

INTEGRATING ENGLISH LANGUAGE LEARNING AND SOCIAL-EMOTIONAL THERAPY FOR AUTISTIC CHILDREN AT DARUL FATHONAH: A DESCRIPTIVE CASE STUDY

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ABSTRACT

Research on autism education has widely examined either language learning or social-emotional interventions; however, limited empirical attention has been given to how both can be integrated within the same learning routine, particularly in Indonesian therapy-education contexts. This study aimed to describe (1) the integration of English language learning and social-emotional therapy for autistic children, (2) the instructional and therapeutic strategies employed during implementation, and (3) observable changes in children's English learning and social-emotional participation. A descriptive qualitative case study supported by descriptive quantitative indicators was conducted at Rumah Terapi ABK Darul Fathonah Kudus involving 11 autistic children aged 6–12 years. Data were collected through classroom observations, interviews with teachers, therapists, and parents, learning documentation, and pre- and post-session descriptive assessments. The integrated sessions employed picture-card activities, guided questioning, visual prompts, role-play, repetition, multisensory activities, and positive reinforcement. The findings indicate that English functioned not only as academic content but also as a medium for expressing preferences, emotions, and simple social responses. Descriptive indicators showed positive trends in vocabulary recognition, simple sentence production, question response, pronunciation, contextual understanding, and social-emotional participation after the sessions. This study contributes a contextual model of integrating language learning and social-emotional support within a naturalistic therapy-education setting and suggests that emotionally meaningful and visually supported English instruction may enhance participation among autistic children. The findings should be interpreted cautiously due to the bounded case-study design and are not intended as causal evidence.

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INTRODUCTION

Inclusive education for autistic children increasingly requires learning practices that address academic, communicative, and social-emotional needs in an integrated manner. Autism Spectrum Disorder (ASD) remains a significant global education and public health concern, with a recent systematic review and meta-analysis estimating the global prevalence of ASD among children at approximately 0.77% (Issac et al., 2025). In educational settings, autistic children's needs are not limited to academic access, but also involve communication support, emotional regulation, adaptive behavior, social participation, and learning wellbeing. Recent studies emphasize that school-based support for autistic learners should consider not only instructional outcomes, but also students' emotional wellbeing, communication profiles, and participation in daily learning routines (Carroll et al., 2026; Petersson-Bloom et al., 2025).

One of the central concerns in autism education is the close relationship between communication, emotion, and social interaction. Autistic children and adolescents frequently experience challenges in emotion regulation and emotional processing that may affect social competence, adaptive functioning, and learning participation (Restoy et al., 2024). Recent meta-analytic evidence also indicates that autistic children may experience difficulties in recognizing emotions accurately and efficiently, highlighting the importance of learning environments that connect language use with emotional meaning and social response (Masoomi et al., 2025). In addition, language competency research in autism continues to identify communication development, early social interaction, and targeted language support as important areas for educational practice and intervention (Alasmari et al., 2024). These findings suggest that language learning, emotional expression, and social participation should not be treated as separate dimensions but as interconnected aspects of autistic children's learning experiences.

Within this perspective, English language learning for autistic children should not be understood solely as the acquisition of foreign-language vocabulary or grammatical forms. Rather, English can function as part of meaningful communication when language is used to express needs, preferences, emotions, refusals, and simple social responses. This perspective has become increasingly relevant because recent studies suggest that exposure to an additional language is not necessarily detrimental for autistic children when instructional support is appropriately designed. Beauchamp et al (2023), for example, found that bilingual school-aged children on the autism spectrum demonstrated comparable performance to monolingual peers in narrative, social, and pragmatic language abilities. Similarly, Phillips et al (2024) examined bilingual language exposure among toddlers with ASD and highlighted the importance of considering language, cognitive, and socio-emotional development together.

Research on foreign and additional language learning among autistic and neurodivergent learners further indicates that this field remains relatively underdeveloped but increasingly promising. A recent review by Andreou & Argatzopoulou (2025) reported that intervention studies in foreign language learning remain limited, although visual support, gamification, technology-assisted learning, and individualized strategies demonstrate encouraging potential. Likewise, Hashim et al. (2022) showed that an augmented-reality English vocabulary application could support vocabulary learning experiences among children with mild autism through visual and interactive learning features. Zohoorian et al (2021) further emphasized the importance of adapted instructional methods, structured interaction, and visual support in English language instruction for students with ASD.

