

Episode: 3**Title: Top Down vs Bottom Up Approaches: Balancing Perspectives in Occupational Therapy Practice****Hosts: Mahek Bansal & Larissa Ferrari****Transcript:****Mahek Bansal**

Welcome back to the new PossibilOTs Podcast. We're so excited to share another episode with you. Today we will be delving into a discussion about using a top down versus a bottom up approach and hope to share our own experiences and clinical reasoning for using these different approaches. So maybe we'll just start by talking a little bit about what the top down and bottom up approach means. So maybe Larissa if you want to get started by giving us a bit of a rundown about the top down approach.

Larissa Ferrari

Sure. But before starting, I'll just say that I'll explain in very simple words. We don't have to go into depth about how this happens in our body and our performance, just so everybody's aware. But I think then we can give more examples about how this works in a practical session. So the top down approach will look for the performance by itself. So the occupation, for example, we're going to look at how the person performs a task, such as brushing teeth, getting changed, riding a bike, and then we're going to work on the performance of that task. Do we need to provide any adaptation? Do we need to train one specific part of this task? Do we need to rethink how the task is being performed, but it's purely looking at the task itself? A good way to think about is if we're practicing handwriting, for example, which is pretty common in our practice, we'll be just practicing the handwriting.

Larissa Ferrari

We're not going to look into the foundation or pre handwriting skills. We're looking at the occupation by itself. Did I make myself clear, Mahek?

Mahek Bansal

Yeah, definitely. So from what I can understand, you are saying is that a top down approach is looking at what you can see. So if you see someone, what they're doing is what you're looking at as a therapist and using your lens is what the behaviours and actions that you can just see the person do. You're not necessarily delving into why that's happening or the skills that might be required to make that happen, but more about what's happening on the surface and the strategies and supports you can provide for making that occupational performance smoother.

Larissa Ferrari

That was perfect. Thank you. But then, now that we've explained a little bit of the top down approach, Mahek, could you tell us a little bit about the bottom up?

Mahek Bansal

Of course. So bottom up, as the name suggests, it's flipping that around. So the bottom up approach is looking at the foundational skills that are required to complete occupations. So it's really focusing on what you might consider to be the prerequisite skills to successful occupational performance. For example, if a child is having difficulties with dressing and putting their clothes on their shirt, on, their pants on, a bottom up approach will be considering what are the skills required to complete that task. Whether that's the fine motor

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skills, whether that's the executive functioning skills and cognitive skills like orientating the shirt and remembering the plan and the sequence, whether that's the gross motor skills of balance and coordination and working on those skills to then be able to improve performance in occupations such as dressing. So I guess theory in this model is that the acquisitions of different skills will result in successful occupational performance in daily activities.

Mahek Bansal

Does that make sense?

Larissa Ferrari

Larissa it does make sense, and it actually made me think about the learning pyramid, where you have all the growth motor skills, sensory processing at the bottom, and you go into more cognitive level until you finally have the product, which is what we can see. So that was great explanation.

Mahek Bansal

Yeah. So I guess now that we've sort of explained from our own words, I guess, what these two approaches mean, I think the more important part is to talk about when you use them and why you would use one over the other. Because I think that this is, from my experience, is almost I feel quite debated in some practices about the use of one or the other, but I guess it would be good if we could share our experiences and our clinical reasoning about the use. So, Larissa, how do you decide which one to use?

Larissa Ferrari

I might be a little bit controversial here, but to be very honest, in most of my sessions, I try to combine both, unless it's something very specific or the complete opposite, unless it's something very abstract, usually more related to behavioural or emotional regulation, concerns that are probably linked to a lot of functions. And it's not something you can see, especially in our sessions, when we don't see a lot of these things happening with us. But then we work more on the foundational skills to improve the performance. But overall, I combine both. So, for example, as we were talking about handwriting before, if I have a child with handwriting concerns, I will look at the handwriting itself, but I will also work a little bit on the foundational skills because one thing might be impacting the other thing. So, I would do half of my session, some work on upper limbs, extremities, core, back extension, hand strengthening, but at the same time, I'll use the other half of my session to work on the practice of handwriting.

