

Therapeutic Magic: Demystifying an Engaging Approach to Therapy

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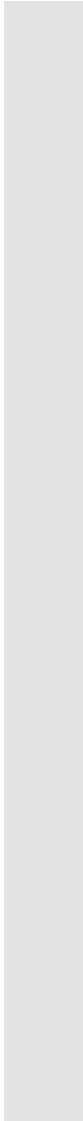
Warren Hills, Ph.D, LPC, NCC

Quick Survey

- What strategies could you use to introduce therapeutic magic with your clients?
- What barriers exist that may impede your ability to use therapeutic magic?



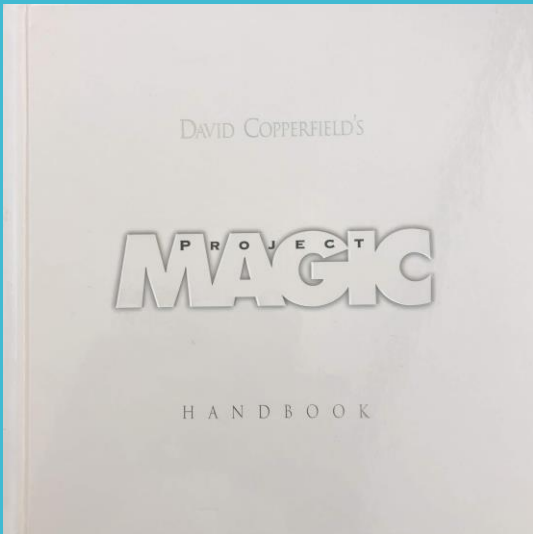
History of Magic

- Dr. Rich Cooper
 - In the beginning . . .
- 

History of Magic

- The use of magic as a therapeutic activity has existed since World War 1
- Occupational therapy literature evidenced the use of therapeutic magic in 1940

History of Magic



- **Project Magic** was conceived by magician, David Copperfield and Julie DeJean, OTR
- In 1981, the Department of Occupational Therapy at the Daniel Freeman Center for Diagnostic and Rehabilitative Medicine in Inglewood, California piloted the use of magic

History of Magic

- In 1982, Project Magic was endorsed by the American Occupational therapy Association



History of Magic

HEALING OF MAGIC

*Empowering therapists with an exciting new
tool to help clients achieve functional and
measurable goals.*

Cindy and Kevin Spencer

- The **Healing of Magic** program was developed by world renown illusionists Kevin and Cindy Spencer
- In 1988, Kevin suffered injuries to his head and lower spinal cord from a near-fatal car accident
- In support of his own recovery, he worked with therapists in North Carolina on what was to become the foundation for “The Healing of Magic”

History of Magic

- Kevin earned Approved Provider Status from the American Occupational Therapy Association
- He is considered the leading authority on the therapeutic use of magic in physical and psychosocial rehabilitation

<https://www.spencersmagic.com/healing-of-magic/>

Our Story



Our humble beginning . . .

WMU Story

- How we got started
- The search for training materials begins
- What we've done:
 - # of students
 - Grant for materials
 - Resource boxes
 - Documentation and reimbursement skills
 - Program evaluation student surveys

Student Testimony: Paige

I am in my second fieldwork one right now at the Kalamazoo Psychiatric Hospital. I wanted to share with you that a couple of my fellow students and I have brought Magic to KPH. The reactions we have gotten from the patients were moving. Personally, I shared the rubber band magic tricks with one woman who has a very flat affect, and she is quiet. The second she saw the magic trick, her face lit up. She had a big smile on her face and wanted to know how to do it right away. She wants to continue learning tricks through our future sessions. Teaching these tricks to this population will be helpful in things such as, attention, coordination, following directions, and cognition.

Thank you for sharing magic with us so that we can continue to share it with others!

Student Testimony: Emma

My client, a second grader, was so impressed by the rubber band trick, they immediately asked to learn how. After just a couple demonstrations they not only could to the trick perfectly, but they taught one of our clinic interns how to do it as well. To see my client go from defeated to feeling so proud and capable was amazing to watch, and it was so powerful to see them realize that we can all be a little magic.

Student Testimony: Alicia

I used therapeutic magic on my patient at the Kalamazoo Psychiatric Hospital. I showed him the jumping rubber band trick, which he seemed amused by the trick. Although as I tried to show him how to do the trick, he became unmotivated to learn after the second attempt. I am sure if I spent more time showing and explaining how to do the trick, he would have been able to do it.

