutic alliance in promoting treatment adherence in a young female patient diagnosed with restrictive AN according to the DSM-5 (American Psychiatric Association, 2013). In addition, by including an overview of the theoretical framework of the brief strategic model, this study aims to provide an opportunity for learning about this therapeutic approach, offering insights into its application and relevance in clinical practice.

This case report addresses a significant gap in the literature, as no previous case reports have specifically examined the role of the therapeutic alliance in enhancing treatment adherence in patients with AN within the framework of brief strategic psychotherapy. In addition to focusing on this underexplored area, the study incorporates the use of the "Session Rating Scale" (SRS) to evaluate and strengthen the therapeutic

relationship. By offering practical insights and demonstrating the impact of the alliance on treatment success, this report provides a novel contribution to the field and valuable guidance for clinicians.

Theoretical Framework

Epistemological and Theoretical Basis of the Brief Strategic Model:

The brief strategic model integrates principles from Constructivism, the Problem-Centered Model, Systemic Theory, the Solution-Focused Model, and Strategic Eclecticism, creating a dynamic and comprehensive therapeutic framework tailored to the unique needs of each client. Rooted in Constructivism, the model emphasizes that individuals construct their own realities, rejecting the idea of a singular, universal truth. Therapists work within the client's subjective perspective, understanding that truths are shaped by individual experiences and viewpoints (Fosnot, 1996; Mahoney & Granvold, 2005). From Milton Erickson's Problem-Centered Model, the approach adopts a focus on present challenges, behavior modification, and breaking dysfunctional problem-solving patterns (Pinsof, 2005). This framework introduces the concept of "problem circuits," where rigid, ineffective solutions sustain dysfunction (Chand, 2017). Therapists disrupt these cycles by setting achievable goals and leveraging the client's resources to promote meaningful behavioral change (Chand, 2017; Haley, 1986). Systemic Theory, as developed by Gregory Bateson and Donald Jackson, adds an understanding of relational dynamics within a systemic context (Sexton & Stanton, 2016). Key concepts, such as the "double bind," emphasize how conflicting communication patterns contribute to pathological interaction cycles, reinforcing the need to address interpersonal systems rather than isolated individuals (Bateson, 2002). The Solution-Focused Model provides a strengths-based perspective, prioritizing the identification and amplification of solutions rather than dwelling on problems (Franklin et al., 2019; Kim, 2014). By leveraging the client's inherent resources and building on exceptions to dysfunctional patterns, therapists facilitate incremental changes that culminate in significant, lasting transformations (Banink, 2007; de Shazer et al., 2007).

Strategic Eclecticism further enriches this framework by integrating effective elements from diverse psychotherapeutic theories and techniques into a cohesive treatment strategy (Duncan et al., 1990). This approach emphasizes pragmatism by focusing on techniques with proven effectiveness, rather than strict adherence to any singular theoretical framework (Nardone & Watzlawick, 1995; Stefano & Ricardo De la Cruz, 2023; Weakland et al., 1995). Acknowledging the “common factors” shared across therapeutic approaches—such as the therapeutic alliance, empathy, and client engagement—Strategic Eclecticism tailors interventions to align with the client’s unique circumstances, including preferences, resistance levels, coping styles, and cultural or spiritual backgrounds (Asay & Lambert, 1999; Miller et al., 1999). By considering the patient’s stage of change and readiness, this approach ensures interventions are adaptable, fostering a therapeutic environment that supports individualized progress (Nardone & Watzlawick, 1993; Stefano & Ricardo De la Cruz, 2023). Together, these integrated models provide a flexible and pragmatic framework for psychotherapeutic intervention, enabling therapists to adapt their approach to the needs, preferences, and contexts of their clients while emphasizing collaboration, resourcefulness, and tailored strategies to achieve effective outcomes.

Therapeutic Alliance

The therapeutic alliance is a fundamental component of psychotherapeutic success (Beiling et al., 2020; Catty, 2004; Stubbe, 2018) accounting for approximately 30% of therapeutic change across various approaches (Miller et al., 1999). Defined by trust, collaboration, and shared goals (Bordin, 1979), it fosters patient engagement, hope, and commitment, laying the foundation for meaningful change (Safran & Muran, 2000). While ruptures in the alliance are common, they provide opportunities to address core issues and strengthen the therapeutic relationship. Research underscores its importance, with meta-analyses showing the alliance accounts for 8% of outcome variability, reinforcing its role as a primary driver of effectiveness (Flückiger et al., 2018).