Larissa Ferrari

But tell me a little bit about you, Mahek. How do you usually choose? Do you ever choose or what's your reasoning in that situation?

Mahek Bansal

Yeah, I agree, and if that makes us very controversial Larissa I 100% agree that I think I again use a mix of both because I feel like both have major strengths that we can leverage in different ways. I do, as I think about it, when I start to see a new client or I'm doing

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information gathering around a new client, I do think I use more of a top down approach, finding out what are the occupations that are important for this family. What might the parents be seeing that is raising concerns for them? Or they feel like their child needs more support? And then when I see the child and see them perform parts of the occupation, in my mind I am sort of thinking through the underlying skills that might be contributing to some of these difficulties. So that I can again use both, use that sort of occupation based and that skills based approach.

Mahek Bansal

I think from what it's interesting because even as I supervise students, it's interesting to see how education or occupational therapy education can shape our lens, where some universities teach a very top down approach and others teach a very bottom up approach. And from sort of supervising these students who might sort of preference one or the other just because that's what they've learned, it sort of has reflected to me the strengths in using both or where that there might be gaps in one or the other. So like you said, Larissa, using a top down approach is great because that's occupational therapy. Occupational therapy is about roles and occupation and what we do and what is important in our everyday life. But as therapists and clinicians, we don't see the child perform their true occupations in a clinic. And there's only a certain extent to which we can work on these occupations in their natural form.

Mahek Bansal

And so we almost do need to take a skills-based approach to support the transference of the skills learn and gain to then make successful outcomes on occupation. What do you think?

Larissa Ferrari

Yes. And now you got why I think why I'm being a little bit controversial, or I think I am, because it's very common that people take sides and even evidence based, they are going to talk much more about the top down approaches because it is measurable in a short term period, you can see results. So I feel like when I'm reading papers and research it's almost like we have to pick sides. Whereas I feel like we have so many things we can do in the sessions and with our families. Sometimes I even considering, for example, when we're using a top down approach and we want the families to practice at home, it can be so tiring for them and for the child because we're working paediatrics to be working on repetition. They have such a busy life. And when we try to bring a little bit of the foundation practice and kind of break these exercises, I'll call it exercises because it's like homework.

Larissa Ferrari

But when they have the opportunity to have fun learning a Preskill and then afterwards putting into practice the occupation, then they kind of navigate in between like we do in our sessions. We can see so much intrinsic motivation for both of our clients and the families we work with. I know when sometimes I'm working with the function. One of the things I say to my clients is, I'm sure you're going to find joy doing this with me in few times because we are going to find motivation ways to do that. And sometimes it's combining these two so they don't experience frustration or if they have a low tolerance to frustration, they don't have these feelings. So it's good to navigate between them both. For me, sometimes we can go

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more towards one, other times more towards other. But overall I quite like that we both think the same way and practice this way.

Larissa Ferrari

Yeah.

Mahek Bansal

And I think it's interesting, especially when you mentioned about measurable, like being able to measure progress or evaluate outcomes in a top down versus bottom up approach. And I almost feel like it can be easier to measure outcomes in a bottom up approach. And the reason I say that is because a lot of our sort of assessment tools, evaluation tools, are looking at skills and evaluating the skills, underlying skills, whether that's a fine motor assessment, a gross motor assessment, a visual perception assessment, whatever that is. And so you can sort of become stuck in a rabbit hole of basing your goals upon results of standardized assessments and saying this child will improve their fine motor dexterity to be in the average range in this assessment and almost lose sight of occupation. And that top down model because a lot of our assessments around top down approaches and occupations are subjective or they're non standardized, they're observational.

Mahek Bansal

So it can mean that there are discrepancies almost in what you're seeing versus what might be true performance, what might be the reasons behind the performance. So it can almost be, I think, trickier sometimes to evaluate performance in a top down approach. But that's also where you have the biggest achievements is seeing those skills being transferred into occupation and seeing those improvements in occupation, whether that's an increase independence, whether that's completing the occupation more frequently or whatever that is.

