Essentially, all models are wrong, but some are useful.


The NMT is both an ‘evidence-based’ and an ‘evidence-generating’ practice.

The web-based, standardized assessment elements allow the collection of aggregate data to facilitate the ongoing monitoring of a range of individual and program outcomes.

The model is designed to allow iterative modifications to improve program and treatment plan elements.

“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.”

- Buckminster Fuller

WHAT IS NMT?

The Neurosequential Model of Therapeutics is a neuroscience-informed, developmentally-sensitive, approach to the clinical problem solving process.

It is not a therapy – and does not specifically imply, endorse or require – any single therapeutic technique or method.

The brain mediates our thoughts, feelings, actions and connections to others and the world.

Understanding core principles of neuroscience, including neuroplasticity and neurodevelopment, can help us better understand ourselves and others.
The Neurosequential Model

Each person has a unique pathway to the present and deserves individualized care.

“One-size fits all” approaches rarely meet the needs of the individual – more often they meet a need of the provider (or system).

Humans are complex – individually, in families, communities, cultures and across generations.

Overly simple constructs – including the Neurosequential Model – do not capture the depth and breadth of the human experience.

It is important to understand mechanisms underlying current functioning.

Your understanding determines your solution
- Stuart Ablon (CPS, 2010)
**Neurosequential Model Core Slides**

**“Best Hits” Package**

**Sequential Development**

Sequential Vulnerability

- Neocortex
- Limbic
- Diencephalon
- Brainstem

**Developmental lag**

- The younger you are, the easier it is to tolerate the "lag".

---

**BECAUSE WE HAVE MINIMAL EARLY IDENTIFICATION AND INTERVENTION**

Children Who Start Behind Stay Behind

Of 50 Children Who Have Trouble Reading in First Grade
44 Will Still Have Trouble in Fourth Grade

First Graders

Fourth Graders

**Developmental lag**

- As you get older, the skills “lag” becomes viewed through various lenses—(e.g., ADHD, oppositional defiant, “reading” disorder).

---

**Age Targeted Programs (Education, Mental Health, Caregiving):**

**Early Childhood**

Typical

Pre-K

**Developmental lag**

- The younger you are, the easier it is to tolerate the “lag”.

---

**Age Targeted Programs (Education, Mental Health, Caregiving):**

**Childhood**

Typical

Grade 5

**Developmental lag**

- As you get older, the skills “lag” becomes viewed through various lens—(e.g., ADHD, oppositional defiant, “reading” disorder).

---

**Age Targeted Programs (Education, Mental Health, Caregiving):**

**Youth**

Typical

Grade 11

**Developmental lag**

- And, ultimately, these skill “lags” can result in— and are viewed as— ‘anti-social’ or even criminal.

---

**Heuristic**

- (hjuˈrɪstɪk; Greek: ὑέρίστηκος, “find” or “discover”) refers to experience-based techniques for problem solving, learning, and discovery that that employs a practical method not guaranteed to be optimal, but sufficient for immediate goals. Where finding an optimal solution is impractical, heuristic methods are used to speed up the process of finding a satisfactory solution via mental shortcuts to ease the cognitive load of making a decision. Examples of this method include using a rule of thumb, an educated guess, an intuitive judgment, stereotyping, or common sense.

In more precise terms, heuristics are strategies using readily accessible, though loosely applicable, information to control problem solving in human beings and machines.
NM is not “On the Shelf”

86% of clinical research is never used in direct patient care (Balas & Boren, 2000)

It takes an average of 17 years for the 14% of research that influences clinical practice to get there (Morris, Wooding & Grant, 2011)

NMT was first manualized in 2008 when the NMT Certification Process was developed

Since then:
- 60,000 metric reports
- over 3000 Phase I trained clinicians
- 10 Flagship sites in three countries (US, Canada, Australia)
- 100 + Phase I NMT Certified Sites and Programs
- 28 countries

Inaugural NMT Symposium: 2014
2nd International NMT Symposium: 2016
3rd International NMT Symposium: 2018

Inaugural NMT Symposium: 2014
2nd International NMT Symposium: 2016
3rd International NMT Symposium: 2018
Neurosequential Model Core Slides
"Best Hits" Package

Cumulative Clinicians, Teachers, Caregivers,
Exposed to the Neurosequential Model

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Total Direct: 200,100 Total Indirect: 2,001,000

