

Emotionally Focused Therapy for High-Conflict Couples

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Co-Author of Help For High-Conflict Couples

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Jennine Estes Powell, MFT



Jennine Estes Powell, LMFT, a distinguished therapist and co-author of "Help For High-Conflict Couples," brings a wealth of expertise to her work in relationship therapy. Not only is she a therapist for her clients, but she is the driving force behind Estes Therapy, a thriving group practice in San Diego, the go-to hub for relationship therapy. Beyond her clinical work, Jennine extends her impact by training therapists.

Disclosures/Conflicts of Interest

I used AI-generated content only for writing the objectives.
Generative AI was not used for the development or the presentation content.

Some information is from my book *Help For High-Conflict Couples*,
and I receive royalties.

Learning Objectives

1. Identify common root causes of recurring high-conflict patterns in couples therapy.
2. Apply evidence-based strategies to de-escalate conflict and manage emotional triggers during sessions.
3. Explain tangible, in-the-moment tools for managing escalated interactions in high-conflict therapy sessions.

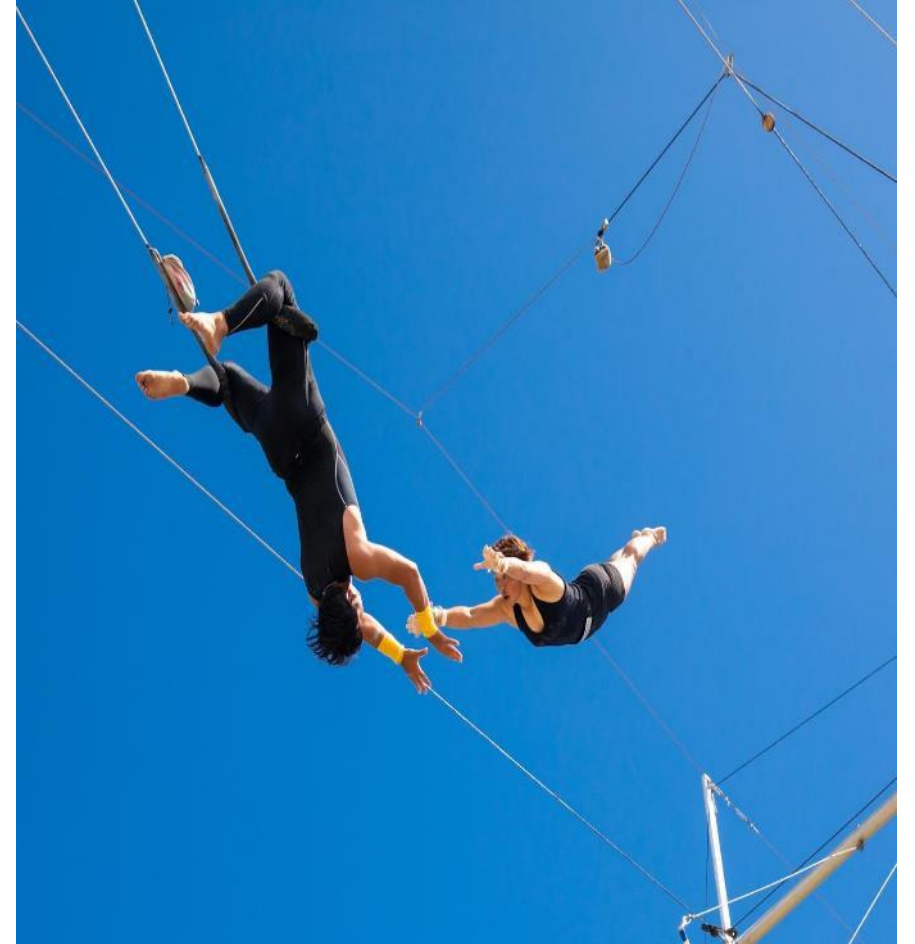
Attachment Theory

“Attachment theory suggests that human beings have innate needs for proximity to and comfort from significant others. Attachment theory also postulates that any threat to an attachment bond would create intense, profound distress in the individual.” (Greenman & Johnson, 2013)

“Threats or perceived threats to the attachment bond produce a series of predictable responses, including anger or protest, clinging behavior, despair, and ultimately, detachment.” (Johnson, 2004)

A.R.E. = Secure Attachment

- **A** - Accessibility
 - Are you there for me? Can I access you?
- **R** - Responsiveness
 - Can I rely on you to respond to me emotionally?
- **E** - Engagement
 - Do I know you will value me and stay close?



Conflict



High-Conflict: Intense



**Escalate quicker, more often,
higher intensity**

- “My pain matters more than your pain.”
- Unable to recognize the impact on other.
- Low window of tolerance.
- Emotional awareness is lacking/difficult pausing.