Student Testimony: Courtney

I was able to do a rubber band trick for three female patients at the Kalamazoo Psychiatric Hospital. I started by asking my specific patient if she wanted to see some magic. Two nearby patients drew into the conversation and walked closer to me to see the trick. I then performed the magic trick for all three patients, and all the patients smiled and laughed once it was completed. One patient was persistent in knowing how I completed the trick by saying, "I'm going to find out how you did that!", and asked me to do it again and again. I ended up performing the trick three times as they all were amused and found joy in the magic. It was wonderful seeing them laugh and find joy in such a simple trick. I would say it was therapeutic for these three patients as finding joy on a day to day basis may be a challenge for them.

Practical Application

- Cognition: sequencing, conceptualization, attention, and motor planning
- Perception: Spatial relations, visual and motor integration
- Motor: Fine and gross
- Psychosocial: Motivation and self-esteem

Therapeutic “Cheap” Tricks

- Dr. Warren Hills
- Let's get started

Therapeutic “Cheap” Tricks

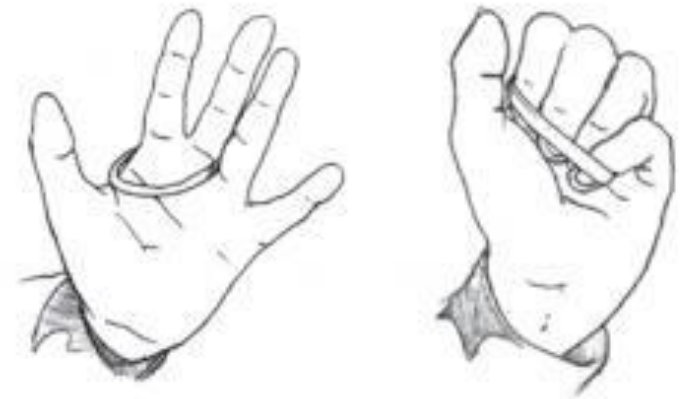
Tools and Materials:

- Rubber bands
- Rope
- Paper clips
- Paper money (fake, of course) and/or ribbon

Therapeutic “Cheap” Tricks

Leaping Rubber Band

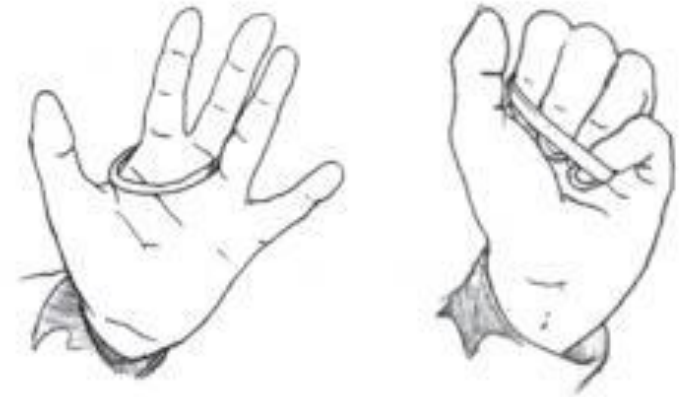
- How to perform
- Video demonstration



Therapeutic “Cheap” Tricks

Leaping Rubber Band

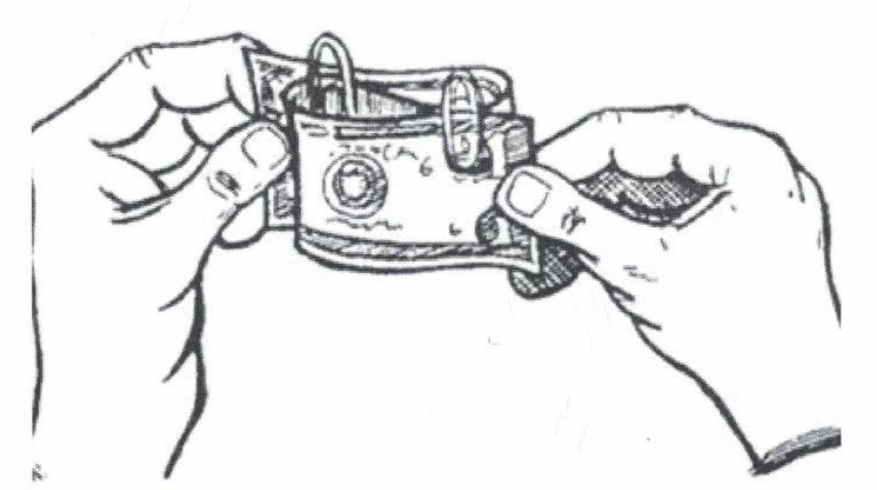
- Application?