Neurons: 86,000,000,000 or 86 Billion
Glia: 111,800,000,000 or 111 Billion
Synaptic boutons: 4.30,000,000,000,000 or 4.30 TRILLION
Glia: 8,603,956,000,000,000,000 or 8.6 QUADRILLION
Polarizations/minute: 2,581,186,800,000,000,000 or 2.5 QUADRILLION

Sequence of Engagement
Reason
Relate
Regulate

Sequential Engagement & Processing
Reason ↔ Reflect
Relate
Regulate

Inside world: Somatic Input
Outside world: Sensory Input

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Neurosequential Model Core Slides
“Best Hits” Package

Cortical Modulation of Reactivity

"Self-regulation" (SR)
Somatosensory regulation/self-soothing (SS)
- Somatosensory regulation (SS)
  - Self vs Other
- Relational regulation (Rel)
  - Positive co-regulation
  - Co-dysregulation
- Tied to primary relational templates
- Pharmacological regulation (Rx)
  - Optimal regulatory interactions use "multiple" pathways
  - SS and Rel
  - Cort and SS
  - Diss and SS

REGULATORY OPTIONS

The Six R's
Key Elements of Positive Developmental and Educational Settings
- Relevant (developmentally-matched)
- Rhythmic (resonant with neural patterns)
  - Repetitive (patterned)
- Relational (safe)
- Rewarding (pleasurable)
- Respectful (child, safe, family, culture)
Creating the Relational ‘Space’ for Optimal Development, Learning & Healing (or How do you like those P’s?)

- Present,
- Parallel,
- Patient &
- Persistent in Providing
- Patterned, Predictable, Positive doses of
- Protected (safe) experience

The Cycle of Learning

- Discovery
- Practice
- Mastery
- Confidence
- Curiosity

It all starts with a sense of safety

The brain – particularly the human NEOCORTEX allows us to absorb the accumulated and distilled experiences of thousands of previous generation – in a single lifetime.

The Relational Landscape is Changing

Children have fewer emotional, social and cognitive interactions with fewer people.

The impact of “modern” life on the developing child has yet to be fully understood.

Poverty of Relationships

The compartmentalization of our culture has resulted in material wealth yet poverty of social and emotional opportunity.
So What? Why does this matter?

Both the STRESS RESPONSE and the REWARD networks in the brain are shaped by relationships in early childhood – in healthy and unhealthy ways.

Relationships have a key role in global health, creativity and productivity of a group.

On Becoming Humane

Being born a human being does not ensure a child will become humane.

Humans become humane. The capacity to care, to share, to listen, value and be empathic – to be compassionate – develops from being cared for, shared with, listened to, valued and nurtured.

Humane caregiving expresses our capacity to be humane. Inhumane caregiving can decrease or even destroy this capacity.

The brain develops and organizes as a reflection of our genetic gifts, epigenetic heritage, intrauterine, perinatal and developmental experiences, organizing in response to the pattern, intensity and nature of our sensory and perceptual experience.
Connectedness is the key.

Your history of connectedness is a better predictor of your health than your history of adversity.

Be with each other. Celebrate diversity. Listen and learn from others. Share time, food, work.

The ‘super-power’ of humankind is our capacity to connect; it is regulating, rewarding and the major “route” by which we can teach, coach, parent, heal and learn.
Timing of Developmental Risk & Functional Outcomes in a Clinical Population

Risk
- High
  - First 2 months
  - Next 10 to 12 years
- Low

Year 1 Age 11-13

Risk 231: 4
234: 2
223: 3
242: 1

Construct Validity: Correlation with Neuroimaging

Construct Validity: Correlation with Neuroimaging

Sensory Deprivation Neglect: Enhanced Effects of Early Intervention on Brain Growth

FOC (percentile)

Age Range

Creating Policy and Practice that Capitalize on Biological Gifts

Democracy, public education, suffrage, civil rights – and, ultimately, early childhood investment and communities rich in relational health
Neurosequential Model Core Slides
“Best Hits” Package

Mismatch between Opportunity and Investment

<table>
<thead>
<tr>
<th>Spending on Programs to “Change the Brain”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain’s Capacity for Change</td>
</tr>
</tbody>
</table>

People not programs change people!

The effective agents of change in any successful program, project or system are human beings.

Yet successful programs provide the people, process and “program” elements that put the “right” people together in “right” ways at the “right” time.

The effective agents of change in any successful program, project or system are human beings.