Identifying Cause of High-Conflict Patterns

- Unmet attachment needs (over and over and over)
- Unprocessed traumatic experiences (T vs t)
- Unresolved attachment injuries
- Untreated mental health issues

Safety has been injured either in the current relationship or from past experiences.

The 3 As



A - Active Abuse

A - Active Addiction

A - Active Affair

These keep escalation at
it's max

Intimate Partner Violence

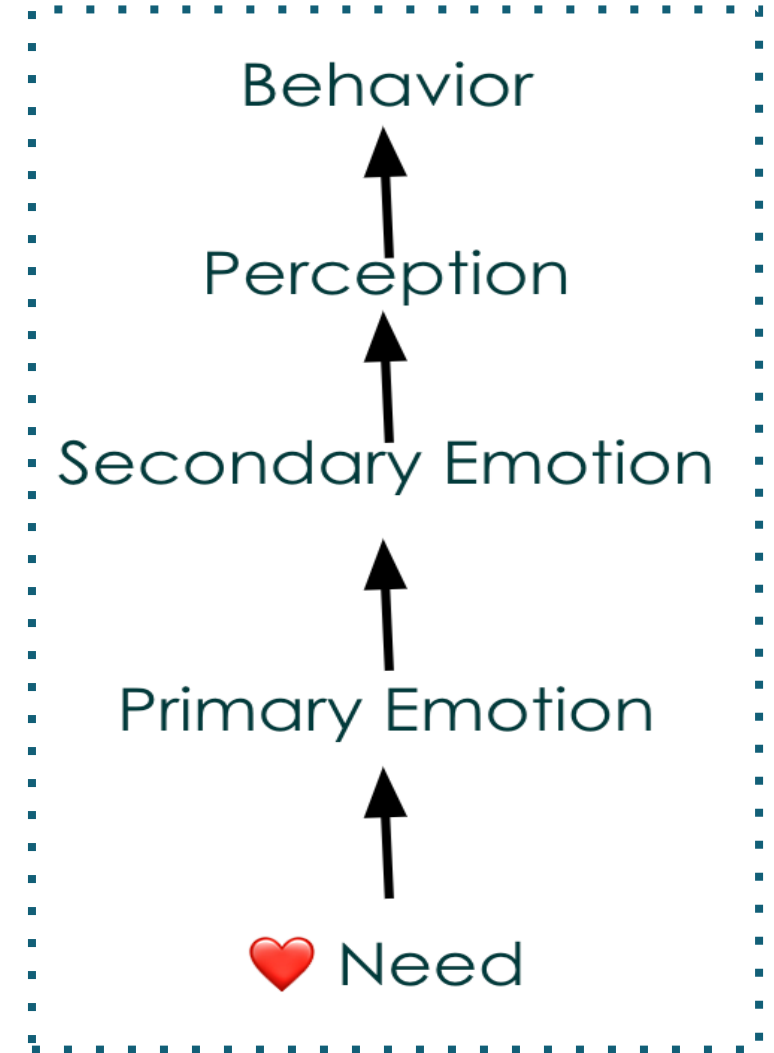
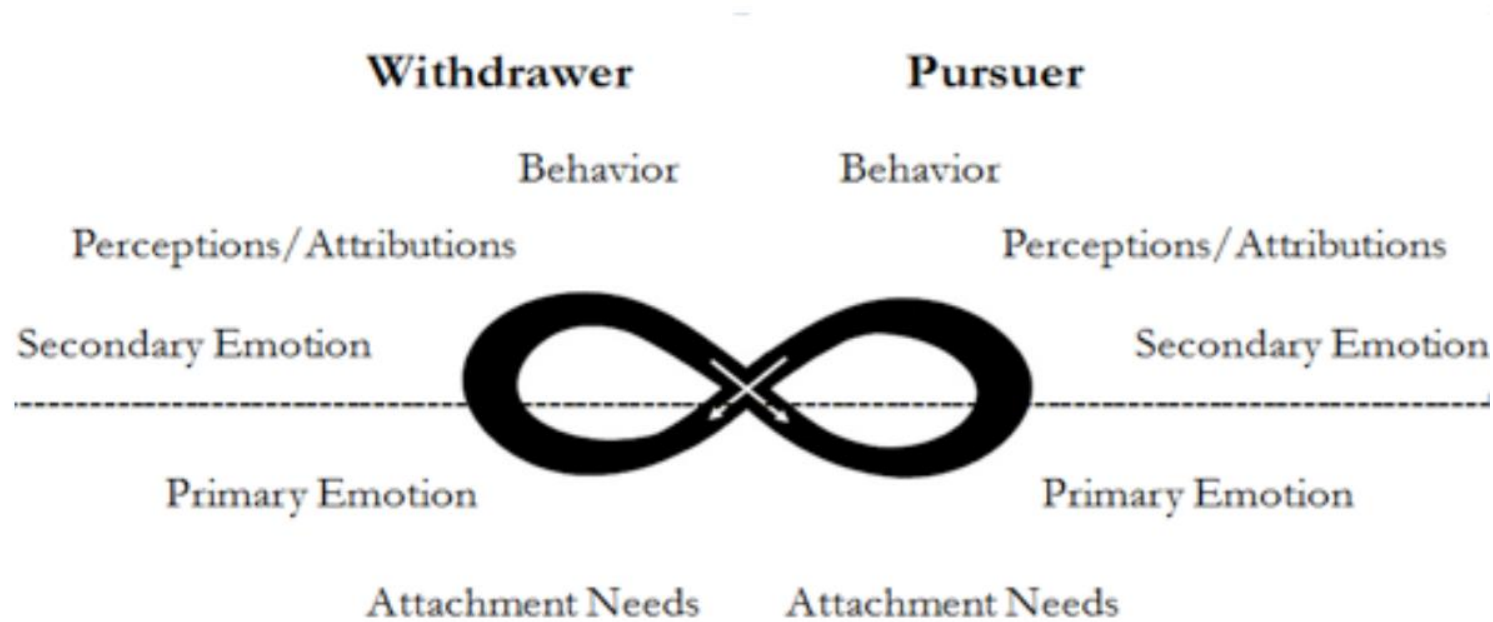
- **Situational Couple Violence (SCV):** the result of escalating interactions
- **Intimate Terrorism (IT):** a form of intimate partner violence that originates from power, control, and gender differences. It differs from SCV because it is not based upon a bidirectional process of negative interaction between spouses but on a unidirectional use of power and violent control over the other partner.

