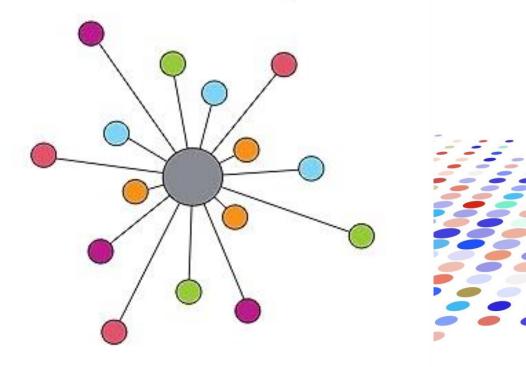
"Tian Dayton masterfully integrates principles of group dynamics and psychodrama therapies with insights into bodily states and feelings gained from contemporary neuroscience." —Stephen W. Porges, creator of the Polyvagal Theory

Sociometrics

Embodied, Experiential Processes for Relational Trauma Repair



Our New Direction Sociometrics – Process Groups for Trauma and Addiction

Jeffrey E. Hansen, Ph.D. Clinical Director, Holdfast Recovery Founder and Director, NeuroFaith, LLC

TIAN DAYTON, PhD, TEP

Some of you may recall that in a previous presentation, I posed some questions about who we want to be



Let's start with some very important questions for us to ponder???



NO HUM REHAB Voto do we want to be?

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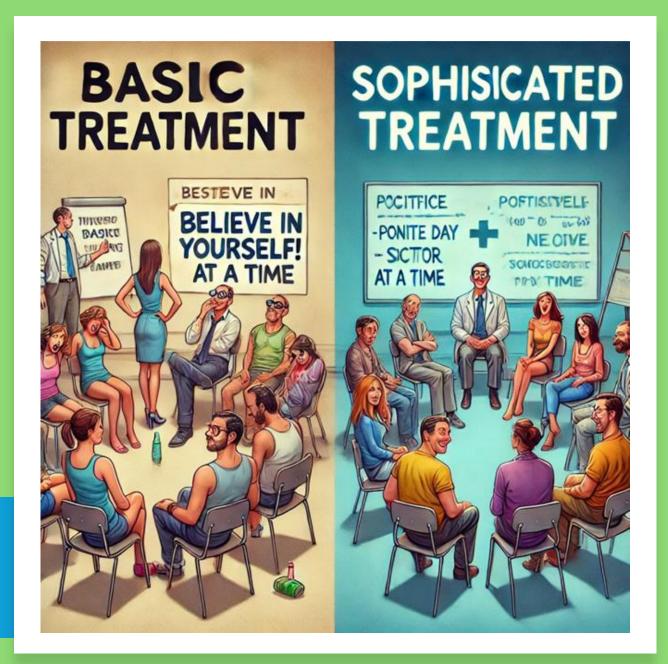
ANCHORPOINT

TALATMENT CENTER

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Is profit in balance with clinical excellence and service?



Will our therapies be basic and simplistic or cutting edge, evidencebased, and neuroscienceoriented?

