

The Neurosequential Model of Therapeutics®

NMT as an Evidence-based Practice.

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The Neurosequential Model of Therapeutics (NMT) is a developmentally sensitive, neurobiology-informed approach to clinical problem solving. NMT is not a specific therapeutic technique or intervention. It is an approach that integrates core principles of neurodevelopment and traumatology to inform work with children, families and the communities in which they live. The Neurosequential Approach has three key components – training/capacity building, assessment, and then the specific recommendations for the selection and sequencing of therapeutic, educational and enrichment activities that complement the strengths and address the needs of the individual.

As described by Brandt and colleagues (2012): “The Neurosequential Model of Therapeutics (NMT) (Perry, 2006) provides an integrated understanding of the sequencing of neurodevelopment embedded in the experiences of the child, and supports biologically informed practices, programs, and policies. As a global evidence-based practice (EBP) and coupled with the NMT’s brain mapping matrix, the model supports providers in identifying specific areas for therapeutic work and in selecting appropriate therapies, including evidence-based therapies (EBTs), within a comprehensive therapeutic plan. Organized NMT-based intervention models, such as NMT therapeutic childcare, can be EBTs.”

The NMT assessment process examines both past and current experience and functioning. A review of the history of adverse experiences and relational health factors helps create an estimate of the timing and severity of developmental risk that may have influenced brain development. The NMT “mapping” process helps identify various areas in the brain that appear to have functional or developmental problems; in turn, this helps guide the selection and sequencing of developmentally sensitive interventions designed to replicate the normal sequence of development beginning with the lowest, most abnormally functioning parts of the brain.

The NMT is grounded in an awareness of the sequential development of the brain; cortical organization and functioning depend upon previous healthy organization and functioning of lower neural networks originating in the brainstem and diencephalon. Therefore, a dysregulated individual will have a difficult time benefiting from educational, caregiving and therapeutic efforts targeted at, or requiring, “higher” cortical networks unless there is some degree of regulation integrated into the effort. This sequential approach is respectful of the normal developmental sequence of both brain organization and functioning. Further, the brain’s predictive templates created during our earliest life experiences are heavily ‘weighted’ towards the networks in the brain that organize first (i.e., in utero and early life) and significantly impact the development and processing of experiences occurring later in life. Understanding core concepts of development, neuroplasticity, ‘template’ formation and predictive processing are essential in developing effective therapeutic plans.

NMT Training and Certification

The NMT training and capacity building component (NMT Certification) is a manualized yet flexible process that involves a minimum of 120 hours. Certification incorporates didactic teaching with web-based sessions using clinical cases presented by participating clinicians. The Neurosequential Network (NN) has developed an NMT training certification process for individual clinicians and organizations that provides the necessary exposure to core concepts, practical application, and use of the web-based NMT Metrics to establish and maintain fidelity required for examining clinical outcomes and conducting research.

The NMT is widely applicable to a variety of clinical and educational environments and has been integrated into settings across the full life cycle – infants through adults – including therapeutic preschools, early head start programs, infant mental health, residential treatment centers, schools, and in numerous private and outpatient clinical practices. Several large public child protective services and child mental health settings have become certified and routinely use the NMT to help guide clinical decision-making.

Evidence-based Practice and the NMT

Over the past two decades there has been a movement toward practice accountability from federal, state and foundation funding sources demanding proof of the effectiveness for specific interventions (Austin & Roberts, 2002). Evidence-based medicine (EBM) refers to the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients (Sackett et al., 1996). The NMT adheres to these principles and, as this relatively young approach to clinical work has been widely disseminated, an impressive body of evidence has accumulated. In 2025, the first comprehensive peer-reviewed scoping review of the NMT was published (Lindenbach et al., 2025), confirming the model's growing evidence base across international settings.

The NMT currently meets criteria for the following evidence levels established by the U.S. Preventive Services Task Force:

Level III	Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.
Level II-3	Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled trials might also be regarded as this type of evidence.
Level II-2	Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.
Level II-1	Evidence obtained from well-designed controlled trials without randomization.
Level I	Evidence obtained from at least one properly designed randomized controlled trial. Randomized controlled trials in several NMT settings continue.

