



INSIDE

Autism

Do you
believe
in magic?

Dr. Kevin Spencer uses
the power of illusion to
reach students with
special needs.

The kid

WHISPERER

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BY ALICIA ANSTEAD

When Kevin Spencer goes to work, he's likely to find himself in tricky situations. On any given day he could be restrained by chains, submerged underwater or faced with a brick wall through which he must walk. There might be blades, ropes, handcuffs, levitation.

Spencer might also be helping a 9-year-old boy with autism speak a sentence for the first time in his life.

Either way, it's about magic.

Best known for his work as the creator and star of the performing arts show Spencers Theatre of Illusion, Spencer has also become a leading authority on the uses of magic tricks in physical and occupational therapy as well as in special education. His therapeutic program offers therapists tools to motivate clients to reach rehabilitation goals, and his experienced-based educational program uses magic for growth and development among special education students, including those on the autism spectrum.

The idea of using magic for healing and devel-

opment is not entirely new. Other magicians have explored this territory and, in the 1980s and 1990s, researchers found that magic tricks provide a creative method for stimulating the senses in special education students, and also build teamwork, self-esteem, problem-solving skills and critical thinking. More recently, Spencer has collected data in his own published research that suggests magic as a teaching technique can assist in what he calls "21st-century skills": creativity, flexibility innovation and socialization.

Official data aside, those who have witnessed

Spencer in the classroom—whether teaching students or training therapists—call the success immeasurable, priceless, unbelievable.

“When Kevin taught magic tricks, I saw kids with autism trying to do things with their hands that they wouldn’t normally do,” said Peggy Cockerell, director of education at Allen County Board of Developmental Disabilities in Lima, Ohio, where Spencer did a one-day residency last year. “They were open to Kevin. The magic interested them, and they would try and try and try until they figured it out. There were such moments of pride when they accomplished it.”

Cockerell said that Spencer has an intuitive sense about which kids in the room need him the most—the visual, tactile and kinesthetic learners—and gravitates toward them. She also noted that those children were often ones on the autism spectrum.

“I saw a handful of our children who don’t typically respond to a new person or new situation respond to Kevin—and those children are difficult to reach,” said Cockerell, who has been in the special needs field for nearly 40 years. Because of the motivation and focus she witnessed in her students, Cockerell nicknamed Spencer “the kid whisperer.”

Magic as Therapy

Spencer and his wife Cindy began developing their program the Healing of Magic 25 years ago in collaboration with therapists. The goal was to use simple magic tricks to help

patients regain physical skills, as well as increase motivation and self-esteem. The first group the couple worked with was stroke victims. Magic tricks replaced therapies that typically took up to 24 weeks to reach markers of progress. The Spencers’ methodology reduced the rate of progress to nine weeks in some cases.

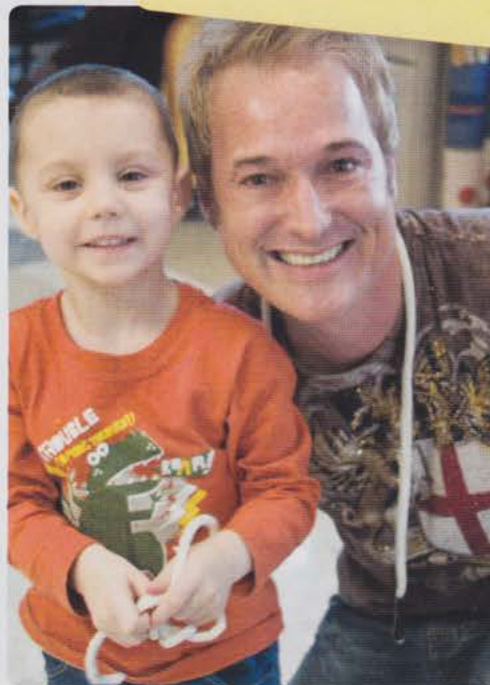
“It wasn’t because there was something magical about what we were doing,” said Spencer. “It was because they were actually doing the therapy. It’s one thing to do it in the presence of your therapist. But when you go home, it’s very difficult to do those things when you don’t really see the purpose. When you’re learning a magic trick, you have something to show somebody at the end of the day. So you work on it. Constantly. Every time you’re practicing your trick,

you’re doing therapy. If you’re a grandfather and you’ve had a stroke, and you know your grandkids are coming to visit, what would you rather say to them: Watch grandpa put these pegs in a board or let grandpa show you a magic trick? So the motivation because huge for grandpa to learn a magic trick.”