NIMH Research Domain Criteria

RDoC
- Focus on genetic, epigenetic, neural network and related biomarkers along with “symptoms”
- The major RDoC research domains:
  - Negative Valence Systems
  - Positive Valence Systems
  - Cognitive Systems
  - Systems for Social Processes
  - Arousal/Modulatory Systems

DSM
- “a diagnostic system limited to clinical presentation could confer reliability and consistency but not validity”
- Minimal focus on mechanism – fundamentally “descriptive” and symptom focused

The Challenge of “Diagnosis” in Mental Health

Brain
- 84 billion unique neurons
- 5 times as many glia
- Each neuron 5000 - 20,000 synaptic connections
- 100s of neurotransmitters
- Hundreds of major neural networks
- Thousands of functions
- 90% of children/youth in public MH Clinics have 1 of 8 “diseases” – often “co-morbid”

Heart
- 2 billion heart cells
- Dozens of major sub-systems
  - Nerve, muscle, vessels
  - A handful of major “main” functions
  - Hundreds of distinct cardiac “diseases”

Stress

- Unpredictable
- Severe
- Prolonged

Vulnerability

- Predictable
- Moderate
- Controlled

Resilience

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Responses to Stress, Distress, Trauma

- **Heterogeneity of response patterns**
- Adaptive changes in *cognition*
- Adaptive changes in *affects*
- Adaptive changes in *behavior*
- Adaptive changes in *neurophysiology*
- Adaptive changes in *physiology*
**All Brain Functioning is “State” Dependent**

The brain is a rhythmic, dynamic organ.

All functioning of the brain will vary depending upon the “state.”

Asleep or wakeful the brain will have varying activation in cognitive, social, emotional, motor and all other brain mediated functions.

Both sleep and wakefulness also have various states which involve shifts in the activity of key neural networks.

Novelty, transition and threat will all shift internal state.
Co-regulation
Reactive child and well-regulated teacher

Present, parallel, patient, persistent – facilitate multisensory, multi-domain, repetitive activity

Rhythm & Relationship = Regulation

Child
Teacher

Time

Co-dysregulation
Reactive child and overwhelmed teacher

Present, overwhelmed, frustrated, angry = escalation = increased incidents/restraint

Child
Teacher

Time

Disrupt
Disengage
Engage

Sensitized
Neurotypical
Calm

Terror
Fear
Alarm
Alert

Regulated: Internal Focus (Calm: Reflect)
Neocortex: 15%
Limbic: 45%
Diencphalon: 5%
Brainstem: 75%

Regulated: External Focus (Calm: Alert)
Neocortex: 85%
Limbic: 90%
Diencphalon: 10%
Brainstem: 90%
Neurodevelopmental Risk

- The NMT process involves assessing the timing, nature and intensity of adverse events
- The timing, nature and quality of “buffering” relational health is assessed as well
- An estimate of “developmental risk” is obtained at various times during development by combining the AE and RH scores

Semi-structured, quantitative assessment process:
NMT Clinical Practice Tools (Metrics)

- Developmental History
  - Genetic
  - Epigenetic
  - Adverse Experiences
  - Developmental Timing
  - Nature, Severity, patterns
  - Relational Health
  - DevelopmentalTiming
  - Bonding and Attachment
  - Family supports
  - Community supports
- Current Functioning
  - Individual CNS
  - Brainstem
  - Diencephalon/CBL
  - Limbic
  - Cortex/F TCTX
  - Relational
  - Family
  - Peers
  - School
  - Community

NMT Brain Mapping Process

- The key indicator of brain organization and neurophysiological status is function
- By creating a simplified construct – the brain map – assessment of key brain-mediated functions can help “localize” neurodevelopmental vulnerabilities and strengths
- This “localization” helps direct developmentally-sensitive interventions

Relational Contagion
A dysregulated adult can never regulate a dysregulated child
AND
A dysregulated adult will dysregulate a regulated child

Neocortex
Diencephalon
Brainstem
Limbic
Dysregulated
(Flock/Freeze) 60 %
Highly Dysregulated
(Flight/Fight) 85 %
60 %
30 %
5 %
10 %

Neurosequential Model Core Slides
“Best Hits” Package
Current Relational Health
• A major factor in healing appears to be the nature, quality, intensity and stability of a person’s relationships
• The NMT assessment process includes a simple metric that looks at current relational health
• The score on this metric is a key indicator of outcome – good relational stability predicts positive outcome – and poor relational health predicts poor outcomes
OUTCOMES

See NM Selected Outcomes and NMT as EBP documents available at www.bdperry.com/handouts

NMT in Pre-school Setting (Study 1)


Clinical improvements in adopted children with fetal alcohol spectrum disorders through neurodevelopmentally informed clinical intervention: A pilot study

Zohreh Zarnegar1, Erin P Hambrick1, Bruce D Perry1,2, Stanley P Alsen3 and Cassandra Peterson4

1Los Angeles County Department of Mental Health, USA
2Children’s Health International, USA
3The ChildTrauma Academy, USA
4Risk Management Consultants, USA
5University of Southern California, USA
6Tulane Corporation, USA

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Changes in Brain Functioning: 5 years 11 mo to 7 years 8 mo

MSV: Client P.