The NMT has the following EBP elements:

- Multiple sites participating in NMT Training Certification gather data used to determine efficacy of the model across therapeutic preschools, residential treatment facilities, out-patient clinical settings, and large state child welfare systems.
- Multiple reports from independent groups using the NMT have demonstrated positive outcomes.
- All NMT-certified sites have demonstrated improved outcomes (using both NMT and non-NMT metrics such as incident reports, restraints, changes in CAFAS). In cases where data were collected systematically, these outcomes are statistically significant.
- NMT metrics have been shown to be valid (face-, predictive-, and concurrent validity) and reliable (high inter-rater reliability; Cronbach alpha Part C: $\alpha=.95$; Part D: $\alpha=.84$).
- The certification and training process are manualized with a robust fidelity model including inter-rater reliability and case-auditing processes.
- A 2025 scoping review (Lindenbach et al.) identified 151+ publications and confirmed positive outcomes across multiple international settings.

QIC-AG Level of Evidence

In 2015 the Federally funded National Quality Improvement Center for Adoption/Guardianship Support and Preservation (QIC-AG) rated the NMT as LEVEL 3 Emerging Practice. In 2016, NMT was selected as an emerging best-practice framework to include in an RCT in a primary Phase of this five-year program project dedicated to the development of best practices in Child Welfare. Using the QIC-AG criteria, in 2020, the NMT meets their criterion for LEVEL 2: Supported by Research Practice. By 2026 there was at least one RCT that showed NMT was superior to TAU when NMT-guided recommendations were followed.

LEVEL 1	Effective and Proven by Research. Well-supported with positive evidence from two or more randomized controlled trials (RCTs).
LEVEL 2	Supported by Research. Supported with positive evidence from two or more quasi-experimental studies or at least one randomized controlled trial. ★ NMT achieved this rating in 2020.
LEVEL 3	Emerging Practice. Supported by non-randomized, quasi-experimental, observational, correlation, and comparative studies. ★ NMT rating in 2015.
LEVEL 4	Promising Practice. Recognized by professionals and organizations as having demonstrated an impact with some research evidence.
LEVEL 5	Better Practice. Practices primarily driven by clinical wisdom or guild organizations without systematic research evidence.
LEVEL 6	Failed to Prove Positive Effect. Tested but has not established positive findings.



Figure 1. Sample graphics from the NMT Clinical Practice Tool report (aka: NMT Metric report).

Summary of Selected Reports and Publications Related to NMT as Evidence-based Practice

This section presents 151 selected publications organized by topic. For the complete database, see NSM_Publications.xlsx.