Reasons for the Failure of Traditional Drug and Alcohol Treatment Centers - 100

What the research tells us 50

Group work needs to be compelling, science-based, and experiential





The Cost of Trauma in nothing short of shocking Per Tim Fletcher

https://www.youtube.com/watch?v=6IxEwPMqB-c

Tracoma 47%

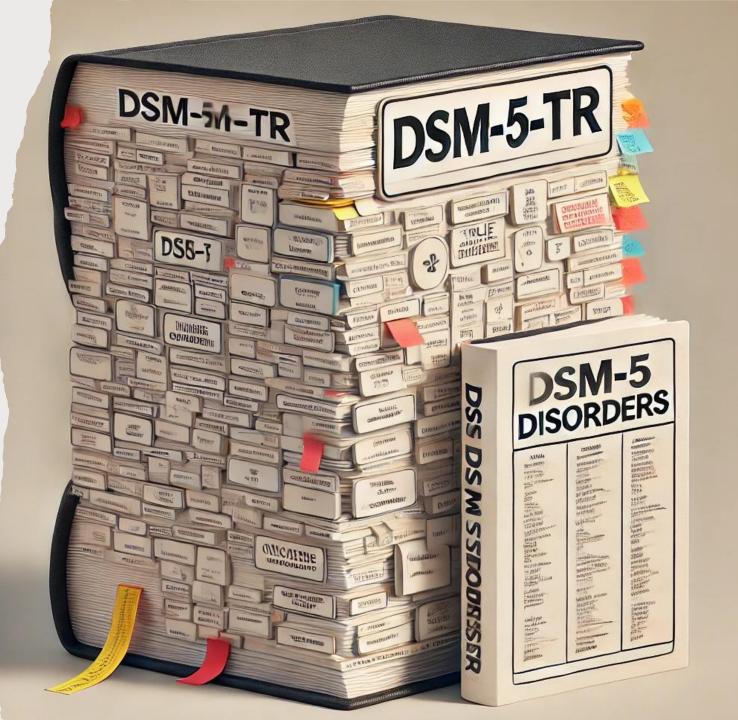


Rethinking Diagnoses

Instead of having separate diagnostic categories for each manifestation of trauma (e.g., depression, anxiety, dissociation), a simplified system might focus on the spectrum of trauma responses.

This would shift mental health care toward understanding the root causes (trauma) rather than treating the symptoms (diagnostic labels). Trauma as a Unifying Framework would nuke the DSM-5TR

- Many disorders in the DSM, such as PTSD, depression, anxiety, and borderline personality disorder, can be traced back to unresolved trauma.
- If trauma is understood as a primary driver, many of these diagnoses might be seen as manifestations of how individuals cope with or adapt to trauma, rather than distinct conditions.





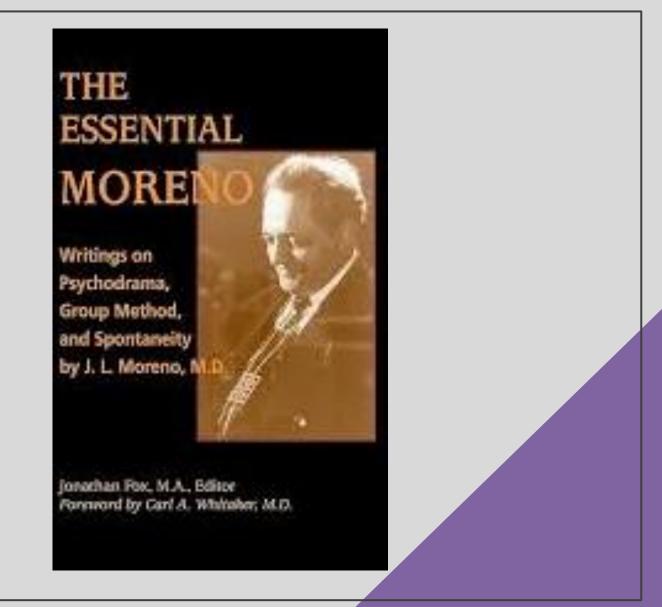
The Experts Speak

John Briere (Renowned Traumatologist):

"If Complex PTSD were ever given its due... the DSM would shrink to the size of a thin pamphlet."

Peter Levine (Trauma Expert):

"Trauma is perhaps the most avoided, belittled, denied, misunderstood, and untreated cause of human suffering." The Origins of Sociometrics Come from Jacob Moreno, the Godfather of Psychodrama





Thriving Beyond Complex Trauma

Many slides are adaptations from the work of traumatologist, Tim Fletcher. <u>https://www.youtube.com/watc</u> <u>h?v=QNKnQqs3Mo4</u> Understanding the Impact on Brain and Behavior

Jeffrey E. Hansen, Ph.D. Clinical Director, Holdfast Recovery



Trauma 0f. mpact

- Key statistics:
 - Over 90% of addicts have Complex PTSD (CPTSD).
 - Over 90% of people in prison and those experiencing homelessness have CPTSD.
- Areas impacted by trauma:
 - Domestic violence
 - Mothers with children in Child Protective Services (CAS)
 - Eating disorders and self-harm
 - Hoarding



Big "T" Trauma

Definition:

• The most well-known type of trauma, leading to PTSD.