In the Indonesian context, empirical evidence on English learning for autistic children is still limited but growing. Rahmadani (2025), for instance, found that translanguaging strategies in early childhood English learning for ASD students could enhance comprehension, vocabulary retention, and student engagement. This finding is important because it shows that English learning for autistic children may be strengthened when instruction builds on children's

existing language resources, familiar contexts, and flexible communication supports. However, studies in this area still tend to focus on particular teaching strategies, such as translanguaging, vocabulary instruction, technology-based media, or pragmatic language learning, rather than examining how English learning can be integrated with social-emotional support within the same learning routine (Rahmadani, 2025; Tıkız-Ertürk & Demiröz, 2025).

The social-emotional dimension is equally important. Recent reviews show that social-emotional competence and emotion regulation remain central concerns in autism intervention. Jasni et al. (2025) reported that group-based emotion regulation interventions show promise for supporting autistic children's socio-emotional competence, particularly when structured skill practice, adult support, and reinforcement are included (Jasni et al., 2025). Visual support is also relevant in this area. Rutherford et al. (2023) found that visual supports can be acceptable, practical, and useful for autistic children and children with related needs, especially in helping children understand routines, communication expectations, and daily interactions (Rutherford et al., 2023). Play-based approaches also show relevance because Deniz et al. (2024) found positive effects of parent-mediated play-based interventions on social communication and language skills among preschool autistic children (Deniz et al., 2024). Together, these studies suggest that emotional expression, visual scaffolding, play, and communication practice can be mutually reinforcing in autism education.

These findings suggest that emotional expression, visual scaffolding, structured interaction, and communication practice may reinforce one another in autism education. Such evidence also indicates that learning activities designed for autistic children may become more meaningful when language use is connected to emotional understanding and social participation rather than positioned solely as academic instruction.

The need for integrated practice is further associated with teacher and institutional readiness. Baek et al (2024) found that although teachers often demonstrate willingness to provide educational accommodations for autistic students, their self-efficacy in delivering effective instruction may remain limited. Similarly, Johnson et al (2025), in a systematic review of autism training for educational staff, emphasized the importance of strengthening professional knowledge, implementation quality, and inclusive practices to support autistic learners effectively. Reviews of school-based educational support also underline the importance of structured strategies, environmental adaptation, and preventive approaches to improve participation and reduce challenging situations among autistic students (Petersson-Bloom et al., 2025). These findings indicate that contextual examples of integrated learning practice may contribute not only to student learning but also to practical implementation in inclusive educational settings.

Despite these developments, the literature continues to reveal an important gap. Existing studies in autism intervention primarily focus on emotional regulation, social communication, adaptive behavior, visual support, or school-based accommodation, while studies on English and foreign language learning for autistic learners commonly examine vocabulary acquisition, translanguaging practices, technology-supported instruction, additional-language exposure, or pragmatic language development (Rahmadani, 2025; Tıkız-Ertürk & Demiröz, 2025). Although these bodies of research provide valuable insights, they remain largely disconnected and have not been sufficiently integrated. In other words, limited empirical attention has been given to how English language learning objectives and social-emotional therapy targets can be organized together within the same naturalistic learning routine, particularly in Indonesian therapy-education settings. This gap is significant because autistic children's language learning is closely linked to emotional expression, social participation, and communication support.

In other words, limited empirical attention has been given to how English language learning objectives and social-emotional therapy goals can be organized simultaneously within the same learning routine, particularly in naturalistic therapy-education contexts in Indonesia.

This gap is important because language learning among autistic children is closely related to emotional expression, social participation, and communication support. Therefore, there remains a need for contextual evidence that explains not only what instructional strategies are used, but also how language learning and social-emotional support interact within real educational practice.