A. Rationale for a Neurodevelopmental Approach to Maltreated Children

112. Perry BD (1994) Neurobiological Sequelae of Childhood Trauma: Post Traumatic Stress Disorders in Children American Psychiatric Press | Catecholamine Function in Post-Traumatic Stress Disorder: Emerging Concepts (Ed. Murburg M) pp. 253-276 [Foundational pre-NMT chapter]
4. Perry BD, Pollard RA, Blakley TL, Baker WL, Vigilante D (1995) Childhood Trauma, the Neurobiology of Adaptation and 'Use-Dependent' Development of the Brain: How 'States' Become 'Traits' Infant Mental Health Journal 16(4):271-291 [https://doi.org/10.1002/1097-0355\(199524\)16:4<271::aid-imhj2280160404>3.0.co;2-b](https://doi.org/10.1002/1097-0355(199524)16:4<271::aid-imhj2280160404>3.0.co;2-b) [Foundational neurodevelopmental paper underpinning the NM framework]
97. Glaser D (2000) Child Abuse and Neglect and the Brain: A Review Journal of Child Psychology and Psychiatry 41(1):97-116
49. Perry BD (2001) The Neuroarcheology of Childhood Maltreatment: The Neurodevelopmental Costs of Adverse Childhood Events Family Violence and Sexual Assault Institute | The Cost of Maltreatment: Who Pays? We All Do (Eds. Franey K, Geffner R, Falconer R) pp. 15-37 [Foundational NM pre-publication]
6. Read J, Perry BD, Moskowitz A, Connolly J (2001) The Contribution of Early Traumatic Events to Schizophrenia in Some Patients: A Traumagenic Neurodevelopmental Model Psychiatry: Interpersonal and Biological Processes 64(4):319-345 <https://doi.org/10.1521/psyc.64.4.319.18602> [439 citations; foundational traumagenic neurodevelopmental model]
7. Perry BD (2002) Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture Brain and Mind 3:79-100 [NM framework applied to gene-environment interaction]
8. Anda RF, Felitti VJ, Bremner JD, Walker JD, Whitfield C, Perry BD, Dube SR, Giles WH (2006) The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: A Convergence of Evidence from Neurobiology and Epidemiology European Archives of Psychiatry and Clinical Neuroscience 256(3):174-186 <https://doi.org/10.1007/s00406-005-0624-4> [ACE/neurobiology convergence paper; Perry co-author]
40. Perry BD, Szalavitz M (2006) The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook Basic Books ISBN 9780465094455 (Revised 2017) [Trade nonfiction; revised edition 2017]
54. Perry BD (2008) Child Maltreatment: A Neurodevelopmental Perspective on the Role of Trauma and Neglect in Psychopathology Wiley | Textbook of Child and Adolescent Psychopathology 1st Ed. (Eds. Beauchaine TP, Hinshaw SP) pp. 93-128
148. Gibson J (2012) Keeping the Child in Mind: Learning About Childhood Trauma from Personal Experience and Neuroscience Refocus: The Residential Child Care Project Newsletter 18:1-8
98. Twardosz S, Lutzker JR (2010) Child Maltreatment and the Developing Brain: A Review of Neuroscience Perspectives Aggression and Violent Behavior 15(1):59-68
114. Burnell A, Vaughn J (2012) Family Future's Neuro-sequential Approach to the Assessment and Treatment of Traumatised Children: Neuro-physiological Psychotherapy (NPP) Borla, Roma | Una Casa Per Un Po' (Ed. Grosso W). Quaderni di Psicoterapia Infantile [Italian; UK Family Futures NMT-informed approach]
58. Ungar M, Perry BD (2012) Trauma and Resilience WLU Press | Cruel but Not Unusual: Violence in Canadian Families 1st Ed. (Eds. Alaggia R, Vine C) pp. 119-143
14. Read J, Fosse R, Moskowitz A, Perry B (2014) The Traumagenic Neurodevelopmental Model of Psychosis Revisited Neuropsychiatry 4(1) <https://doi.org/10.2217/npv.13.89>
62. Tronick E, Perry BD (2015) The Multiple Levels of Meaning Making: The First Principles of Changing Meanings in Development and Therapy North Atlantic Books | Handbook of Body Therapy and Somatic Psychology (Eds. Marlock G, Weiss H, et al.) pp. 345-355 [Somatic/developmental approach; NMT principles]
64. Beeghly M, Perry BD, Tronick E (2016) Self-Regulatory Processes in Early Development Oxford Handbooks Online | Oxford Handbook of Stress, Health and Coping <https://doi.org/10.1093/oxfordhb/9780199739134.013.3>

113. Perry BD (2017) Trauma- and Stress-Related Disorders Wiley | Textbook of Child and Adolescent Psychopathology 3rd Ed. (Eds. Beauchaine TP, Hinshaw SP) pp. 683-705 [3rd edition update of foundational chapter]
99. Lucero I (2018) Written in the Body? Healing the Epigenetic Molecular Wounds of Complex Trauma Through Empathy and Kindness Journal of Child & Adolescent Trauma <https://doi.org/10.1007/s40653-018-0205-0>