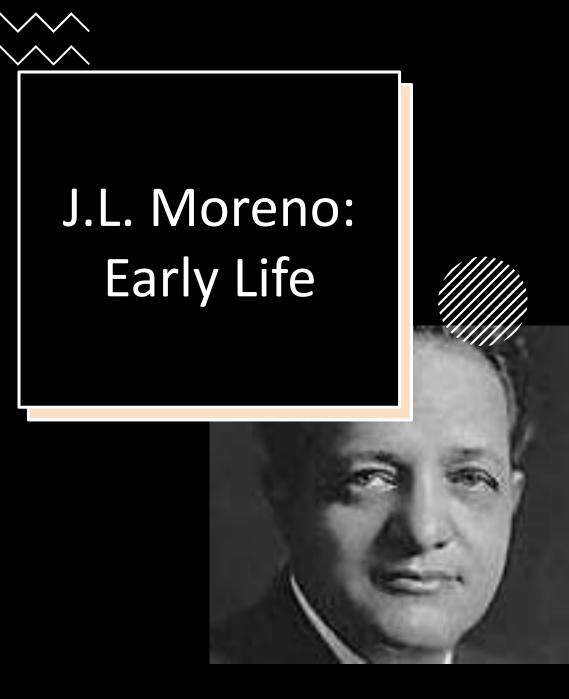
Key Characteristics:

- 1. Flashbacks, nightmares, memories.
- 2. Avoidance of places/events or discussing the trauma.
- 3. Trouble sleeping or concentrating.
- 4. Hypervigilance.
- 5. Mood swings, depression, and anxiety.
- 6. Triggers activating stress responses (e.g., fight, flight, freeze).

Little "t" Trauma

Additional Traits:

- Fear of intimacy or conflict, hypersensitivity to criticism.
- Impulsivity, emotional dysregulation, poor stress management.
- Fear of failure, abandonment, or being a burden.
- Many relationship issues stem from unresolved trauma.



Born Jacob Levy Moreno in 1889 in Bucharest, Romania, to a Sephardic Jewish family.

Spent early childhood in Budapest before moving to Vienna, Austria.

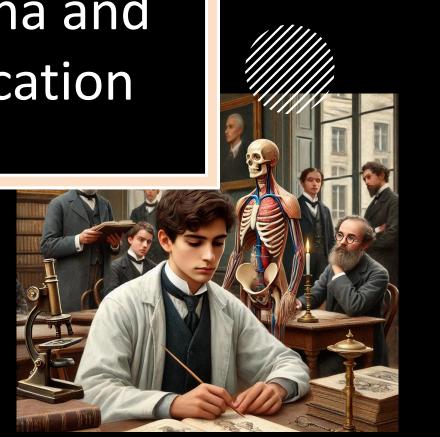
Let's take a listen to the man himself

Please click the link below: https://www.youtube.com/watch ?v=VnCajN1chM0



Paris, 1964. J. L. Moreno Conducts "Psychodrama of a Marriage"

Move to Vienna and Education



Immersed in Vienna's intellectual and cultural vibrancy during the early 20th century.

Studied medicine, philosophy, and mathematics at the University of Vienna.

Developed a keen interest in existentialism and the human condition. Inspiration from Observing Children

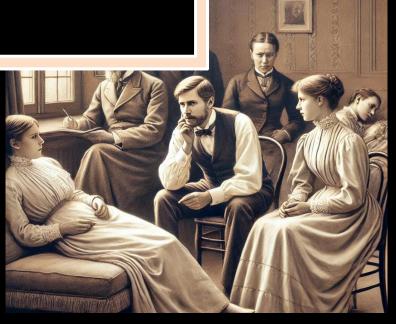


Influenced by watching children at play in Vienna's parks.

Noticed how spontaneous role-playing reflected their emotions, creativity, and problem-solving abilities.

These observations planted the seeds for psychodrama.





Began therapeutic work with prostitutes in Vienna, initially using Freudian psychoanalytic methods (lying on couches and free association).

Transitioned to dynamic, interactive techniques, such as sitting in chairs and engaging in role-playing.

This shift inspired the foundation of psychodrama.

Personal Life: Marriages





First Marriage: Florence Bridge (limited details available).

Second Marriage: Details of this marriage are not widely documented.

Third Marriage: Zerka T. Moreno, collaborator and significant contributor to psychodrama.

Zerka and Moreno had a son, Jonathan Moreno, a renowned bioethicist.



Immigration to the U.S.

Moved to the United States in 1925, bringing his groundbreaking ideas on therapy and human relationships.

Founded the Beacon Hill Sanitarium in New York, where he refined psychodrama and sociometry.