Unlike previous studies that primarily examined language instruction, visual support, socio-emotional intervention, or communication outcomes separately, the present study explores how English language learning and social-emotional therapy are integrated within the same instructional routine. By focusing on a naturalistic therapy-education setting, this study seeks to extend current discussion beyond isolated learning outcomes and toward a more integrated understanding of language, emotional expression, and social participation among autistic children.

Based on this background, the present study examines the integration of English language learning and social-emotional therapy for autistic children at Rumah Terapi ABK Darul Fathonah Kudus. The study is grounded in a functional social-communication perspective, which views language learning, emotional expression, and social participation as interconnected rather than separate learning domains. In this perspective, English expressions such as *I like...*, *I don't like...*, and *Do you like...?* are not treated only as linguistic forms, but also as tools for expressing preference, communicating refusal, recognizing emotion, responding to others, and participating in structured interaction. The integrated activities in this study included picture-card games, guided questioning, visual prompts, role-playing, repetition, multisensory activities, and positive reinforcement.

This study addresses three research aims: (1) to describe the form of integration between English language learning and social-emotional therapy; (2) to identify the instructional and therapeutic strategies used by teachers and therapists during implementation; and (3) to describe observable changes in children's English learning and social-emotional participation after the integrated sessions. These aims are descriptive and exploratory. Therefore, the study does not claim causal effectiveness or statistical generalization. Instead, it offers a contextual account of how one therapy-education institution organized English learning and social-emotional support within the same learning routines for autistic children. Its contribution lies in showing how English may be positioned not only as academic content, but also as a functional medium for expressing preferences, emotions, and simple social responses in a bounded inclusive learning context.

RESEARCH METHOD

Research Design

This study employed a descriptive qualitative approach with a bounded case study design, supported by descriptive quantitative data. The qualitative case study was appropriate because the research focused on understanding a learning-based integration process in a real institutional context rather than testing the causal effectiveness of an intervention. The quantitative data were used only to provide a structured description of observable changes in English learning and social-emotional behavior before and after the integrated sessions. No control group, randomization, or inferential statistical testing was used; therefore, the findings are interpreted as descriptive trends within the Darul Fathonah context.

The research procedure consisted of three main stages: preparation, implementation, and evaluation. The preparation stage involved initial observation of children's characteristics, identification of verbal and nonverbal communication abilities, and an initial assessment of English vocabulary readiness. The implementation stage consisted of three gradual sessions, each lasting approximately 45 minutes. The sessions focused on the theme of like and dislike in relation to food and were delivered through visual media, picture cards, guided prompts,

role-play activities, multisensory techniques, and positive reinforcement. The first session focused on receptive vocabulary recognition and emotional identification using visual materials. The second session emphasized simple expressions such as *I like* and *I don't like*, together with question-and-answer activities, turn-taking, and role-play in simple social situations. The third session focused on more functional language use, including classifying likes and dislikes and applying language and emotional expression in broader social interaction. The evaluation stage was conducted after the third session to describe changes in English learning and social-emotional development.

Participants

The study was conducted at Rumah Terapi ABK Darul Fathonah Kudus, a therapy and education center for children with special needs. Participants were selected purposively because they were directly involved in the integrated English language learning and social-emotional therapy activities during the study period. The main participants were 11 autistic children aged 6–12 years who participated in learning activities on the theme of like and dislike, particularly food-related vocabulary.

Participant selection was based on institutional identification of autism spectrum disorder (ASD), enrollment in the Darul Fathonah education or therapy program, readiness to participate in visual, guided, and play-based learning activities, and observable readiness to recognize and respond to basic English vocabulary prior to the integrated sessions.. Parental consent and institutional approval were obtained before the structured learning sessions were conducted.

To provide a clearer description of participant heterogeneity, initial information was collected from institutional records, teacher and therapist reports, parent information, and preliminary observation. The participants showed varied functional profiles. Some children were able to produce short verbal responses, while others relied more on gestures, imitation, pointing, or prompted responses during learning interactions. Their social-emotional participation also varied, particularly in attention span, turn-taking, emotional expression, response to prompts, and tolerance of structured group activities. Prior exposure to English was generally limited and mostly consisted of basic vocabulary recognition through school or informal learning activities. Most participants had not received systematic English instruction specifically integrated with social-emotional therapy before the study.