B. Core Elements of the Neurosequential Model of Therapeutics

52. Perry BD (2006) Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics Guilford Press | Working with Traumatized Youth in Child Welfare (Ed. Webb NB) pp. 27-52 [Foundational NMT book chapter]
9. Perry BD, Hambrick EP (2008) The Neurosequential Model of Therapeutics Reclaiming Children and Youth 17:38-43 <https://www.researchgate.net/publication/237346956> [Early peer-reviewed overview of NMT]
11. Perry BD (2009) Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinical Applications of the Neurosequential Model of Therapeutics Journal of Loss and Trauma 14(4):240-255 <https://doi.org/10.1080/15325020903004350> [Perry's primary single-author NMT journal article]
10. Perry BD, Dobson CD (2009) Surviving Childhood Trauma: The Role of Relationships in Prevention of, and Recovery from, Trauma-Related Problems Counselling Children and Young People: Journal of CCYP (BACP) March 2009:28-31 [Relational health as core NMT concept]
55. Perry BD, Dobson C (2010) The Role of Healthy Relational Interactions in Buffering the Impact of Childhood Trauma Guilford Press | Working with Children to Heal Interpersonal Trauma (Ed. Gil E) pp. 26-44
140. Prasad N (2011) Using a Neurodevelopmental Lens When Working with Children Who Have Experienced Maltreatment: A Review of the Literature of Bruce Perry Social Justice Unit, UnitingCare, Parramatta NSW pp. 1-17
56. Gaskill RL, Perry BD (2012) Child Sexual Abuse, Traumatic Experience and Their Effect on the Developing Brain Wiley | Handbook of Child Sexual Abuse (Ed. Goodyear-Brown P) pp. 29-49
13. MacKinnon L (2012) The Neurosequential Model of Therapeutics: An Interview with Bruce Perry Australian and New Zealand Journal of Family Therapy 33(3) <https://doi.org/10.1017/aft.2012.26> [Peer-reviewed interview article]
59. Gaskill R, Perry BD (2013) The Neurobiological Power of Play: Using the NMT to Guide Play in the Healing Process Guilford Press | Play and Creative Arts Therapy for Attachment Problems (Eds. Malchiodi C, Crenshaw DA) pp. 178-194
61. Perry BD (2014) The Neurosequential Model of Therapeutics in Young Children American Psychiatric Press | Infant and Early Childhood Mental Health (Eds. Brandt K, Perry BD, et al.) pp. 21-54
63. Perry BD, Hambrick E, Perry RD (2016) A Neurodevelopmental Perspective and Clinical Challenges Columbia University Press | Transracial and Intercountry Adoptions (Eds. Fong R, McRoy R) pp. 126-153 [NMT applied to transracial/intercountry adoption]
65. Gaskill RL, Perry BD (2017) A Neurosequential Therapeutics Approach to Guided Play, Play Therapy, and Activities for Children Who Won't Talk Guilford Press | What to Do When Children Clam Up in Psychotherapy (Eds. Malchiodi CA, Crenshaw DA) pp. 38-66 [Directly NMT-based chapter on play therapy]
66. Perry BD, Griffin G, Davis G, Perry JA, Perry RD (2018) The Impact of Neglect, Trauma and Maltreatment on Neurodevelopment: Implications for the Juvenile Justice Practice, Programs, and Policy Wiley | Wiley-Blackwell Handbook of Forensic Neuroscience (Eds. Beech AR, Carter AJ, Mann RE, Rotshtein P) pp. 813-836 [NMT applied to juvenile justice]
67. Perry BD (2019) The Neurosequential Model: A Developmentally Sensitive, Neuroscience-Informed Approach to Clinical Problem Solving Jessica Kingsley | The Handbook of Therapeutic Child Care (Eds. Mitchell J, Tucci J, Tronick E) pp. 137-155 [Most recent comprehensive NMT chapter description]
68. Perry BD, Ablon JS (2020) Viewing Collaborative Problem Solving Through a Neurodevelopmental Lens Springer | Collaborative Problem Solving: An Evidence-based Approach to Implementation Across Settings [NMT and CPS integration]