Key Concepts and Components of Psychodrama

The Stage: A safe, physical or metaphorical space for exploring emotions and relationships. The Protagonist: Central figure of the session; acts out significant life events or internal conflicts. The Director: Therapist as director, guiding the session and encouraging exploration of narratives. Auxiliary Egos: Participants take on roles to represent people, objects, or concepts in the protagonist's life.

The Audience: Group members observe, provide support, and share insights. Role Reversal: Protagonist steps into another person's perspective to gain empathy and insight. Spontaneity and Creativity: Core principles; foster authentic and unpatterned responses to challenges.

F

Applications and Benefits

Addresses trauma by allowing clients to reenact and rewrite painful experiences.

Enhances understanding of relationships and interpersonal dynamics.

Effective in psychotherapy, education, organizational development, and performance arts.

Fosters psychological growth through creativity, action, and shared storytelling.



Now that we understand and appreciate the work of J. L. Morena as foundational to Sociometrics, let's explore further.



Legacy of J.L. Moreno

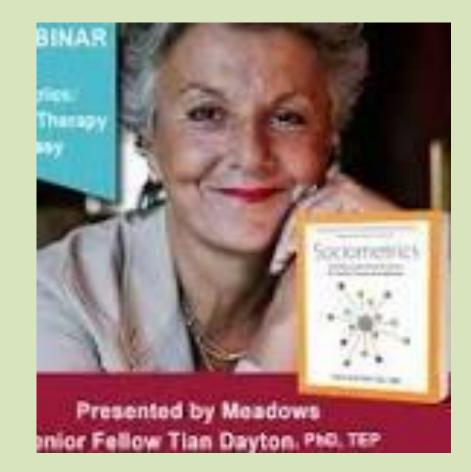
Revolutionized therapy by emphasizing action, creativity, and relationships.

Psychodrama remains a cornerstone for experiential and group-based therapies.

Inspired modern therapeutic techniques and approaches to mental health.

Dr. Tian Dayton's Credentials

- Holds a Ph.D. in Clinical Psychology.
- Licensed as a Creative Arts Therapist.
- Board-certified in psychodrama, sociometry, and group psychotherapy.
- There is no publicly available information indicating she is a licensed clinical psychologist.
- Licensure typically requires meeting specific statelevel credentials.
- Her focus is on experiential therapies, for which she holds other certifications.



Sociometry: A Complement to Psychodrama



Introduced by Moreno to map group dynamics and interpersonal connections.



Enhances understanding of relationships within a group.

Advantages of Sociometrics

• Holistic approach addressing multiple aspects of trauma and addiction.

• Personalized therapy tailored to individual and group dynamics.

• Engaging, impactful, and encourages active participation.

• Uncovers hidden patterns and insights missed in traditional talk therapy.

• Builds a foundation for lasting recovery.

The Value of Sociometrics in Treatment

Combines experiential therapy with group dynamics for healing.

Addresses emotional, relational, and physiological aspects of addiction and trauma. Enhancing Emotional Awareness Externalizes emotions to gain insight into the internal world.

Tools like timelines and floor charts make abstract feelings tangible.

Fosters emotional literacy, helping clients recognize triggers.

Addressing Relational Dynamics

Maps and repairs disrupted relationships through role-playing.

Auxiliary egos foster empathy and understanding of relationships.

Crucial for rebuilding trust and fostering healthy communication.

Promoting Safety and Connection Creates a sense of shared safety through sociometric exercises.

Aligns with Polyvagal Theory to promote calmness and connection.

Facilitating Co-Regulation

Encourages mutual regulation of emotions in group settings.

Supports healing trauma by leveraging the power of group dynamics. Structured Path for Healing Provides a roadmap for navigating addiction and trauma.

Exercises like role reversals help reframe experiences.

Opportunities to practice healthier thinking and behaviors.

Bridging the Mind-Body Connection

Integrates neuroscience principles to address trauma's physiological effects.

Encourages working with bodily sensations linked to emotional states.

Restores autonomy and control over emotional responses.

In summary

Sociometrics is a transformative, holistic approach for recovery.

Helps clients explore their past, understand the present, and reimagine the future.

Focus on relationships, expression, and mind-body integration.

Stephen Porges and Tian Dayton: A Collaboration

Dr. Stephen Porges, developer of the Polyvagal Theory, supports Dr. Tian Dayton's work.

Their collaboration bridges neuroscience and experiential therapy.