In the treatment of AN the therapeutic alliance is particularly crucial, as it significantly reduces dropout rates and improves outcomes (Sly et al., 2013; Werz et al., 2022). Patients with this condition value empathetic, flexible, and patient-centered therapists who provide a safe, confidential environment and empower them by emphasizing their strengths (Cruzat M et al., 2013). In brief strategic psychotherapy, tools like the Session Rating Scale (SRS) are used to assess and strengthen the alliance. This four-item feedback survey evaluates trust, goal alignment, and session effectiveness, with scores below 36 signaling potential issues. Administered at the end of each session, the SRS enables therapists to adapt their approach in real time, fostering a stronger alliance and reducing therapy dropout rates (Beyebach, 2014; She et al., 2021).

By prioritizing the therapeutic alliance and leveraging tools like the SRS (Duncan et al., 2003), therapists can create a collaborative, supportive environment that enhances adherence and promotes positive therapeutic outcomes.

METHODOLOGY

This study employed the Session Rating Scale (SRS) (Duncan et al., 2003; Hafkenscheid et al., 2010; Janse et al., 2017) and the Outcome Rating Scale (ORS) (Miller et al., 2003) to assess the therapeutic alliance and patient progress, respectively. The SRS consists of 4 items measuring different dimensions of the therapeutic relationship: relationship, goals and topics, approach or method, and overall experience. Respondents rate each item on a 10-centimetre visual analog scale (0–10), yielding a total score ranging from 0 to 40. Scores below 36 suggest potential challenges in the therapeutic alliance.

The ORS also includes 4 items, evaluating personal well-being, interpersonal relationships, social role functioning, and overall quality of life. Each item is rated on a similar visual analog scale (0–10), with total scores ranging from 0 to 40; scores under 25 are generally considered indicative of poor outcomes. Both tools have demonstrated strong psychometric properties across diverse cultural contexts, with internal consistency coefficients ranging from $\alpha = .92$ to $.97$ for the SRS

and $\alpha = .91$ for the ORS (Moggia et al., 2018; She et al., 2021). The scales were administered at the end of each session, and their results were collaboratively reviewed with the patient to enhance the therapeutic alliance and personalize the intervention. Although the ORS provided a general measure of therapeutic progress, the primary focus of this study was on the therapeutic alliance as assessed by the SRS.

Therapeutic Context

The case discussed here took place within the therapeutic care model implemented by the Center for Strategic Intervention Specialists (MIP Center Chile) in 2020. In this case analysis, attention was placed on the SRS feedback survey, as it demonstrated to be a crucial indicator reflecting the strength of the therapeutic relationship between the patient and the therapist (Duncan et al., 2003; Hafkenscheid et al., 2010; Janse et al., 2017). This strong therapeutic alliance played an important role in fostering treatment adherence, which, in turn, significantly contributed to the patient's progress and overall outcomes.

PATIENT INFORMATION

Sofia (fictitious name) was a 20-year-old theater student from Talca, Chile, who pursued psychological support during the challenging times of the COVID-19 pandemic. The pandemic period was characterized by heightened global stress and uncertainty, impacting individuals' mental health worldwide. Living with her family, including her unemployed father Angel, her mother Maria, a pastry chef, and her brother Matias, a law student, Sofia found herself in a particularly difficult emotional environment. She had a medium socio-economic level.

Reason for consultation

Sofia pursued psychological support to address profound mental exhaustion and intrusive, distressing thoughts, which she attributed to the heightened stress

and confinement imposed by the pandemic lockdown. Within her family, Sofia viewed herself as an emotional support, particularly during her father's period of unemployment. This sense of responsibility added to her psychological burden, further intensifying her distress. Recognizing the complexity of her situation, Sofia reached out for professional intervention, initiating her first session with a mental health professional on June 18, 2020. The session was conducted remotely via Zoom, in adherence to the social distancing protocols necessitated by the pandemic. This signaled the start of her journey to confront her mental health challenges, which were deeply intertwined with the pressures of the global health crisis and the complexities of her personal and familial circumstances. During the initial session, Sofia articulated her concerns in a way that reflected the ambiguity and diffuseness.