C. Application and Outcomes Using the Neurosequential Model

Peer-Reviewed Journal Articles and Outcome Studies

12. Barfield S, Dobson C, Gaskill R, Perry BD (2012) Neurosequential Model of Therapeutics in a Therapeutic Preschool: Implications for Work with Children with Complex Neuropsychiatric Problems International Journal of Play Therapy 21(1) <https://doi.org/10.1037/a0025955>

15. Zarnegar Z, Hambrick EP, Perry BD, Azen SP, Peterson C (2016) Clinical Improvements in Adopted Children with Fetal Alcohol Spectrum Disorders Through Neurodevelopmentally Informed Clinical Intervention: A Pilot Study Clinical Child Psychology and Psychiatry 21(4):551-567 <https://doi.org/10.1177/1359104516636438> [N=10; pilot outcome study using NMT assessment protocol]
16. de Nooyer KM, Lingard MW (2017) Applying Principles of the Neurosequential Model of Therapeutics Across an Adolescent Day Program and Inpatient Unit Australasian Psychiatry 25(2):150-153 <https://doi.org/10.1177/1039856216658824> [Queensland, Australia; adolescent psychiatric units]
17. Hambrick EP, Brawner TW, Perry BD, et al. (2018) Restraint and Critical Incident Reduction Following Introduction of the Neurosequential Model of Therapeutics (NMT) Residential Treatment for Children & Youth 35(1):2-23 <https://doi.org/10.1080/0886571X.2018.1425651> [Multi-site residential care study]
18. Hambrick EP, Brawner TW, Perry BD (2018) Examining Developmental Adversity and Connectedness in Child Welfare-Involved Children Children Australia 43:105-115 <https://doi.org/10.1017/cha.2018.21>
19. Hambrick EP, Brawner TW, Perry BD, Brandt K, Hofmeister C, Collins JO (2019) Beyond the ACE Score: Examining Relationships Between Timing of Developmental Adversity, Relational Health and Developmental Outcomes in Children Archives of Psychiatric Nursing 33(3):238-247 <https://doi.org/10.1016/j.apnu.2018.11.001> [N=3,523 children; uses NMT clinical approach; PMID 31227076]
20. Hambrick EP, Brawner TW, Perry BD (2019) Timing of Early-Life Stress and the Development of Brain-Related Capacities Frontiers in Behavioral Neuroscience 13:183 <https://doi.org/10.3389/fnbeh.2019.00183> [Open access; N=2,155 children; PMID 31447660]
21. Freedle LR (2019) Making Connections: Sandplay Therapy and the Neurosequential Model of Therapeutics Journal of Sandplay Therapy 28(1) <https://doi.org/10.61711/jst.2019.28.1.747>
23. Cox A, Perry BD, Frederico M (2021) Resourcing the System and Enhancing Relationships: Pathways to Positive Outcomes for Children Impacted by Abuse and Neglect Child Welfare (Special Edition: Global Perspectives on Neglect and Child Protection) 98(6):177-201 [Berry Street Take Two, Australia; NMT framework]
24. Cox A, Frederico M, Mosse H, Radford L, Ambry D, Ryan C (2021) Australian Maltreated Infants and Young Children Can Achieve Positive Relational Health With Neurodevelopmentally- and Trauma-Informed Interventions Frontiers in Psychiatry 12:680343 <https://doi.org/10.3389/fpsy.2021.680343> [Berry Street Take Two, Australia; n=91; open access; PMID 34393846]