Larissa Ferrari

Yeah. Now that you're saying that I must say that I was amazingly surprised with the ASI nowadays that really is pushing, and I'm talking about Suzanne and the CLASI team, who is really pushing people that think ASI, which is a bottom up approach to link it into performance.

Mahek Bansal

So for those who don't know, Larissa is referring ASI to Ayres Sensory Integration.

Larissa Ferrari

Thank you, Mahek. So CLASI is being really thoughtful and considering linking all the findings in a bottom up assessment, which is now the Easi, which before we only had the SIPT, but we have both SIPT and EASI. So it is a bottom up assessment, as you're saying it's measurable, but is basically assessing skills. And they are linking it with occupation. And that's amazing. Even though the occupation is something that can be subjective, it depends. The self-report can be different from a parent report, for example. But then you're linking function with occupation. And that makes you always considering what you're looking at, the big picture. So I'm measuring the function, but that's what I'm looking at. And I think that's

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pretty valuable for us as an OT to have the possibility of combining these two. But at the same time, approaches like the CO-OP are great.

Larissa Ferrari

They can break occupation into small steps. And even though we don't have a measurable outcome, as we would have in other bottom up assessments, you can still have great achievements by looking into that perspective.

Mahek Bansal

Another really good one that I like is the PRPP. It's another top down approach. It's looking at doing a task analysis of occupations or roles, but then using that to consider the underlying skills in terms of the cognitive strategies required for those steps and occupational performance. But I do agree. I think it's amazing. And I think where you talked about the sensory integration assessments and linking them, trying to link those sort of two approaches together, where it is giving you those results in terms of the skills, which is the bottom up approach, but then linking them to occupation. And I think generally, this is where I feel that the two approaches both need to have their place, and it's our job to link them together, where we're really clearly communicating, whether that's with parents, other health professionals in our written documentation, really clearly communicating what is the link between what we're seeing and doing and the approaches we're using.

Mahek Bansal

Because in the end, our scope is occupation. That's what makes us different from every other health profession, is occupation. And so it's up to us to make sure that whatever we're doing, whether that's a top down approach or a bottom up approach, we're linking it back to the occupation and showing that how are these things that we're working towards supporting the occupations of an individual?

Larissa Ferrari

That was great, Mahek. I was just thinking about episode one where we talk about occupation and why it's so important for us to keep reminding ourselves and reminding the people around us, or even explaining to people around us what occupation and OT means and why we have to keep reminding ourselves of it in our practice to make sure we're always navigating through the right direction with our clients.

Mahek Bansal

Definitely. I think the other part, which we didn't really talk about in episode one, the importance of linking it also comes into, I think, when we're doing our reports, particularly, I find, for our funding reports. So for so for anyone not in Australia, we have a funding scheme called the National Disability Insurance Scheme, NDIS. And so when we do our NDIS reports, I think for a long time, whilst there's now a big push towards function and daily living and participation, I think still inherently there's this sort of biomedical model that we need to consider when we write reports. And we need to really clearly use sometimes standardized assessments to show why funding is required or make really clear outlines of the types of progress in different skills that we've had through intervention. And so we almost need to

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have this use of this bottom up approach, but then really strong ability to link it back to occupation and back to function and back to participation, which is that top down approach.

Larissa Ferrari

I wonder if that's a discussion for a new episode.

Mahek Bansal

I think that's a whole can of worms. Yeah.

Larissa Ferrari

I don't know if we were too complex in our explanation. I feel like both of us feel very inspired and excited talking about these things. So I hope that people listening to us could follow our reasoning and could learn a little bit with our experience.

Mahek Bansal

Definitely. So thank you so much for joining our podcast, listening along, and we hope to see you next time.

Larissa Ferrari

Also, for the ones, as Mahek said, they're not familiar with everything we spoke about. We're making sure that you're going to find more information in the references so you can learn more about everything we're talking about and also get excited with us.

Mahek Bansal

Okay, see you next time. Bye. Bye.