Therapeutic “Cheap” Tricks

Leaping Paper Clips

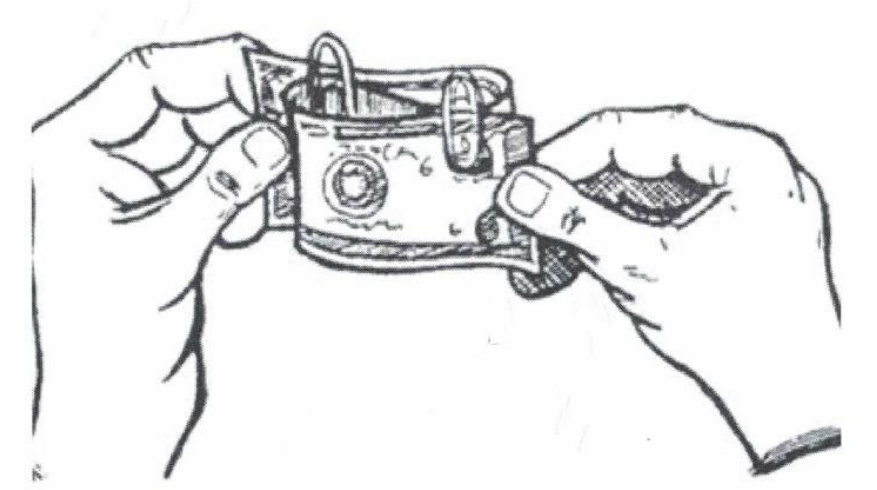
- How to perform
- Video demonstration



Therapeutic “Cheap” Tricks

Leaping Paper Clips

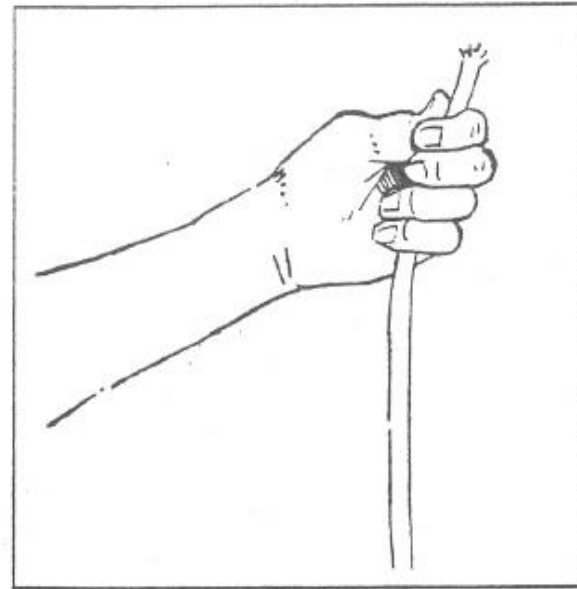
- Application?



Therapeutic “Cheap” Tricks

Appearing Knots

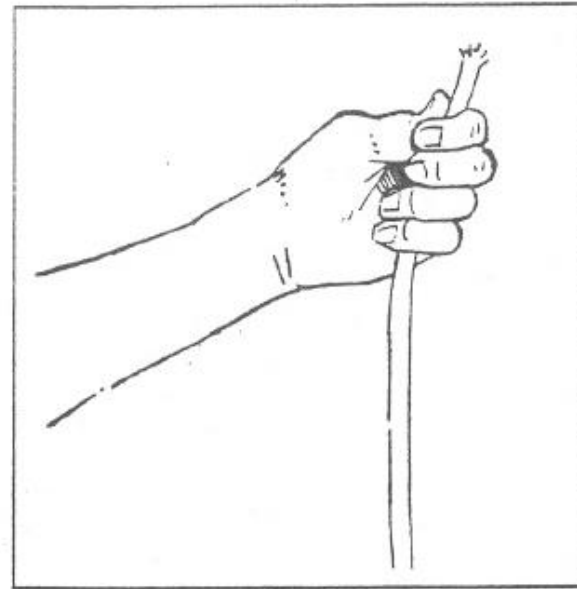
- How to perform
- Video demonstration



Therapeutic “Cheap” Tricks

Appearing Knots

- Application?



Practical Application

- Dr. Steven Eberth
- Do it, document it, and bill it

Practical Application

Patient Driven Payment Model (PDPM)

- Volume to value based care
- Piloted began in 2009 with Acumen Insurance
- Outcomes driven and dependent on the quality of collaborative care and quality documentation that reflects the services provided
- It is an exciting opportunity for our profession!

Practical Application

Occupational Therapy Practice Framework intervention types that support skill generalization:

- Activity
- Preparatory task

Practical Application

OTPF Intervention Type:

An activity is described as . . .

- Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement.