25. Hambrick EP, Seedat S, Perry BD (2021) How the Timing, Nature and Duration of Relationally Positive Experiences Influence Outcomes in Children with Adverse Childhood Experiences Frontiers in Behavioral Neuroscience Editorial article for special edition [Special edition editorial on NMT relational health framework]
30. Jackson A, Frederico M, Cleak H, Perry BD (2023) Interventions to Support Children's Recovery from Neglect: A Systematic Review Child Maltreatment <https://doi.org/10.1177/10775595231171617> [Systematic review; NM-informed interventions for neglect]
31. Evans KE, Bender AE, Rolock N, Hambrick EP, et al. (2023) Exploring Adherence to Client Treatment Recommendations in the Neurosequential Model of Therapeutics Research on Social Work Practice 34(2) <https://doi.org/10.1177/10497315231160588> [Implementation fidelity / treatment adherence study]
32. White K, Rolock N, Hambrick E, et al. (2023) Longitudinal Evaluation of the Neurosequential Model of Therapeutics with Adoptive Families in Tennessee Journal of Evidence-Based Social Work 20(6):1004-1025 <https://doi.org/10.1080/26408066.2023.2245819> [N=552 adoptive families; quasi-experimental; PMID 37573514]
33. Stoll A, Hartman J, Paxton D, Ablon JS, Perry BD, Pollastri AR (2023) De-Implementing a Point and Level System in a Youth Residential Care Without Increased Safety Risk: A Case Study Residential Treatment for Children & Youth <https://doi.org/10.1080/0886571X.2023.2233408> [NMT-informed de-implementation in residential care]
34. Johannessen KN, Bakken AK, Hambrick EP, Solbakken OA (2024) Treatment Effects of Introducing the Neurosequential Model of Therapeutics in a Norwegian Residential Treatment Facility for Children Aged 7-13 Children (Basel) 11(5):503 <https://doi.org/10.3390/children11050503> [Open access; pre/post outcomes; PMID 38790498]
35. Bakken AKN, Johannessen KN, Hambrick EP, Solbakken OA (2024) Reduction in Restraint and Critical Incidents in a Norwegian Residential Treatment Facility Following the Implementation of the NMT Youth (MDPI) 4(4):101 <https://doi.org/10.3390/youth4040101>
38. Smith P, Sharmin S, Ambry D, Cox A, Hambrick E, Frederico M, Mosse H (2025) Adversity, Trauma Symptoms and the Effectiveness of an Australian Individualised Developmental Trauma Intervention Program Journal of Child and Adolescent Trauma 18(2):481-495 <https://doi.org/10.1007/s40653-024-00674-x> [Berry Street Take Two; NMT framework; open access; PMID 40469786]
85. Frederico M, Jackson A, Black C, Pawsey R, Cox A (2019) Take Two – Implementing a Therapeutic Service for Children who have Experienced Abuse and Neglect: Beyond Evidence-Informed Practice Child Abuse Review 28(3):225-239 <https://doi.org/10.1002/car.2563>