Couple therapy is not appropriate for intimate terrorism. In cases of IT, couples therapy could lead to unethical consequences.

Sloutmaeckers, J., & Migerode, L. (2020)

All Physical, Emotional, Sexual, and Financial
Violence Must Stop

EFT Negative Cycle



Anger

“View your couple’s reactivity and anger as their **attachment fears** flooding forward.” Dr. Mark Kaupp

Both partners are “**hurt**” - acknowledge their individual attachment-related emotions, while also encouraging them to take responsibility for their attachment position and behaviors in the negative cycle.



Applying Evidence-Based Strategies

Protective Reaction

Trigger

On phone, questioning,
facial expression, etc

Quiet, defend, blame, question, etc



Meaning/Story

"I don't matter." "They don't care."



Organize




Emotions

hurt, fear, shame
"That gets hard for you."

*Vulnerability can be weaponized. Stay in Secondary Emotions at first

Real-Time-Tools to De-Escalations

- **“Talk to me...”** Be directive. Use your hands. Use their **name**.
- **Containment:** “I am going to spend about 10 mins....Trust I will be coming back to you.”
- **Focus on intention & attachment** : “It matters how she sees you.” This will help keep partner anchored in.
- **Ask permission:** “Is it okay if we stay here longer?”
- **Use Humor:** “You can do this for free at home. Can we try something different?”

TEMPO



1. **Trigger**
2. **Emotions**
3. **Meaning**
(perception)
4. **Protective**
reaction
(behavior)
5. **Organize**

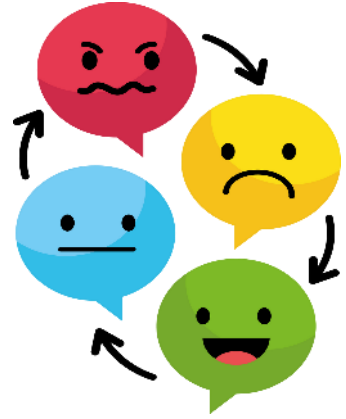


Real-Time-Tools to Manage Escalations

1. Acknowledge other person to keep them contained.
2. Focus on Attachment
3. “Seed” new options
4. Acknowledge positive intent



Emotions Felt by Therapists



- **Fear:** fear of conflict in the room, worry
- **Anger towards client:** frustration when tension occurs, client attacking the therapist, communicating destructively with each other, or not making progress in therapy.
- **Hopelessness:** hopelessness when difficulty in de-escalating negative cycles, slow to little change.
- **Fatigue:** exhausted, lots of mental energy, work before and during the sessions
- **Incompetency:** self-doubt, insecurities, incompetent, and worry about doing something wrong.

(Yıldızhan et al., 2024)

Self-of-Therapist

- Self-Compassion
- Seek Social Support
- Positive Self-talk
- Body Regulation
- Distancing After Sessions
- Processing Own Emotions
- Gain more trainings

(Yıldızhan et al., 2024)

More Strategies



- **Predict Slow Change:** Expect change to be extremely slow.
- **Gut-Check:** Your emotions are valid. Use them in the session.
- **Strategic Scheduling:** Find the right time for the couple that works best for you.
- **Lawyer Charging:** Charge your time for communication outside of therapy.
- **Boundaries:** Set boundaries at the beginning, along with communication with therapist.



Q&A With Jennine Powell, MFT

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