Porges' Praise for Dayton's Work

Porges commends Dayton for integrating group dynamics and psychodrama with neuroscience. Quote: 'Tian Dayton masterfully integrates principles of group dynamics and psychodrama therapies with insights into bodily states and feelings gained from contemporary neuroscience.'

Connection in Sociometrics

Dr. Porges provided commentary and personal communication during the writing of Dr. Dayton's book 'Sociometrics.' Their collaboration highlights the synergy between Polyvagal Theory and experiential therapies.

Shared Vision in Trauma and Addiction Treatment

Both emphasize the importance of embodied, relational processes in healing. Focus on enhancing therapeutic practices through the combination of neuroscience and experiential methods.

Contributed to innovative approaches for treating trauma and addiction.

Integration of Polyvagal Theory with Sociometrics

Stephen Porges' Polyvagal Theory and Tian Dayton's Sociometrics complement each other.

The integration addresses both physiological and psychological aspects of trauma.

Creating Safe Therapeutic Environments

Sociometric exercises like 'Floor Checks' assess group members' emotional states.

Promotes a sense of safety and connection.

Aligns with the ventral vagal system, which fosters social engagement and calmness.

Enhancing Emotional Awareness

Techniques like 'Timelines' help map significant life events. Facilitates awareness of how past experiences influence emotional and physiological responses. Reflects the concept of neuroception evaluating safety and threat unconsciously.

Promoting Co-Regulation

Group activities encourage mutual regulation of emotional states. Supports Polyvagal Theory's emphasis on social interactions regulating autonomic states.

Essential for healing trauma and building relational safety.

Conclusion

The integration of Polyvagal Theory with Sociometrics creates a holistic therapeutic framework.

Addresses both physiological and psychological aspects of trauma. Leads to more effective therapeutic interventions and supports holistic healing. Integration of Tian Dayton's Work with Polyvagal Theory and Sociometrics A synthesis of experiential therapy, neuroscience, and group dynamics.

Bridges Polyvagal Theory with Sociometrics for deeper therapeutic impact. In Review Polyvagal Theory: Core Concepts Autonomic Nervous System Hierarchy:

Ventral vagal system: Promotes safety and social connection.

Sympathetic system: Triggers fight-or-flight responses.

Dorsal vagal system: Causes shutdown or immobilization in extreme threat scenarios.

Neuroception: Unconscious process of detecting safety or danger in social contexts.

Co-Regulation: Biological need for reciprocal interactions to foster emotional regulation.

Creating Safe Spaces

Sociometric techniques like Floor Checks assess the group's emotional state.

Facilitators ensure the environment supports ventral vagal activation.

Promotes safety and connection within the group.

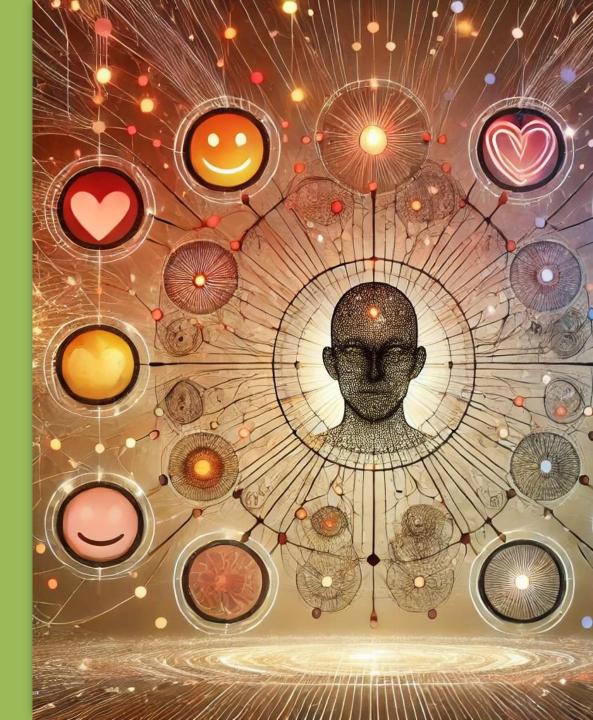


Mapping Emotional Responses

Sociometry tracks interpersonal connections and emotional bonds.

Timelines allow reflection on events triggering sympathetic or dorsal vagal states.

Participants explore how past relationships affect their nervous system responses.