M., 6 yo M
He intrauterine SA/ETOH; severe neglect and abuse; removed at 12 mos; multiple placements; adopted at age 2
DSM IV Dx at time of eval:
Oppositional-Defiant Disorder, ADHD, r/o Bipolar Disorder
SPECT scan (top) and NMT functional map of a six year old boy, M follow. He experienced severe neglect and abuse in the first two years of his life and then was adopted. He continues to have problems with impulse control, attention, sleep, age-appropriate social interactions and other functions.

Eve P. Hambrick, Thomas W. Browne, Bruce D. Perry, Emily Wang, Gene Griffin, Toni Delmarco, Cara Capparelli, Tim Grover, Michele Makioketer, Dawn O’Malley, Dave Pistorio, Lamine Freedle, Jeffrey Friedman, Joan Mackenzie, Katherine M. Perry, Peter Cutney, Jerry Hartman, Elizabeth Rub, Joseph Moren, Caroline Polisk and Mark Strother

*University of Missouri Kansas City, Department of Psychology, Kansas City, Missouri, USA; The Children’s Academy, Houston, Texas, USA; Northwestern University, Feinberg School of Medicine, Department of Psychiatry, Chicago, Illinois, USA; Hill Services, Calgary, Alberta, Canada, San Mateo County Behavioral Health, San Mateo, California, USA; Northeastern Family Institute, South Burlington, Vermont, USA; Samar, Milwaukee, Wisconsin, USA; Cal Farley’s Boys Ranch, Amarillo, Texas, USA; Clinical and Neuropsychological Services, Charlotte, North Carolina, USA; The Village Network, Woodside, Ohio, USA; Pacific Quest, Hilo, Hawaii, USA; Waveland Family Services, Bensalem, Pennsylvania, USA, “Middle Education and Care Center, Paisley, Scotland; Administration for Children’s Services, City of New York, New York, USA

https://doi.org/10.1080/0886571X.2018.1425651
Economic Benefits with Introduction of NMT

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Three countries (eight states)
Avg duration of site review = 64 months (range 10-132 months)
2744 clients served in the 10 programs during the duration of the review period
Conservative economic benefit from just the reduction in restraints
$1,538,027
4,269 restraints (avoided)
51,228 "person-hours" required for "restraint" re-directed
Post Pilot

Tigard High has two new teachers being NME trained Special Education Teacher Christy Goodell and Biology Teacher Geoff Jerman and two new psychologists being NME trained. Tigard School Psychologist Lylene Beall and District TOSA Alyssa Anderson.

Tigard High ARTIC (Attitudes Related to Trauma Informed Care) Survey Data demonstrated an overwhelming positive gain for NME trained staff when compared to non-NME trained staff. The mean for all staff improved over the length of the pilot however.

Graduation Rates Increased in 2017-2018

2017-2018 graduation rate increased by almost 4%
Latin x increase 18%
SPED increase 21%
Econ. Disadv. increase 9%
ELL increase 10%

Introduction of NME
Columbus Public Schools (2014-2015)

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<td>The Center School</td>
<td>2015-16</td>
<td>Not available</td>
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</tr>
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Introduction of NME
Columbus Public Schools (2014-2015)

Westerville South HS

- Since NME started in 2017 – 35% increase in attendance
- Graduation rates up from 89.5 to 93.5
- Suspensions decreased by 50%

CTA: Client D. s/p Severe Neglect
Neurosequential Model Core Slides
"Best Hits" Package

NME Mini-Map

NME Mini-Map: Self-regulation Score

Mother
Child

Mother
Child

Napa Infant-Parent Mental Health Fellowship

READ THE BOOK ABOUT THIS PROGRAM FROM AMERICAN PSYCHIATRIC PUBLISHING, INC.

The award-winning Napa Infant-Parent Mental Health Fellowship is nationally and internationally recognized as the premier training program in the Infant and Early Childhood Mental Health field.


For information, email: NapaFellowship@gmail.com