

The SenITA study compared Sensory Integration Therapy (referred to here as SIT) to the support usually offered to children with autism and sensory processing difficulties.



SIT is a play-based therapy designed to help children with sensory processing difficulties. It involved 24 face-to-face sessions in an occupational therapy clinic, followed by two telephone calls with the carer. It was delivered by occupational therapists who had specific training in this type of therapy.

Methods we used

- We recruited children and their carers from Wales and England.
- Children could take part in the study if they had an autism diagnosis, had sensory processing difficulties and were in mainstream primary education (4-11 years old).
- The children taking part were randomly split into two groups. Half the children received SIT for 26 weeks while the other half continued receiving their usual care.
- Usual care was defined as awaiting services or receiving an intervention that was focussed on sensory issues but which did not meet the criteria for sensory integration.
- Carers of each child were asked questions about their child's behaviour at the start of the study and again 6 and 12 months later.
- The main outcomes we were interested in related to children's behaviour. We also looked at a range of other measures.
- We collected information on the type of care being given to children in the usual-care group.

We also did some work right at the start of the study to map out what kind of usual care children were receiving. We did this through group discussions and interviews with therapists and through a survey for parents/carers. Some parents and therapists who took part in the study also took part in an interview to discuss in more detail what it was like to take part. We wrote these interviews up and summarised their thoughts.



Results of the study

A total of 138 children and 138 carers took part in the study. Sixty-nine children were given SIT (as well as their usual care/activities) and 69 children carried on with their usual care only. The intervention was delivered by 16 occupational therapists in specialist clinics.

Therapists delivered the SIT well and carers and therapists said that they saw some improvements related to goals set by the carers. However, when we looked at the specific questions about changes in children's behaviour or daily functioning and carer stress SIT was not significantly better than usual care and is a more expensive option.



Taken together, results suggest that SIT did not demonstrate clinical benefit across a range of outcomes (behavioural, functional, social, quality of life and carer stress) over and above usual care for young children with autism and sensory processing difficulties.

Our conclusions

This was the first large trial where SIT was delivered according to a manual.

Overall, we cannot say that SIT is helpful for all children with autism and different sensory processing difficulties. However, it might be helpful for some children to focus on specific functional problems or goals, but more evidence is needed.



What next?

More research is needed to work out how best to support autistic children with sensory processing difficulties and what interventions might work for them.



For more information please see:

Understanding the support experiences of families of children with autism and sensory processing difficulties: A qualitative study <https://onlinelibrary.wiley.com/doi/10.1111/hex.13465>

Full study report <https://www.journalslibrary.nihr.ac.uk/hta/TQGE0020#/full-report>