The study did not conduct an independent clinical reassessment of ASD severity, cognitive level, or standardized language ability. Therefore, diagnostic and functional information was used only to describe the learning context and participant diversity, not to classify participants clinically or to compare outcomes by severity level. This limitation is acknowledged because differences in autism characteristics, communication ability, cognitive profile, and prior English exposure may influence children's responses to the integrated learning activities.

The small number of participants reflects the bounded case-study design and the availability of children who met the participation criteria in this institutional context. Thus, the sample was not intended to represent the broader population of autistic children. Instead, it was used to support an in-depth contextual description of how integrated English learning and social-emotional therapy were implemented in one therapy-education setting. The single-site selection and purposive sampling may limit transferability and may introduce selection bias, particularly because participants were selected from children considered ready to participate in structured visual and play-based activities. Supporting informants included English instructors, accompanying teachers or therapists, and parents, who provided additional perspectives on learning implementation and children's behavioral responses.

Instruments

The research instruments consisted of English learning observation sheets, social-emotional development observation sheets, semi-structured interview guidelines, documentation guidelines, and English vocabulary assessment sheets. The English learning instruments were developed based on the instructional objectives of the integrated sessions, particularly children's ability to recognize food-related vocabulary, produce simple expressions such as *I like* and *I don't like*, answer simple questions such as *Do you like ...?*, pronounce target words, participate in learning interaction, and demonstrate contextual understanding of word meaning.

The social-emotional development observation sheet was developed by referring to the Social Skills Improvement System (SSIS) as a broad framework for observing social behavior and by aligning the indicators with the five core social-emotional learning competencies proposed in the CASEL framework: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. In this study, these domains were operationalized into observable learning behaviors, such as expressing preferences, identifying feelings, tolerating prompts, waiting for turns, responding to teachers or peers, making simple choices, and communicating refusal or discomfort in acceptable ways.

SSIS and CASEL were used as conceptual and content references for developing context-specific observation indicators. The instrument was not administered as a standardized SSIS assessment and was not intended to function as a standardized psychological measurement. Instead, it was used as a structured learning observation tool to describe children's social-emotional participation during the integrated English learning sessions.

Each observed indicator was rated using a four-point learning observation scale: 1 = not yet observed or only shown with full assistance; 2 = emerging response with frequent prompts; 3 = demonstrated with partial prompts or moderate consistency; and 4 = demonstrated independently or with minimal prompts. The scale was used to support structured observation and descriptive comparison before and after the integrated sessions. Therefore, the resulting scores were interpreted as descriptive indicators of observable learning participation, not as psychometric evidence of social-emotional development.

To strengthen content appropriateness, the indicators were reviewed in relation to the learning objectives, SSIS-informed social behavior domains, CASEL-based social-emotional competencies, and the actual activities used in the sessions. These activities included visual prompts, picture-card games, guided questioning, turn-taking, role-play, repetition, multisensory activities, and positive reinforcement. The review focused on whether each indicator was relevant, observable, age-appropriate, and suitable for autistic children in the Darul Fathonah learning context.

The study acknowledges that the observation sheets were researcher-developed and context-specific. Although SSIS and CASEL provided conceptual guidance for indicator development, the instruments were not subjected to full psychometric validation. Inter-rater reliability testing was also not conducted systematically. To reduce interpretive bias, the study used triangulation across learning observation, interviews, documentation, and descriptive assessment results. Thus, the quantitative scores should be interpreted cautiously as descriptive trends, while the main interpretation remains grounded in qualitative case analysis.

Data Analysis

Qualitative data were analyzed using thematic analysis. The analysis involved repeated reading of observation notes, interview transcripts, and documentation, followed by coding, grouping codes into recurring categories, identifying patterns, and drawing contextual conclusions. Themes were developed around the forms of learning integration, teacher and therapist strategies, children's responses, changes in social-emotional behavior, and learning-

based indicators of program outcomes. Quantitative data from vocabulary assessment and social-emotional observation scores were analyzed descriptively using frequencies, percentages, mean scores, and pre- and post-session comparisons. Because the sample was small and the study had no comparison group, no inferential statistical analysis was conducted.