Practical Application

Intervention Type:

- Activities often are components of occupations and always hold meaning, relevance, and perceived utility for clients at their level of interest and motivation.

Practical Application

Intervention Type:

- Preparatory task
- Actions selected and provided to the client to target specific client factors or performance skills.
- Tasks involve active participation of the client and sometimes comprise engagements that use various materials to simulate activities or components of occupations.

Practical Application

Intervention Type:

- Preparatory task
- Preparatory tasks themselves may not hold inherent meaning, relevance, or perceived utility as stand-alone entities.

Practical Application

OTPF Classification Example:

- **Activity** to facilitate the engagement in occupation for an older adult who wants to participate in play exploration with a grandchild
- **Preparatory** method to improve the gross and/or fine motor skills of that same older adult in preparation for an occupation

Practical Application

Documentation

- Client engaged in neuromuscular reeducation and a therapeutic activity to improve functional performance and demonstrated improved gross motor skills.
- Client demonstrated improved isolated finger composite flexion in the right hand to maintain gross grasp pattern that will support teeth brushing

Practical Application

2019 CPT Codes for Occupational Therapy (AOTA)

- Therapeutic Procedures: A manner of effecting change through the application of clinical skills and/or services that attempt to improve function

Practical Application

- 97530 – Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Practical Application

- 97110 – Therapeutic exercise to develop strength and endurance, range of motion and flexibility, each 15 minutes

Practical Application

- 97112 – Neuromuscular education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities, each 15 minutes

Practical Application

- G0515 – Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes

Practical Application

- 97533 – Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

Practical Application

Magic is . . .

- Gradable
- Adaptable



Learning Activity: Case Studies

- Peer Learning

Learning Activity: Case Studies

Application of Magic:

1. Do it: Review the case study and develop an intervention plan
2. Document it: What do you say?
3. Bill it: Justify the codes

Next Steps

- Kevin Spencer visit
- Develop website to provide resources
- WMU/OT extra credit course

Quick Survey

- What strategies could you use to introduce therapeutic magic with your clients?
- What barriers do you perceive exist that may impede your ability to use therapeutic magic?

Links to Learning

David Copperfield's Project Magic:

<https://projectmagic.org/>

His manual provides magic tricks and information on how to develop and implement a successful Project Magic Program and details on the applications and benefits of Project Magic

Links to Learning

Kevin Spencer's Healing of Magic:

<https://www.spencersmagic.com/healing-of-magic/>

His manual provides therapeutic goals, performance requirements, and adaptations for each magic activity

The official website of Kevin Spencer:

<https://kevinspencerlive.com/>

<http://www.magictherapy.com/>

Training website for therapists!



Links to Learning

Kevin Spencer's Healing of Magic:

Works closely with the University of Alabama at Birmingham, Department of Occupational Therapy and their Magic Camp

Presenting at:

The American Congress for Rehabilitation Medicine conference in November

Submitted to present at AOTA conference in March 2020

Evaluation of a magic camp for children with hemiplegia: A pilot study

Drew Davis, MD, FAAPMR, FAAP. Kevin Spencer, M.Ed.,
Gavin R. Jenkins, PhD, OTR/L, Kimberly Kirklin, MA.,
Hon K. Yuen, PhD., OTR/L

Introduction:

- Incorporating magic tricks in therapy can serve to motivate children with hemiparesis to use the affected upper limb for repetitive motor skills practice outside of regular therapy sessions.
- This pilot study evaluated the immediate and short-term effectiveness of a 2-week magic camp as a means of hand-arm bimanual motor skills training to improve the upper limb motor function (unilateral and bilateral) in children with hemiparesis.

Method:

- Participants attended the 'Magic' Summer Camp
 - Mornings, 4 hours, Monday - Wednesday, 2 consecutive weeks, Total 24 hours.
- The camp activities followed the protocol used by the Healing of Magic® program
 - promotes intensive practice and repetition of bimanual movements.
- Intensive one-on-one individual training sessions provided by occupational therapy students.
- Participants encouraged to practice the magic trick after each training session.
- Seven children with hemiparesis (age range 11 y–13.7 y, 2 boys, 5 girls) participated in the magic camp
- Participants completed three assessments at the beginning of camp, post-camp, and 3-month follow-up:
 - The Jebsen Hand Function Test (JHFT) to measure unimanual function of the upper limb,
 - Children's Hand Experience Questionnaire (CHEQ) to measure spontaneous use of the affected limb in real-life activities that demand the use of both hands and,
 - A box opening task requiring bimanual movement.