INITIAL ASSESSMENT AND DIAGNOSIS

By the second session, a notable shift was observed in Sofia's communication style, transitioning from vague and general concerns to more specific and detailed disclosures. She began openly expressing her pre-occupations with weight and food, highlighting habitual comparisons with others and long-standing struggles with body image dating back to her early years. These revelations offered critical insights into her internal experiences and challenges, marking a turning point in understanding the depth of her distress. This newfound clarity in Sofia's communication was instrumental in prompting the therapeutic team to consider the possibility of an eating disorder diagnosis. In addition, Sofia's reflections on her past relationships, characterized by unhealthy dynamics, combined with her insights into her family's attitudes toward body image and food, provided crucial context for understanding her struggles. According to her own words, *"I feel that internally I am fine... but yes, I have the issue of always looking at myself too much. Lately, it has been more frequent, even though before it wasn't as much, and now it is more present... It's always about my physical appearance in general, comparing myself with others, that's what has me feeling this way... It has been present since I was a child. I thought I had overcome it, sometimes it would*

come back, but I knew how to handle it very well. Being more isolated with myself has made me think about it more.... The issue of weight, of eating, is always there. I give it importance; it takes up a lot of space in my mind." This information provided the therapist with a deeper understanding of the interplay between her personal experiences and external influences, allowing for the development of a comprehensive psychological profile. Employing a structured clinical interview, the therapist evaluated her symptoms in detail, aligning them with the diagnostic criteria for EDs as outlined in the DSM-5. Through this process, Sofia's restrictive eating behaviors, persistent fear of weight gain, and distorted body image were identified, which strongly indicated the presence of an ED. Consequently, Sofia was formally diagnosed with AN. This diagnosis was grounded in her reported behaviors and psychological patterns, which met the DSM-5 criteria for the disorder. The insights gained through the assessment, coupled with Sofia's increasing openness, not only clarified her clinical presentation but also laid the foundation for an individualized treatment plan. This plan focused on addressing her eating disorder while also tackling the broader psychological challenges that exacerbated her condition. These insights helped a tailored therapeutic approach that addressed not only Sofia's immediate symptoms but also the underlying relational and cultural factors contributing to her condition. Her case underscores the complexity of this disorder, which often arises at the intersection of personal vulnerabilities, familial influences, and societal pressures. Throughout the following sessions, Sofia incrementally revealed her deepest thoughts and emotions, reflecting the trust and rapport established in the therapeutic environment. Her readiness to dissect her personal narrative and conjectures about the origins and persistence of her issues offered profound insights into her psychological state.

Sofia highlighted that discussions around weight and body image were not only common but deeply embedded in her family's culture, significantly shaping her self-view from an early age. This cultural environment, saturated with damaging "fat talk," laid the groundwork for her subsequent struggles with body image and eating behaviors. At thirteen, she began dieting alongside a friend, a practice that quickly became connected with her involvement in online

communities promoting disordered eating behaviors, particularly those aligned with "Ana" (anorexia) and "Mia" (bulimia) ideologies. Her journey into eating disorders became more pronounced at sixteen when she was diagnosed with bulimia nervosa. Although she engaged in treatment for two years, her transition to university life in Santiago resulted in an interruption of her therapeutic support—an interruption that would later have important implications during challenging periods. Sofia's story underlines the recurrent nature of eating disorders, where stressful life transitions or events can trigger a reappearance of past issues. She noted that exacerbations of the disorder frequently coincided with periods of significant stress or emotional struggles, particularly during unhealthy relationships. The onset of the COVID-19 pandemic in 2020, accompanied by increased stress and the isolation imposed by lockdown measures, triggered the symptoms of her eating disorder. This relapse presented as AN with restrictive eating behaviors, marking a significant shift from her earlier experiences of bulimic episodes. This new period was characterized by severe dietary restrictions, resulting in a significant weight loss of 7 kilograms in two months, accompanied by an intense dissatisfaction with her body image. Sofia expressed a profound fear of weight gain and a distorted perception of her body, indicating a deep disconnection between her perceived and actual body image. Despite an awareness of the harmful path she was on, she revealed a disturbing ambivalence towards her weight loss, torn between a desire to stop the reduction and a compelling urge to continue. This detailed account of Sofia's therapeutic journey illuminates the complex and multifaceted nature of eating disorders. Her experience accentuates the need for an adaptable and responsive therapeutic strategy that evolves in response to the dynamic nature of EDs.