To enhance trustworthiness, the study used source triangulation, technique triangulation, and sustained engagement during the learning sessions. Source triangulation was conducted by comparing information from teachers, therapists, and parents. Technique triangulation was carried out by comparing observation findings, interview data, documentation, and assessment results. Descriptive quantitative indicators were used to support, not replace, qualitative interpretation. These procedures were intended to strengthen credibility and dependability while recognizing that transferability is limited by the single-site case-study context.

RESEARCH FINDINGS AND DISCUSSION

Research Findings

The findings indicate that the integration of English language learning and social-emotional therapy created observable positive changes in children's language participation, emotional expression, and social interaction during the learning sessions. These findings were drawn from classroom observations, interviews with teachers and therapists, learning documentation, and descriptive pre- and post-session indicators. Because the study involved a small number of participants and was conducted in one institutional setting, the findings are interpreted as descriptive patterns rather than causal evidence of intervention effectiveness.

The participants showed varied initial communication profiles. Of the 11 autistic children involved in the program, seven were categorized by the institution as non-verbal and four as verbal. Their pre-test English scores also varied, ranging from 36 to 84, indicating differences in initial vocabulary readiness, attention, and communication ability. This variation is important because children did not respond to the integrated learning activities in the same way. Some children were able to produce verbal responses, while others participated through pointing, imitation, facial expressions, or prompted responses.

The first finding concerns the use of English as a medium for expressing preference and emotion. The integrated learning activities focused on the theme of like and dislike, especially in relation to familiar food vocabulary such as *apple, rice, fish, banana, and milk*. The children were introduced to simple expressions such as *I like...*, *I don't like...*, and *Do you like...?* These expressions were not taught merely as vocabulary or sentence patterns but were connected to children's emotional responses through visual prompts, food pictures, and emotion cards. In this way, English functioned as a tool for communicating preference, acceptance, rejection, and simple emotional states.

The second finding shows that visual and multisensory scaffolding supported children's participation. The learning activities used picture cards, emotion cards, mirrors, interactive videos, puppets, gestures, repetition, and teacher modeling. Children who were not yet able to speak were encouraged to point to or select emotion cards, while verbal children were guided to pronounce simple words such as *happy* and *sad*. This strategy allowed children with different communication abilities to participate in the same learning routine. For example, some initially passive children began to show non-verbal responses, such as smiling when they saw pictures of preferred food. This suggests that visual and concrete learning materials helped connect English vocabulary with emotional experience.

The third finding concerns the development of verbal and non-verbal preference expression. In the second session, children practiced the expressions *I like...* and *I don't like...* with teacher modeling, facial expression, intonation, and repeated prompting. Positive reinforcement was provided through verbal praise and a sticker-based token economy. Observation data showed that some children who initially only imitated words began to show

greater willingness to speak with more appropriate facial expressions. Other children who had limited verbal ability showed progress by associating emotion cards with the expressions like and don't like. These responses suggest that preference-based language activities supported both English learning and self-expression.

The fourth finding relates to social interaction and reciprocal communication. In the third session, children practiced simple question-and-answer patterns such as *Do you like...?*, *Yes, I do*, and *No, I don't*. The activity was conducted in pairs and supported by puppet-mediated interaction to reduce social anxiety. This activity encouraged turn-taking, joint attention, and eye contact. Children with stronger verbal ability were able to model simple question-and-answer exchanges, while children with more limited focus began to show simple social responses such as smiling, looking at peers, or responding after prompts. Thus, the integrated activity supported not only vocabulary learning but also social participation.

Individual variation remained visible across the sessions. Children with stronger initial verbal ability tended to show clearer progress in producing simple English expressions and answering questions. In contrast, children with limited verbal ability often demonstrated progress through non-verbal participation, imitation, pointing, or responding with prompts. This finding indicates that the integrated learning activities should not be interpreted as producing uniform outcomes for all participants. Rather, children's responses appeared to be influenced by their initial communication ability, emotional readiness, attention span, and familiarity with structured learning routines.