Spencer had earlier personal experience with the therapeutic world, which

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Cockerell said is likely to inform his intuition and discipline around working with children. In 1988, Spencer's car was rear-ended by a tractor-trailer, launched through the air and then crashed. He woke up in the neurological intensive care unit with a closed brain injury and a lower spinal cord injury. He was faced with the possibility that he might never perform again.

After a crushing accident, gaining back the dexterity required to function is no easy task. But for a magician? Kevin Spencer's life—and the profession he had been training for since his parents bought him a magic kit as a boy—depended on it. Spencer headed into a long, arduous year of physical and occupational therapy.

"I was good," said Spencer. "I worked as hard as I could to do what the therapist told me to do. But as a long-term patient, it's very difficult to stay motivated to do the things you know you're supposed to be doing because you don't see the results. They are so subtle. After a year, I sat down with the head of occupational therapy at my little hospital and said: There's got to be a better way to do this."

The Healing Begins

Working with the therapist in his home base of Lynchburg, Va., Spencer found 100 magic tricks in the public domain, dissected each one and came up with 60 that accomplished the same therapeutic goals as a traditional treatment. He and Cindy went from working with stroke patients to patients with brain injuries, spinal cord injuries and psychological issues.

A dozen years later, the program is now implemented in 2,200 hospitals and rehab programs in 30 countries. In 2012, more than half of Spencers Theatre of Illusion shows also included a residency program, either working with clinicians or with children, or both. In 2013, all of his shows have residency programs.

"As arts advocates, we often opine about the importance of arts in our society and their ability to challenge and transform and inspire and build community," said Spencer. "If I as an artist believe that, then it's my responsibility as an artist to do these



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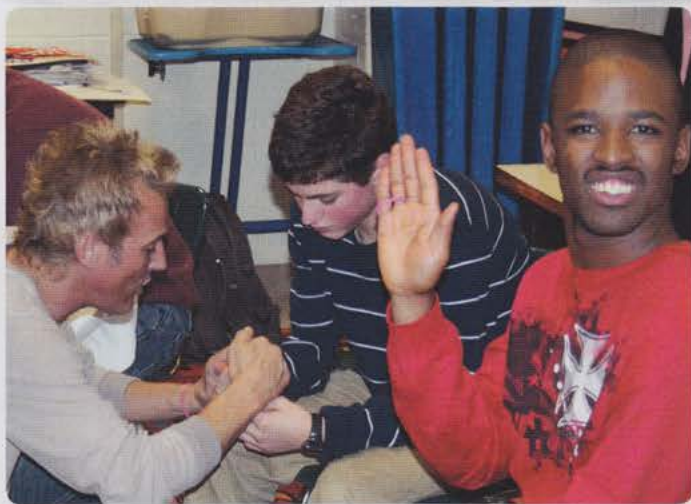
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sorts of things. But it's got to be more than exposing to kids to what happens in a performance. It's got to be about being in a community in ways that reach out to marginalized and underserved populations and showing them the power of the arts, and showing their community that it's more than what happens on their stage and in their venue, and that long after my truck has left the loading docks, something continues to exist in the community that says: 'The arts are important here.'"



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Cockerell had a similar take based on the Spencer residency in Ohio, which was organized through the performing arts center at the Freed Center for the Performing Arts at Ohio Northern University. What Spencer offers children is motivation, she said, which is consistent with her empirical observation about the role of artists in creating a space for children to explore their potential.

"When we have a really good artist at our school, we see success," she said. "The arts let our children express

themselves in other ways. People don't challenge children with disabilities. You have to believe they can achieve something. Kevin realizes that."

But it's not only about the art of magic. It's about the art of seeing people—particularly children—for who they are rather than as their diagnoses. Marisa Cook is an occupational therapist at the Martin Health Systems in Jensen Beach, Fla., where Spencer offered a several day residency with clinicians and kids a few years ago. She watched as a nonverbal boy responded to a magic trick with one word: "Wow." "He is severely autistic, so for him to speak even one word was a very big deal," said Cook.

"Kevin is the most non-judgmental person I've ever met, as well as the most willing to adapt," she added. "He has a powerful impact on these kids, regardless of their age. He always sets them up for success. He lights up the room."

On the Spectrum

Schools with special needs students are also using Spencer's curriculum guide Hocus Focus: Creative Learning through the Arts to address the needs of cognitively delayed, emotionally disturbed and learning disabled students. But Spencer has a special place in his heart for children on the autism spectrum: "Somewhere in the mind of an autistic child is the cure to cancer," he said. "I think they are the most amazing, brilliant people. When I look into the eyes of a kid with autism, I see hope." And his particular devotion to that group has had a major impact not only on his research but also on his beliefs about policy and community life. Working with people with disabilities, such as children with autism, has changed his per-

ception of this often marginalized community.