Magic tricks,
taught at magic camp,
served to **improve**
confidence and self-
motivation of children
with hemiparesis
to use their affected hand
to perform daily
occupations



Children's
of Alabama

UAB SCHOOL OF
HEALTH PROFESSIONS
The University of Alabama at Birmingham

UAB MEDICINE
PEDIATRICS

Discussion

- Results of this pilot study supported the hypothesis that children with hemiparesis who participated in a 2-week magic camp as a means of hand-arm bimanual motor skills training demonstrated significant improvements in upper limb motor function (unilateral and bilateral) at 3-month follow-up.
- There was a significant improvement in speed to complete the 6 tasks in the JHFT (i.e., JHFT composite scores) using the affected arm at post-camp evaluation, which showed the effect of intensive use of the affected arm/hand through practicing magic tricks.
 - The improvement was maintained at 3-month follow-up.
- Participants did not continue practicing magic tricks after the camp, but the camp experience improved their confidence and increased their motivation to use their affected arm/hand when performing daily activities typically requiring the use of two hands.
- As a result of this daily practice, participants reported a significant increase in the use of both hands during the 3-month follow-up period.
- These findings were supported by a significant improvement in speed to complete the box opening task, which requires bimanual coordination, at the 3-month follow-up evaluation from the baseline.

Changes in outcome measures across three evaluation periods

Measure	n	Mean	SD	Median	Interquartile range	Wilcoxon signed rank test [†]	p-value	Effect size (r)
Baseline JHFT	7	237.20	51.92	247.00	140.05 - 318.42			
Post-camp JHFT	7	191.73	87.78	134.00	125.00 - 264.56	-2.03	0.03	0.77
3mo-fu JHFT	6	180.00	87.33	172.11	91.50 - 260.07	-1.99	0.05	0.81
Baseline CHEQ	7	12.14	9.26	13.00	3.00 - 22.00			
Post-camp CHEQ	7	15.57	6.40	14.00	12.00 - 21.00	-1.70	0.09	0.64
3mo-fu CHEQ	6	18.83	5.98	18.00	15.00 - 24.50	-2.21	0.07	0.90
Baseline speed of box opening task	7	2.07	1.31	1.63	1.16 - 2.49			
Post-camp speed of box opening task	7	2.12	1.58	1.44	1.33 - 1.95	-0.34	0.73	0.13
3mo-fu speed of box opening task	6	1.53	0.98	1.38	0.77 - 2.16	-2.20	0.08	0.90

Note. JHFT = Jebsen Hand Function Test, CHEQ = Children's Hand Experience Questionnaire, 3mo-fu = 3-month follow-up after the magic camp, SD = standard deviation

[†]Wilcoxon signed rank test was used to evaluate significant changes of the three outcome measures between baseline and post-camp, and between baseline and 3-month follow-up after the magic camp.

Practice implications

The magic tricks taught in the camp served to improve confidence and self-motivation of children with hemiparesis to use their affected hand to perform daily occupations. Given the positive impact of the magic hand tricks as an activity on the upper limb motor function of children with hemiparesis, it is recommended that practitioners incorporate teaching magic tricks into their therapy session.

References

- Check your handouts for a complete reference list of studies and articles

Questions & Answers



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KEVIN SPENCER

EDUCATOR | ARTIST | CONSULTANT | CULTURAL ENTREPRENEUR

LINKS TO RESEARCH

Education

Journal for Learning Through the Arts

<https://www.dropbox.com/s/wlsqcd6jwuwli0/2019%20JTLA%20CPR%20RESEARCH.pdf?dl=0>

Magic in the ELL Classroom

<https://www.dropbox.com/s/wboea93q8x8i3mx/Magic%20in%20the%20ELL%20Classroom.pdf?dl=0>

Journal of the International Association for Special Education

<https://www.dropbox.com/s/lifkvudacdgtac0c/HF-JIASE-FINAL.pdf?dl=0>

Healthcare

British Journal of Occupational Therapy

<https://www.dropbox.com/s/cg3w966o75i5x4r/BJOT%20Magic%20and%20OT.pdf?dl=0>

Journal of Educational Evaluation for Health Professions

<https://www.dropbox.com/s/1n2awpcag9f19wd/JEEHP%20-%20Development%20and%20Validation%20of%20the%20HFMPES%20ARTICLE.pdf?dl=0>

PT In Motion (Publication of the American Physical Therapy Association)

https://www.dropbox.com/s/dbwhj0dojxg7yyy/APTA_Thats%20Entertainment_May%202019.pdf?dl=0

Journal of Hand Therapy

<https://www.dropbox.com/s/erwdhcaci0tcr6m/Journal%20of%20Hand%20Therapy.pdf?dl=0>