THERAPEUTIC INTERVENTION

Recognizing the urgency of timely intervention to address Sofia's ED, a referral to a specialized team was deemed necessary following the second session and a comprehensive risk assessment. However, the process of referring patients to specialized centers is

often challenging due to limited availability and long waiting lists. Discontinuing her care during this period would have meant leaving her unsupported at a critical time, potentially worsening her condition. Consequently, the decision was made to provide early and consistent therapeutic support, emphasizing the importance of continuous accompaniment to ensure a more promising prognosis while awaiting specialized care. In addition, this strategic delay was intended to promote Sofia's acceptance of and commitment to the new treatment path, considering her history of limited success in previous therapeutic efforts. It also considered the high dropout rates commonly associated with EDs treatments, emphasizing the need to establish a solid foundation of trust and engagement before transitioning her care to a specialized team. Research highlights the critical role of a strong therapeutic alliance in improving treatment adherence and outcomes for individuals with this condition. Thus, the following sessions focused on strengthening trust and providing validation to facilitate a seamless transition to the specialized treatment team. A key aspect of this approach was involving Sofia's family, particularly her mother, in the therapeutic process. This involvement was critical in adopting a supportive environment essential for promoting recovery. These sessions with Sofia's mother also provided an opportunity for addressing and healing past wounds related to the family's weight-focused culture. Maria apologized to her, acknowledging the unintentional harm caused by perpetuating a weight-focused culture within the family. This heartfelt moment proved transformative for Sofia, as it validated her feelings and allowed her to release prolonged resentment. The apology served as a critical step in their relationship, promoting a deeper sense of connection and understanding while helping Sofia to move forward in her healing process. This approach allowed Sofia to process these experiences, helping her to accept what had happened and heal from issues that had continued to resonate in her life. Ultimately, Maria's participation facilitated the identification and modification of unhelpful coping mechanisms, contributing significantly to the alleviation of Sofia's symptoms. In addition, it offered Maria a space to express her concerns, receive support, and recognize her vital role in her daughter's recovery.

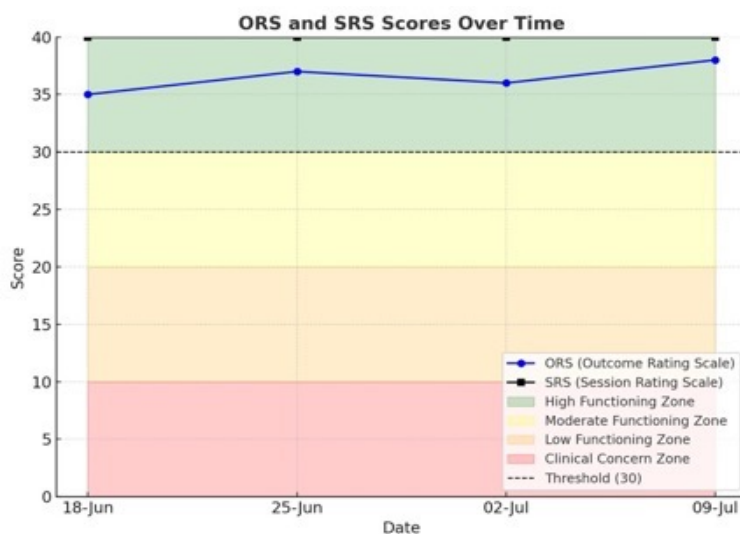
A meta-analysis published in the *International Journal of Eating Disorders* underscores the strong correlation between an early, robust therapeutic alliance and positive initial treatment outcomes (Graves et al., 2017). It also highlights the crucial role of early parental involvement in reducing dropout rates and enhancing overall treatment effectiveness. This case validates the approach taken with Sofia and her mother, emphasizing the important role of parental support in the recovery process from eating disorders. This is especially complex in adult patients, where involving the family can be more challenging due to autonomy and privacy considerations. Nonetheless, fostering a strong therapeutic alliance can encourage even the most resistant patients to become more open to involving their families in the process. When family involvement is possible, this approach enhances the effectiveness of treatment, building a supportive network that greatly strengthens the individual's path toward recovery.