Enhancing Co-Regulation

Sociometric exercises foster co-regulation, shifting from defensive states to social engagement.

Group feedback and role-playing promote attunement and mutual understanding.



Embodied Emotional Literacy

Helps participants identify bodily sensations linked to nervous system states.

Experiential Letter Writing provides a safe outlet for emotional expression.

Bridges body and mind in the healing process.

Spontaneity and Creativity

- Encourages adaptive, flexible responses to challenges.
- Rooted in psychodrama, spontaneity aids in moving out of immobilized states.
- Enhances resilience and nervous system regulation.





Expanded Concepts in Sociometrics

- Interactive Neuroception: Enhances awareness of perceived safety/danger in group dynamics.
- 2. Emotional Mapping: Tracks shifts in nervous system states during group exercises.
- 3. Group Safety Anchors: Identifies individuals or dynamics that foster ventral vagal states.
- 4. Healing Through Connection: Supports relational safety to address trauma's impact.

Significance of the Integration

- Deepens therapeutic impact of group therapy by combining Polyvagal Theory with Sociometrics.
- 2. Enhances emotional literacy, resilience, and relational safety.
- 3. Bridges experiential therapy with cutting-edge neuroscience for transformative healing.



Floor Checks

Description:

A technique where participants physically position themselves on the floor or within a space to represent their emotions, choices, or relationships.

How It Works:

The facilitator poses a question (e.g., "How connected do you feel to the group?").Participants stand, sit, or place objects on the floor to reflect their answers.

Purpose:

Encourages embodied expression of feelings. Makes abstract emotional or relational concepts more concrete and visual.

Applications:

Used in group therapy or psychodrama to assess emotional alignment and differences in perception.



Feeling Floor Check Overview The 'Feeling Floor Check' exercise helps individuals develop emotional literacy, expand their emotional expression, and learn to process and tolerate both positive and negative emotions.

By identifying and discussing emotions in a group, participants share experiences, recognize family patterns, and explore their relationships with others.

This promotes self-regulation, co-regulation, and resilience.

Goals of Feeling Floor Checks



Expand the range of emotional expression affected by trauma.



Help participants identify, articulate, and share emotions comfortably.



Foster emotional connection and support within the group.



Develop emotional literacy and intelligence.



Teach tolerance of painful and affirming emotions to reduce relapse risk.



Activate the social engagement system to build self-regulation skills.



Benefits of the Floor Check Process

- Improves emotional resilience.
- Deepens trust and strengthens relational bonds.
- Repairs disruptions in emotional connections caused by trauma.
- Forms a foundation for long-term healing and stability.



Mobilizing the Social Engagement System

This process activates parts of the brain and body responsible for safe and meaningful connections:

- Supports self-regulation: Managing emotions, thoughts, and behaviors effectively.
- Builds co-regulation: Finding emotional balance through supportive relationships.

Practical Implementation:

- Encourage active listening and empathetic responses.
- Create a safe space where participants feel accepted.
- Guide participants to recognize and manage emotional triggers while benefiting from the group's presence.

Steps for Implementation of Feeling Floor Checks

1. Write emotion words (e.g., angry, sad, anxious, hopeful) on paper and place them on the floor.

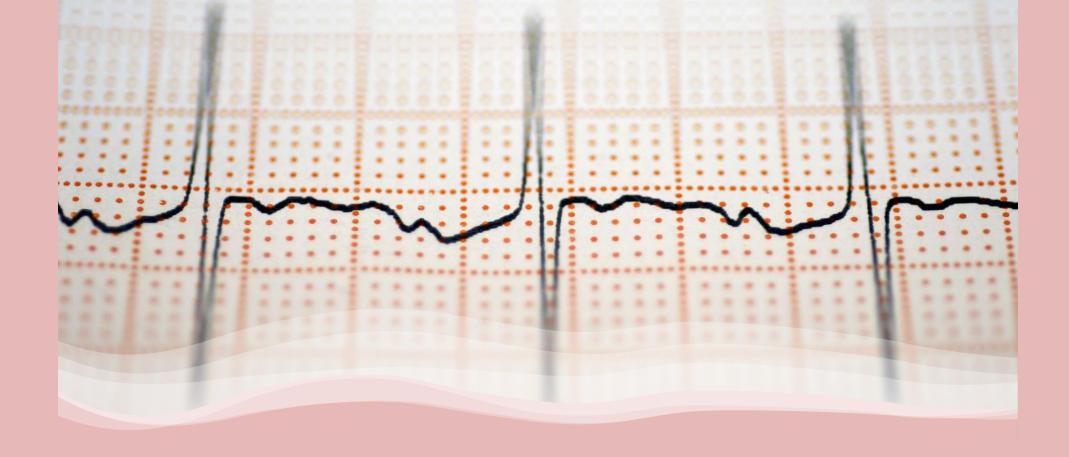
2. Ask participants to stand near the emotion that represents their current state.

