

MY INTERVIEW WITH RICHARD GASKILL, ED.D., RPT-S

How did you become interested in the connection between neurobiology & play therapy?

I originally attended Kansas State University as a Wild Life Biology Major because of my interest in biology, believing I would spend my life working as a biologist for the state fish and game department. My interest in biology dates back to grade school through high school where I was always interested in sciences more than other classes, my grades clearly reflected this. My junior year in college I changed my major based on my fascination with psychology classes I took as electives. After taking general psychology and child psychology I was hooked. This is not such a shift as might be thought as I was always interested in philosophy of any kind and discussed these with my father and some of his likeminded friends endlessly growing up. Initially, I thought I would like physiological psychology because of my intense interest in biology. Gradually, I became more convinced that my direction would be community mental health. I was greatly influenced by an elderly psychologist (one of only 5 in the state in the 1940's) I worked for while in graduate school. His passion for children sparked a fire in me for working with children that has never changed. I always maintained my interest in biology and always had a very biological view of human behavior, so when I first met Dr. Bruce Perry (author of [*Boy who Was Raised as a Dog*](#) and [*Born for Love*](#)) in 2000, I immediately recognized the link between play therapy and neuroscience that I had toyed with for years. I told him in our first conversation that he had just integrated much of the silos of knowledge I had learned over my professional career. Our relationship and collaboration has continued ever since.

Why do play therapists need to be informed about neuroscience?

The most important thing play therapists and mental health counselors need to understand is that the emerging science of the brain will add a new dimension of understanding to our field that will guide the development of our practice in an unparalleled renaissance of understanding of treatment design. This is not saying we have not developed many powerful and effective treatments, we have. What neuroscience means to play therapists is that for the first time in history we will understand why some approaches work with some clients and some do not. Even our diagnostic system is likely to change dramatically as we are in a position to learn exactly how and why symptoms develop as this is all neurologically driven. Currently, neuroscientists are embarking on a mammoth project to actually map the neural pathways in the brain at each developmental stage. New MRI techniques make it possible to not only map the connections between brain structures but also to measure the strength of these connections. Once this is done we will be able to compare these maps to the patterns seen in various pathological groups. The advantage of this is that we already know that all parts of the brain learn, but in different ways. If we can see where the neurological problems are with these new tools our interventions will become better as we target those areas with interventions more likely to be effective.

It is highly probable that many of our current play therapy techniques will prove valuable, but we will be more prescriptive in the application of them.

In the book by Lawrence Miller, *Barbarians to Bureaucrats* he talks of how corporations, communities, & societies go through cycles of change. I think we are perched on the shoulders of the work of our forefathers and foremothers of play therapy ready to make a new and exciting move forward in our ability to help children. This is exciting.

Why do you feel play therapy is often the treatment of choice for children who have been exposed to trauma?

Talk therapy is effective and a necessary treatment modality, but like all treatments it has its limitations. The main limitation to the spoken language is it has to be understood. The problem is that spoken language is not understood by older parts of the brain. The older parts of the brain are unresponsive to language, insight, or logic. Instead they respond more to somatosensory input including movement and rhythm. Simply put this is why we rock and hold babies and don't talk to them to calm them down. These older parts of the brain are often responsible for the chronic arousal, anxiety, vigilance, and even somatic illnesses that arise out of trauma.

Is there a relationship between specific play therapy interventions and the area of the brain that's been affected by the trauma?

Yes many play therapy interventions have components that will impact various brain regions. It is important that play therapists recognize this and focus specific interventions for specific symptoms. They also have to understand the appropriate sequence, timing, and repetitions required for change. Paying attention to the normal developmental order of development is critical as well. Mismatched interventions will not be nearly as successful.

What changes in child & adolescent therapy do you foresee as we continue to learn more about the brain?

I think the biggest change will be in the understanding of which symptoms are likely to respond to which therapies and the understanding that some of the problems children have are going to take many more repetitions of the treatment than we can offer in a once a week format. This makes parental and community involvement critical to success. I believe some of what we find in the years to come will validate much of what we already know and underscore the critical nature of these facts, some of what we will learn will alter the treatment protocol in ways that will hopefully make us much more effective with the children and families we serve.