“The future of individuals with disabilities is contingent on the perceptions and attitudes of those without disabilities,” he said. “Everyone who supports a person with a disability is in some way an advocate for that person’s best interests. Unless change happens in the hearts and minds of ordinary people, then no matter what we do in policy and law, that’s not going to make a difference in their lives.”

At the heart of the Spencer mission is community life. Finding ways to work with parents, educators and therapists to engage students—as well as their neighbors, families and friends—is where he sees the real challenge. And where he began developing his educational program, which is grounded in a clinical understanding of autism.

A primer: Three main features define whether a person has autism, explained Spencer. They are: difficulties in relating to or understanding other people and social situations; difficulties in acquiring forms of communication; and a lack of imaginative ability indicated by rigidity and inflexibility of thought processes, resistance to change, and obsessive or ritualistic behaviors accompanied by narrow interests. People with autism typically exhibit a lack of coordination, fine motor dexterity and problems with sensory integration.

“We were working on these things in hospitals with occupational therapists,” said Spencer. “But I couldn’t figure out why we were working in a hospital and not in a school. If one of the problems is social skills, why are we doing one-on-one training in a hospital rather than one-on-one training in a group situation where they could really benefit?”

But it’s not that easy to move a program into schools where teachers are required to meet established standards.

Spencer took a year to read education books, educational psychology and social learning theory—anything he could get his hands on about why and how children learn. He became certified as a qualified autism services practitioner and joined the adjunct faculty of the occupational therapy department at the University of Alabama at Birmingham. (Spencer’s undergraduate degree is in psychology and communications.) He also wrote an 11-week magic-trick-based academic and functional curriculum that aligns to the National and Common Core State Standards of learning. He handed it to a special education teacher and said: “Here you go. Try this.”

That’s when Hocus Focus was born.

Melina Alexander, assistant professor of special education at Weber State University in Ogden, Utah, met Spencer a few years ago at a special education conference where he gathered a following through his presentation of Hocus Focus. She has seen his work at several conferences since then.

“His program is of particular interest to me as a special education professional who works specifically with students with behavioral chal-

lenges, including students with autism and Asperger’s syndrome,” said Alexander. “His program provides a means for students with social skills deficits to appropriately interact with others. I believe it is one of the few programs that teach social skills in a meaningful manner. Kevin has shown a deep understanding of the needs of students with disabilities. His program has shown promise for students with a wide range of needs. He is not only an excellent entertainer but also a teacher and humanitarian.”

Magic in Action

Anyone who works with kids on the spectrum knows the importance of Pivotal Response Training, which uses a child’s natural environment to create learning opportunities to improve social and communication skills. If you can improve the behaviors that are key to many areas of functioning, then other behaviors related to those areas also improve. If magic tricks help a young child with autism improve language, play skills, social interaction or responsiveness to multiple environmental cues, then it’s likely to transfer to other areas of their lives.

Spencer tells the story of teaching a simple magic trick to a 9-year-old boy in a pediatric department of a hospital. The child had never spoken a sentence until he asked Spencer a question about a magic trick. “He leaned way into me and looked me right in the eyes and said, ‘Where do I put my hands?’ I showed him how to hold the rope. He asked, ‘What do I do next?’ In 20 minutes, he learned three magic tricks,” said Spencer, who had no idea the boy was not an easy communicator. But the boy’s father watched as his child talked to the magician. “That’s the first time in nine years I’ve ever heard my son speak,” the man said to Spencer. “It was really incredible.”

“I knew the power of simple magic tricks in building back motor skills and dexterity and concentration, but I realized something broke through with this kid, that he talked,” said Spencer. “Of course, I didn’t know that he couldn’t talk so I had no preconceptions. When you remove what you think people are capable of, when you stop thinking about that, they’re capable of doing anything, even these marginalized populations.”

There’s a YouTube video of Spencer with another young boy who is sitting on the floor, his legs splayed out beside him as Spencer teaches him a simple rope trick. At one point, the boy canters forward and Spencer gently catches his head and repositions him. The boy finishes the trick successfully and Spencer pokes him affectionately in the tummy. Those moments—the video is 35 seconds—capture Spencer in his element: a little bit of magic, a little bit of miracle.

For more on Kevin Spencer’s Hocus Focus project, visit hocusfocuseducation.com. To check out the YouTube video mentioned above, visit [youtube.com/watch?v=0N6dLwx6wZ8](https://www.youtube.com/watch?v=0N6dLwx6wZ8).

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