The descriptive quantitative data supported these qualitative patterns. The number of children who recognized five basic food words increased from 36.4% at the initial observation to 81.8% after the integrated sessions. The ability to produce simple sentences such as *I like* and *I don't like* increased from 27.3% to 72.7%. The ability to answer simple questions such as *Do you like...?* increased from 18.2% to 63.6%. Pronunciation with appropriate intonation increased from 27.3% to 81.8%, while contextual understanding of word meaning increased from 45.5% to 90.9%. These results indicate a positive descriptive trend in English vocabulary recognition, simple sentence production, question response, pronunciation, and contextual understanding.

Table 1
Descriptive changes in English learning indicators after the integrated sessions

Indicator	Initial	Post-session	Difference
Recognizing five basic food words (<i>apple, rice, fish, banana, milk</i>)	36.4%	81.8%	+45.4 pp
Producing simple sentences (<i>I like</i> or <i>I don't like</i>)	27.3%	72.7%	+45.4 pp
Answering simple questions (<i>Do you like ...?</i>)	18.2%	63.6%	+45.4 pp
Pronouncing words with correct intonation	27.3%	81.8%	+54.5 pp
Demonstrating contextual understanding of word meaning	45.5%	90.9%	+45.4 pp

The social-emotional observation data also showed positive descriptive changes. Mean scores increased across the five CASEL-aligned domains: self-awareness increased from 2.1 to 3.6, self-management from 1.8 to 3.3, social awareness from 2.0 to 3.5, relationship skills from 1.9 to 3.4, and responsible decision-making from 1.7 to 3.2. These changes were observed in children's ability to recognize feelings, express preferences, tolerate prompts, wait for turns, respond to others, and communicate refusal more appropriately. For example, some children who previously rejected activities by crying began to express refusal using simple language such as *No, thank you* with calmer expressions.

Table 2

Descriptive changes in social-emotional participation indicators after the integrated sessions

Indicator	Initial mean	Post-session mean	Difference
Self-awareness	2.1	3.6	+1.5
Self-management	1.8	3.3	+1.5
Social awareness	2.0	3.5	+1.5
Relationship skills	1.9	3.4	+1.5
Responsible decision-making	1.7	3.2	+1.5
Mean across five domains	1.9	3.4	+1.5

In addition to language and social-emotional scores, observational data also suggested changes in social behavior. The learning activities were associated with increased eye contact, improved turn-taking, and reduced tantrum behavior during the sessions. However, these changes should be interpreted carefully. They may have been influenced by repeated exposure to the same vocabulary, familiarity with the teacher and activity format, structured prompts, reward systems, or the children's increasing comfort in the learning environment. Therefore, the results should be understood as short-term observable changes within a structured learning context, not as evidence of stable developmental change.

Overall, the findings suggest that integrating English language learning with social-emotional therapy provided meaningful opportunities for autistic children to practice vocabulary, emotional expression, preference communication, and simple social interaction within the same learning routine. The strongest contribution of these findings lies in showing how English learning can be organized as a functional, emotionally meaningful, and socially responsive activity for autistic children in a therapy-education setting.

Discussion

The findings of this study suggest that English language learning may become more meaningful for autistic children when it is embedded in emotionally relevant and socially structured learning routines. In the Darul Fathonah context, English was not introduced merely as vocabulary or sentence patterns, but also as a medium for expressing preference, emotion, acceptance, refusal, and simple social responses. Expressions such as *I like...*, *I don't like...*, and *Do you like...?* allowed children to connect linguistic forms with personal experience and social interaction. This finding supports the view that language learning for autistic children may be more functional when it is linked to communicative purposes rather than taught as isolated vocabulary practice.

This interpretation is consistent with recent studies on English and foreign language learning for autistic learners. (Hashim et al., 2022) developed an augmented-reality-based English vocabulary application for children with mild autism and showed that visual and interactive materials can support English vocabulary learning by making the learning experience more concrete and engaging (Hashim et al., 2022). Andreou & Argatzopoulou (2025), in a systematic review of foreign language learning interventions for learners with neurodevelopmental disorders, also emphasized that adapted instructional methods, including visual, structured, and individualized strategies, are important for supporting foreign language learning in this population (Andreou & Argatzopoulou, 2025). In the present study, picture cards, food images, emotion cards, and repeated teacher modeling appeared to serve a similar function by making English vocabulary accessible through concrete and emotionally meaningful learning activities.