RESULTS

The implementation of the Session Rating Scale (SRS) as a feedback mechanism played a crucial role in this psychotherapeutic process, providing an objective measure to assess and monitor the strength of the therapeutic alliance. In each of the first four sessions, Sofia consistently rated the maximum score of 40 points on the SRS, highlighting a consistently strong therapeutic bond throughout the intervention. Figure 1 illustrates these consistent maximum SRS scores, emphasizing the robust therapeutic alliance maintained over the course of the therapy. The fifth session, dedicated to referral and closure, did not include an SRS evaluation, as the focus shifted toward ensuring a smooth transition to specialized care. Table 1 presents a summary of the SRS scores across the sessions.

While the quantitative data obtained from the SRS provided critical insights, equal importance was given to gathering qualitative feedback, which complemented the numerical data and enriched the understanding of the therapeutic process. This approach enriched the understanding of the therapeutic process and offered valuable context to guide and refine future referrals effectively. Her feedback included affirmations such as,

Figure 1. ORS and SRS Scores Over Time Across Sessions



Note. This figure illustrates the progression of Outcome Rating Scale (ORS) and Session Rating Scale (SRS) scores over four therapy sessions. Scores are mapped against functioning zones, including clinical concern, low functioning, moderate functioning, and high functioning, with the threshold line (score = 30) indicated.

Table 1. Session Dates, SRS Scores, and Key Notes on the Therapeutic Alliance

Session	Date	SRS Score	Key Notes
1	June 18, 2020	40	Strong therapeutic alliance established; patient felt heard and supported.
2	June 25, 2020	40	Continued strong bond; patient expressed confidence in the process.
3	July 2, 2020	40	Patient appreciated reflective questioning and respect for silences.
4	July 9, 2020	40	Stable alliance; patient continued to feel validated and supported.
5	July 16, 2020	Not evaluated	Focus on transition to specialized care; no SRS evaluation conducted.

“I feel heard and confident in this environment” and “I appreciate how you respect my silences and ask reflective questions about my history and self-perception.” In addition, comments such as *“I feel comfortable and valued here”* and *“I like the clarity and purpose behind your questions,”* emphasized her perception of a supportive and engaging therapeutic atmosphere. These comments highlight the success of the therapeutic approach in promoting trust and building a collaborative relationship. Following these positive results, and once a spot became available, Sofia was referred to a specialized center for the treatment of eating disorders. In March 2022, we reached out to her to follow up on her therapeutic journey. She shared that she had successfully completed treatment at the center and was discharged

with full remission of her symptoms. In March 2024, we contacted Sofia again follow up on her progress. She reported that she was doing well and had not experienced any relapses. Sofia expressed happiness in her current life, highlighting her satisfaction with her work and her stable, fulfilling romantic relationship.

DISCUSSION

This case highlights the essential role of the therapeutic alliance in the effective treatment of eating disorders. This case study illustrates how the strength and quality of the therapist-patient connection profoundly affect patient engagement and therapeutic outcomes.

The integration of the Session Rating Scale (SRS) as a feedback mechanism offered an objective evaluation of the therapeutic alliance, providing critical insights into its evolution and influence throughout the treatment process. The findings show an important correlation between consistently high SRS scores, enhanced treatment adherence, and positive patient outcomes, reinforcing the importance of a strong therapeutic alliance in supporting recovery for individuals with eating disorders. Sofia's consistently high scores on the SRS, coupled with her qualitative feedback, emphasized the vital importance of feeling heard, understood, and valued in her therapeutic experience. This supportive and validating environment encouraged her to actively engage in the therapeutic process and face the challenges associated with treating anorexia nervosa. Building trust, respecting the patient's perspective, and promoting a validating therapeutic environment were essential elements that reinforced the strength and effectiveness of the therapeutic relationship. These factors played a critical role in encouraging Sofia's openness to treatment interventions and her willingness to follow through with the referral to a specialized eating disorder team. The therapeutic alliance is not merely a background element but a dynamic and integral part of effective treatment for anorexia nervosa.

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ETHICAL RESPONSIBILITIES

Protection of People and Animals

The author declares that no experiments involving humans or animals were conducted in this research.

The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki and adhered to the public health standards and ethical guidelines of Chile.

Data Confidentiality

The author declares that they have followed the protocols of the Center for Strategic Intervention Specialists (MIP Center Chile) regarding the publication of patient data.

Right to Privacy and Informed Consent

The author has obtained the informed consent of the patient and/or subject mentioned in the article. This document is in the possession of the corresponding author.

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