- 3. Encourage them to share why they chose that emotion.
- 4. Repeat the process for additional emotions they may feel.
- 5. Use guiding questions like:
 - 'Which emotion do you avoid?'
 - 'Which emotion did your family of origin struggle with?'

6. Explore emotions participants wish to experience more of or have learned to manage better.

- 'Which feeling do you struggle seeing in others?'
- 'Which feeling would you like to have more of in your life?'





Jeffrey E. Hansen, Ph.D.

Sociometrics Trauma Timeline

Introduction to Sociometry & Trauma Recovery

- Sociometry: Measures emotional & relational connections in a group.
- Moves clients from isolation to connection.
- Why it matters: Trauma creates shame and disconnection.
- Sociometry externalizes emotions, helping process trauma.



The Timeline **Process:** Mapping Trauma & Recovery

Step 1: Creating the Emotional Timeline

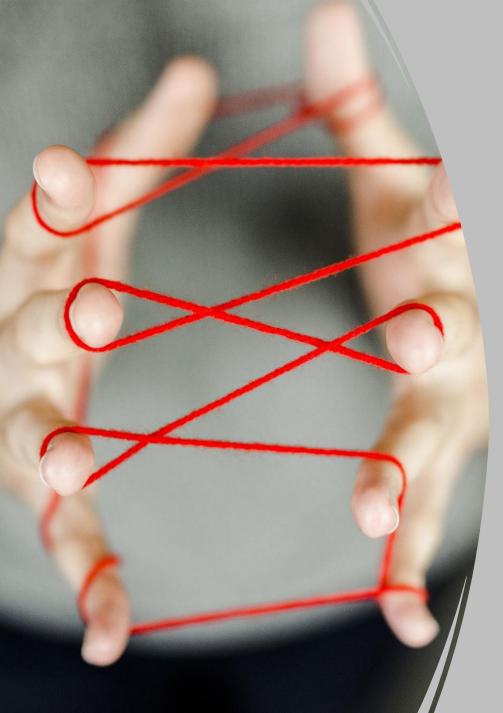
- Clients map out key life events with colors.
- Red = Trauma, Blue = Numbing behaviors,
 Green = Moments of healing.

Step 2: Role of Group in Reflecting the Timeline

Group members step into the timeline to reflect shared experiences.

Step 3: Trauma Integration & Reframing

- Rewriting trauma narratives through neuroscience-informed approaches.
- Using Internal Family Systems (IFS) concepts.



Experiential Exercises for Group Sessions

Write out trauma on Trauma Timeline Form

Put down numbre2 0 – 70 on the floor in 5-year increments.

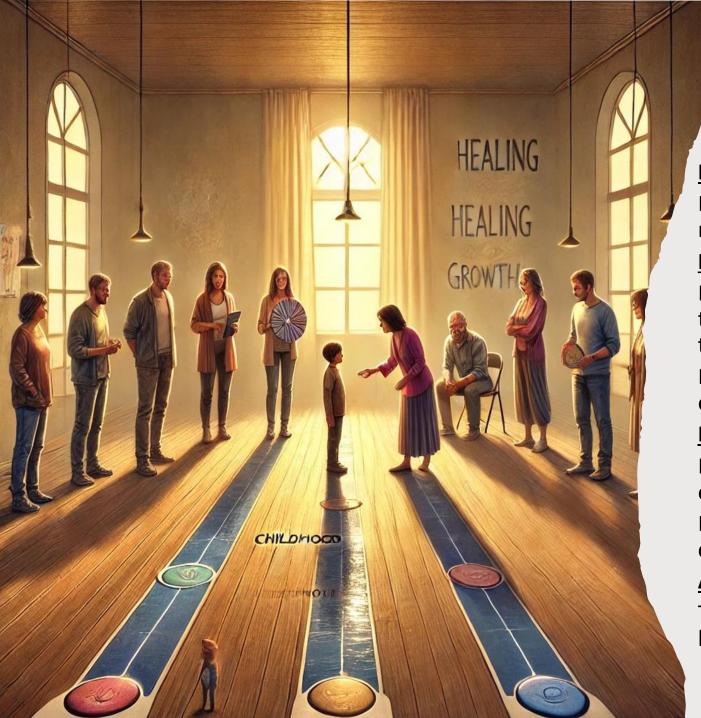
Options:

- 1. Have clients go to a trauma that they are feeling drawn to change.
- 2. Have client walk the timeline and narrate it as they walk. A protagonist can walk alongside them.
- 3. Clients can identify difficult times or traumas and possibly when addictions began which helps to create a connection between the two.

Timeline Process Group Questions

- What age did something happen to you that caused you to feel stuck?
- What age do you recall someone else's problems started to become yours?
- What age did you have and "aha" or make a good decisions that led to other good decisions?
- What age would you never return to?
- What age would you like to return to?





Trauma and Resilience Timelines

Description:

Participants map significant traumatic events and moments of resilience along a timeline.

How It Works:

Individuals create a visual or narrative representation of their life, marking key events that caused trauma and those that reflect recovery or strength.

Events may include relationships, achievements, or emotional breakthroughs.

Purpose:

Encourages self-reflection and integration of past experiences.

Highlights strengths and coping mechanisms alongside challenges.

Applications:

Trauma therapy, narrative therapy, and resiliencebuilding interventions.

Experiential Letters

Description: A therapeutic activity where participants write letters to or from significant individuals (including their past or future selves) to explore feelings or address unresolved emotions.

How It Works:

Examples include writing a letter to a deceased loved one, a younger self, or a part of themselves that represents their trauma or resilience.

Letters can be shared aloud or kept private, depending on the therapeutic setting.

Purpose:

Facilitates emotional expression and processing. Offers a safe space for catharsis and insight.

Applications:

Grief work, self-compassion exercises, and trauma resolution.

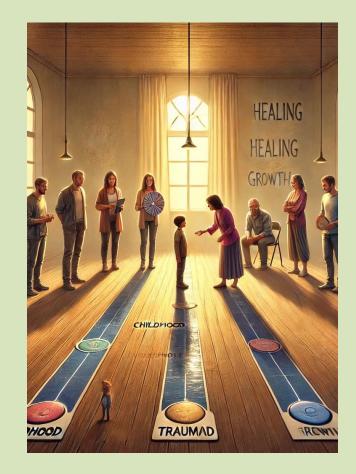


Dayton's Spectrogram Technique

The Spectrogram Technique in Sociometry, as developed by Diane Dayton, involves participants standing along a continuum to represent their feelings or perspectives. This dynamic and visual practice fosters discussions about trust, vulnerability, and belonging.

In a group therapy context:

- -Participants physically position themselves along an imaginary spectrum, indicating their stance or emotions.
- The facilitator guides reflection and discussion, encouraging participants to explore their relational and emotional states.
- This technique integrates well with Polyvagal-informed practices, allowing individuals to notice and share their embodied experiences in real-time.



Targeted Social Atoms

Description:

A sociometric tool that visually maps relationships and emotional connections in an individual's life, focusing on a specific issue or context.

How It Works:

Participants create a diagram with themselves at the center, adding symbols or figures to represent people and their emotional closeness or distance.

The map can focus on specific themes (e.g., support systems during trauma or conflict in family relationships).

Purpose:

Identifies key relationships that influence the participant's well-being. Highlights areas of emotional strength or disconnection.

Applications:

Used in individual or family therapy to explore relational patterns and emotional resources.

Let's take a listen to Tain Dayton as she describes in her own words what Relational Trauma Repair (RTR) Sociometrics is Please click the link to below:

https://www.youtube.com/watch?v=UZxWpvzk6hg



Conclusion: Tian Dayton's Sociometry Model - Integrates sociometry with Polyvagal Theory for trauma recovery.

- Highlights the interplay of relational dynamics and nervous system regulation.

- Facilitates understanding of emotional patterns and relational roles.

- Encourages self-awareness and safe connection within group settings.

- Experiential and transformational, fostering deep emotional healing.

- Builds emotional resilience through co-regulation and shared experiences.

- Fosters a sense of safety and belonging, essential for recovery and growth.