89. Gwynne K, Angel KA, Duffy G, Blick B, Dowling B, Hodgins G (2023) 10 Year Longitudinal Evaluation of the Spilstead Model of Milieu Intervention Journal of Child & Adolescent Trauma <https://doi.org/10.1007/s40653-023-00523-3>
96. Ryan K, Lane SJ, Powers D (2017) A Multidisciplinary Model for Treating Complex Trauma in Early Childhood International Journal of Play Therapy 26(2):111-123 <https://doi.org/10.1037/pla0000044>
103. Walker R (2009) Translating Neurodevelopment to Practice: How to Go from fMRI to a Home Visit Journal of Loss and Trauma 14:256-265
104. Jackson A, Frederico M, Tanti C, Black C (2009) Exploring Outcomes in a Therapeutic Service Response to the Emotional and Mental Health Needs of Children Who Have Experienced Abuse and Neglect in Victoria, Australia Child and Family Social Work 14:198-212 [Berry Street Take Two; early NMT-informed program]
105. Eide-Midsand N (2010) Behind a Dark Gaze, Part 1: Behavioral Problems as an Expression of the Brain's Response System to Stress and Danger Tidsskrift for Norsk Psykologforening 47:1098-1102 [Norwegian; NMT-informed clinical article]
106. Eide-Midsand N (2011) Behind a Dark Gaze, Part 2: Therapy with a Five-Year-Old in View of Recent Findings in Brain Research Tidsskrift for Norsk Psykologforening 48:144-149 [Norwegian; NMT-informed clinical article]
107. Zarnegar Z (2011) Learning the Dance of Connection: Helping a Foster Mother and a Child with Fetal Alcohol Spectrum Disorder Zero to Three Journal July 2011:26-30
108. Sori CF, Schnur S (2013) Integrating a Neurosequential Approach in the Treatment of Traumatized Children: An Interview with Eliana Gil, Part II The Family Journal: Counseling and Therapy for Couples and Families <https://doi.org/10.1177/1066480713514945>
109. Steinkopf H, Braein MK, Nordanger DO (2017) Kartlegging av Barn med 'The Neurosequential Model of Therapeutics' Tidsskrift for Norsk Psykologforening 2017:958-969 [Norwegian; NMT assessment outcomes]
110. Topitzes J, Grove T, Meyer EE, Sprague CM (2019) Trauma-Responsive Child Welfare Service: A Mixed Methods Study Assessing Safety, Stability and Permanency Journal of Child Custody 16(3):291-312 [NMT used for highest-risk clients; recommends wider NMT use]
117. Bryson S, Akin B, Moore T, O'Brien M (2010) Youthville Trauma Recovery Center Evaluation, Year One Report University of Kansas School of Social Welfare, Lawrence, KS [Improved outcomes Year 1 of NMT-based Trauma Recovery Center]
118. Grove T (2012) Outcomes from a Pilot Project Examining the NMT in a Residential Treatment Center Report to Shaw Foundation (NMT Grant to St. Aemilian-Lakeside), Milwaukee, WI [Higher % responders to Tx; larger drops in CAFAS scores with NMT]
119. Hansen L, Lusk R (2012) Sensorimotor Intervention for Children Who Have Experienced Trauma: A Pilot Study Lambert Academic Publishing pp. 1-64 [Significant improvements in positive behavior and emotional regulation]
120. Clark D, Palinkas J (2013) Comparing Parent Perceptions of Two Programs for Young Children Exposed to Domestic Violence: NMT and Psycho-Educational Play Therapy Mount Royal University, Centre for Child Well-Being, Calgary [NMT-informed groups showed superior improvement on Achenbach scores]
121. Clark D, Palinkas J (2014) Adaptive Functioning of Children Exposed to Domestic Violence: Parent Perceptions of the NMT and a Psychoeducational Play Therapy Model Executive Summary for YWCA Calgary, Mount Royal Centre for Child Well-Being, Calgary
122. Wang E, Wilkes TC, Perry BD, McMaster F (2015) Open Trial of the Neurosequential Model of Therapeutics (NMT) Approach in a Clinical Setting 28th Annual Sebastian Littman Research Day, University of Calgary [Significant reduction in CAFAS (59%); 45% increase in Cortical Modulation Ratio]
123. Resource Development Associates (2018) San Mateo County Adult NMT Pilot: Fiscal Year 2017-2018 Evaluation Report San Mateo County Behavioral Health and Recovery Services [Most consumers showed improved functioning; positive provider/consumer reports]
124. Rolock N, Diamant-Wilson R, White K, Cho Y, Fong R (2019) Evaluation Results from Tennessee - Final Evaluation Report In: QIC-AG Final Evaluation Report (Eds. Rolock N, Fong R). Dept. of Health and Human Services [NMT group had statistically significant positive changes vs. existing interventions]
125. Southwell J (2014) Evaluation of Boys Town's Expressive Therapies Intervention 2012-2014 Boys Town Australia [NMT conceptual framework; exit rates in clinical/borderline ranges dropped from 70% to 13%]