The use of simple English expressions as tools for preference communication also supports the idea that additional language learning for autistic children should be connected to

functional communication. Rahmadani (2025), in a study on translanguaging strategies for ASD students in early childhood English learning in Indonesia, found that flexible language support enhanced comprehension, vocabulary retention, and student engagement (Rahmadani, 2025). This finding is relevant to the present study because English expressions were introduced through familiar contexts, visual prompts, repetition, and guided interaction. Thus, English was not positioned as a separate academic burden, but as a communicative resource that helped children express preference, refusal, and emotional response.

The findings also highlight the importance of visual and multisensory scaffolding. In the integrated sessions, children were supported through picture cards, emotion cards, mirrors, puppets, interactive videos, gestures, repetition, and positive reinforcement. These strategies allowed children with different communication profiles to participate in varied ways. Verbal children were encouraged to produce simple English expressions, while children with limited verbal communication could participate through pointing, imitation, facial expression, or prompted responses. This is important because autistic children's responses to language learning are strongly influenced by differences in verbal ability, attention span, sensory response, and emotional readiness.

Recent research on visual supports strengthens this interpretation. Rutherford et al. (2023) showed that visual supports are relevant for autistic children and children with related neurodevelopmental needs because they may help families and children manage communication, routines, and expectations more effectively (Rutherford et al., 2023). Although their study was conducted in a home-based context, its implications are relevant to the classroom and therapy-based setting of the present study. In Darul Fathonah, visual supports appeared to reduce dependence on verbal instruction and helped children understand the learning task more clearly.

The role of play-based and interactional routines is also important. Activities such as role-play, puppet-mediated interaction, guided questioning, and turn-taking provided opportunities for children to use English within reciprocal social exchanges. In the third session, children practiced simple question-and-answer patterns such as *Do you like...?*, *Yes, I do*, and *No, I don't*. These activities encouraged children to attend to prompts, wait for turns, respond to teachers or peers, and participate in structured interaction. Deniz et al. (2024), in a systematic review and meta-analysis, found that parent-mediated play-based interventions showed positive effects on social communication and language skills among preschool autistic children (Deniz et al., 2024). Although the present study was conducted in an institutional learning setting rather than a parent-mediated home setting, both studies support the idea that play-based interaction can create meaningful opportunities for language use, joint attention, and social participation.

The social-emotional findings can be interpreted through the CASEL-aligned domains used in this study, namely self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. The observed increases in these domains suggest that the children were not only practicing English vocabulary but also practicing emotional recognition, preference expression, turn-taking, response control, and appropriate refusal. For example, activities involving emotion cards and preference statements helped children associate feelings with communicative expressions such as *I like...*, *I don't like...*, and *No, thank you*. These activities suggest that language learning and social-emotional participation were not separate processes in the learning sessions, but mutually connected forms of functional communication.

This interpretation is supported by recent autism research on emotion regulation and socio-emotional competence. Autistic children and adolescents show wide variability in communication abilities, including a significant proportion who remain minimally verbal and require functional communication support (Tager-Flusberg & Kasari, 2013; Restoy et al.,

2024). Jasni et al. (2025) also reported that group-based emotion regulation interventions show promise for improving autistic children's socio-emotional competence, particularly when interventions include structured skill practice, reinforcement, and support from adults. In the present study, structured activities such as recognizing emotions, expressing preferences, waiting for turns, and communicating refusal more calmly may be understood as learning-based opportunities for practicing self-awareness, self-management, and relationship skills.

The findings also contribute to the growing discussion that exposure to an additional language is not necessarily detrimental for autistic children when it is delivered with appropriate support. Beauchamp et al. (2023) found that bilingual school-aged children on the autism spectrum performed similarly to monolingual peers on narrative, social, and pragmatic language measures, while Phillips et al. (2024) examined bilingual language exposure in toddlers with ASD and highlighted the importance of considering language, cognitive, and social-emotional development together (Beauchamp et al., 2023; Phillips et al., 2024). These studies support the cautious interpretation that English exposure may be appropriate for autistic children when it is functional, concrete, visually supported, and responsive to their communication profiles. However, the present study should not be interpreted as evidence that English instruction alone causes developmental improvement. Rather, it shows how English can be used as a structured medium for communication and social-emotional participation in a specific learning context.

At the pedagogical level, the study suggests that English learning for autistic children can be designed as a combined academic and social-emotional activity. Teachers and therapists may begin with concrete themes close to children's daily experience, such as food, emotions, and preferences. These themes can then be developed through picture cards, emotion cards, short repeated expressions, role-play, modeling, guided questioning, and positive reinforcement. The practical implication is not that all English learning should become therapy, but that English instruction can be made more inclusive when it is sensitive to children's emotional regulation, communication abilities, and need for structured interaction.

Nevertheless, several alternative explanations must be considered. The observed positive changes may have been influenced not only by the integrated learning design, but also by repeated exposure to the same vocabulary, increasing familiarity with the teacher, task repetition, predictability of the activity format, or the use of rewards. The short implementation period also limits the extent to which the findings can be interpreted as sustained developmental change. In addition, because the observation tools were context-specific and not standardized psychometric instruments, the quantitative scores should be understood as descriptive indicators rather than precise measures of intervention effectiveness.

The methodological constraints of this study further limit the strength of interpretation. The sample consisted of only 11 autistic children from one institution, and the study did not include a control group, randomization, or inferential statistical testing. Participant heterogeneity, including differences in verbal ability, attention, emotional readiness, social responsiveness, and prior learning experience, may also have influenced the observed outcomes. Therefore, the findings should not be generalized broadly to all autistic children or all inclusive education settings. Instead, they should be read as a bounded case description of how one therapy-education institution organized integrated English and social-emotional learning.

This study contributes to inclusive language education by providing a contextual description of how English learning, emotional expression, and social participation may be organized within the same learning routines for autistic children. Rather than demonstrating intervention effectiveness, the study illustrates how language learning can function as a meaningful communicative practice within a therapy-education setting and offers practical insight for designing more inclusive English learning environments.

CONCLUSION

This study described how English language learning and social-emotional therapy were integrated for autistic children at Darul Fathonah within a naturalistic therapy-education setting. The findings suggest that visually supported, interactive, and emotionally meaningful English learning activities created opportunities for children to engage in vocabulary use, preference expression, emotional communication, and simple social interaction within the same learning routines. In this context, English functioned not only as academic content but also as a medium for expressing likes, dislikes, feelings, and simple social responses. These findings contribute to inclusive language education by illustrating how language learning, emotional expression, and social participation may be interconnected in educational practice for autistic children.

However, the findings should be interpreted within the limits of this descriptive case study, which involved a small number of participants in a single institutional setting and did not aim to establish causal effectiveness or long-term developmental outcomes. Therefore, the observed changes are understood as context-specific descriptive patterns. Future research may involve broader participant groups, longer implementation periods, strengthened instrument procedures, and follow-up observation to explore how similar learning practices may be adapted across different inclusive education contexts.

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INFORMED CONSENT STATEMENT

Participation in this study was voluntary. Prior to participation, all participants were provided with clear information regarding the study's objectives, procedures, potential risks, and anticipated benefits. Participants were assured of the confidentiality of their personal information and informed that all data collected would be used solely for research purposes. They were also informed of their right to withdraw from the study at any time without penalty. Informed consent was obtained from all participants prior to data collection.

DATA AVAILABILITY STATEMENT

The data generated and analyzed in this study are not publicly available because they contain information that could compromise participant privacy and confidentiality. Restricting public access ensures compliance with ethical research principles and applicable data protection regulations. Nevertheless, the dataset may be made available to qualified researchers upon reasonable request for verification or further analysis. Any such request will be reviewed on a case-by-case basis and will require prior approval from the appropriate institutional ethics authority.

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