D. Reports, Theses, and Dissertations Examining the NMT

131. Hansen L (2011) Evaluating a Sensorimotor Intervention in Children Who Have Experienced Complex Trauma: A Pilot Study Illinois Wesleyan University (Honors Thesis) http://digitalcommons.iwu.edu/psych_honproj/151

132. Eichler E (2012) Talking Through the Body: A Comparative Study of Cognitive-Behavioral and Attachment-Based Treatments for Childhood Trauma Smith College (MSW Thesis)
133. Holcomb MC (2014) The Clinical Implications of Dissolutioned Adoption: A Theoretical Intersection of the Neurosequential Model of Therapeutics and Attachment Theory Smith College (MSW Thesis, Paper 791)
134. Caplis CF (2014) Feasibility and Perceived Efficacy of the Neurosequential Model of Therapeutics Antioch University New England (PsyD Dissertation)
135. Taylor M (2014) Not in Isolation: The Importance of Relationships and Healing in Childhood Trauma Report on 2013 Creswick Fellowship, Berry Street, Melbourne VIC, AU
136. Sando-Pederson AM (2015) A Discussion of the Neurosequential Model of Therapeutics Based Upon a Study of How Early Trauma Affects the Development of the Brain University of Copenhagen, Denmark (Master's Thesis)
137. Albright JG (2017) Art Therapy as a Bottom-Up Processing Intervention in the Contextual Framework of the Neurosequential Model of Therapeutics Mount Mary University, Milwaukee, WI (Art Therapy Doctorate Dissertation)
138. Felker P (2017) The Relationships Between Adverse Events, Relational Health Events, and Adaptive Dissociation in a Clinical Sample of Adolescents Widener University, Chester, PA (DSW Dissertation)
139. Whyde J, Boldman-Buzard J (2017) Building Better Lives: Promoting Healthy Children, Strong Families and Thriving Communities Franklin County Family and Children First Council, Columbus OH [Decrease in suspensions from 149 to 12/year following NME introduction]

E. Research Reports Using the NMT Core Dataset

128. Hambrick EP, Brawner TW, Perry BD (2017) Does the Timing of Exposure to Trauma Matter in Terms of Children's Developmental Outcomes? 2017 American Psychological Association Annual Meeting, Division 53, Washington DC
129. Brawner TW, Perry BD, Hambrick EP (2017) Analytical Challenges in Making Generalizable Statistical Inferences Using Datasets Comprising Children Multiply Exposed to Trauma 2017 American Psychological Association Annual Meeting, Division 56, Washington DC
18. Hambrick EP, Brawner TW, Perry BD (2018) Examining Developmental Adversity and Connectedness in Child Welfare-Involved Children Children Australia 43:105-115 <https://doi.org/10.1017/cha.2018.21>
130. Hambrick EP, Brawner TW, Perry BD, Hofmeister C, Collins J (2018) Beyond the ACE Score 2018 National Conference in Clinical Child and Adolescent Psychology, Kansas City, MO [Poster presentation]
19. Hambrick EP, Brawner TW, Perry BD, Brandt K, Hofmeister C, Collins JO (2019) Beyond the ACE Score: Examining Relationships Between Timing of Developmental Adversity, Relational Health and Developmental Outcomes in Children Archives of Psychiatric Nursing 33(3):238-247 <https://doi.org/10.1016/j.apnu.2018.11.001> [N=3,523 children; uses NMT clinical approach; PMID 31227076]
20. Hambrick EP, Brawner TW, Perry BD (2019) Timing of Early-Life Stress and the Development of Brain-Related Capacities Frontiers in Behavioral Neuroscience 13:183 <https://doi.org/10.3389/fnbeh.2019.00183> [Open access; N=2,155 children; PMID 31447660]

F. Evidence-based Practice and the NMT

141. Barfield S (2004) Best Practices in Early Childhood Mental Health Programs for Preschool-Age Children Report to Kansas Dept. of Social and Rehabilitation Service, University of Kansas School of Social Welfare [NMT labeled as Promising Practice]
100. Brandt K, Diel J, Feder J, Lillas C (2012) A Problem in Our Field Zero to Three Journal 32(4):42-45 [NMT recognized as Evidence-based Practice]
116. Lillas C, Feder J, Diel J, Brandt K (2013) Evidence-Based Treatments and Evidence-Based Practices in the Infant-Parent Mental Health Field American Psychiatric Press | Infant and Early Childhood Mental Health (Eds. Brandt K, Perry BD, Seligman S, Tronick E) pp. 281-293 [NMT recognized as EBP]
125. Southwell J (2014) Evaluation of Boys Town's Expressive Therapies Intervention 2012-2014 Boys Town Australia [NMT conceptual framework; exit rates in clinical/borderline ranges dropped from 70% to 13%]
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