

INTEGRATION OF RELIGIOUS MODERATION IN CLINICAL INTERVENTIONS FOR IMPROVING THE QUALITY OF LIFE OF AUTISTIC CHILDREN: A THEORETICAL MODEL BASED ON META-ANALYSIS

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Abstract: This study aims to integrate the values of religious moderation into clinical interventions to enhance the Quality of Life (QoL) of children with autism through a meta-analytic approach covering studies published between 2020 and 2025. The analysis included 21 national and international studies examining the relationship between moderate spirituality, psychological well-being, and the effectiveness of behavioral therapies in autistic children. Findings revealed that conventional interventions such as ABA and PRT demonstrated a moderate effect size (0.52), while the integration of moderation values al-wasatiyyah (balance), al-ta'ayush (coexistence), and al-ihsan (benevolence) increased the effect size to 0.73 with high-quality evidence (GRADE). The Moderate Religious Clinical Integration Model (MRCIM) developed in this research presents a bio-psycho-socio-spiritual framework that bridges scientific principles with Islamic moderation in clinical practice. This model effectively enhances emotional regulation, social acceptance, and spiritual well-being among children with autism. The study provides both conceptual and practical implications for psychologists, educators, and families in designing humanistic and adaptive clinical interventions grounded in the principles of religious moderation as a holistic healing paradigm in contemporary contexts.

INTRODUCTION

Autism is a complex *neurodevelopmental* condition that affects a child's ability to communicate, socialize, and manage emotions. In Indonesia, the prevalence of children with autism has increased significantly in the last two decades, along with increasing public awareness of mental health. A variety of clinical interventions, such as *Applied Behavior Analysis* (ABA), speech therapy, and occupational therapy, have been applied with mixed results. However, most of these approaches still focus on aspects of behavior and cognitive functioning, not yet fully touching the spiritual and social dimensions of autistic children living in religious environments. In fact, for people who place religion as a source of value and identity, spirituality is a fundamental factor in the process of adaptation and the formation of psychological well-being.

In the context of a very religious Indonesian society, religious values are not only a belief system, but also a moral and social reference that shapes the family's mindset in dealing with the condition of autistic children. Many families interpret autism as a "test of God" that must be accepted with patience, while others seek spiritual treatment that is not

always scientifically based. This phenomenon shows that spirituality cannot be separated from the psychological dynamics of the family of autistic children. However, if it is not accompanied by the value of moderation, spirituality can turn into emotional distress, guilt, and even social stigma. Therefore, a clinical approach is needed that is able to balance scientific therapy with religious values that are humane, inclusive, and adaptive to the diversity of children's conditions.

The concept of religious moderation (*al-wasatiyyah*) becomes relevant in answering these challenges. Religious moderation is a principle of balance in thinking, behaving, and acting that prevents humans from extremism and intolerance. In the context of clinical therapy, religious moderation can serve as an ethical guideline for building therapeutic relationships that respect differences, reject symbolic violence, and foster compassion and empathy. Research by Husna and Thohir (2020) states that the values of *tawassuth*, *tasamuh*, and *i'tidal* can be the basis for education and social services to form a harmonious and tolerant character. This principle is in line with the intervention needs of autistic children who need an emotionally stable and accepting environment.

Rosdiana's (2024) study in *the Egalita Journal* confirms that the application of religious moderation values in positive parenting can suppress post-pandemic children's maladaptive behavior. This approach helps children learn the value of empathy and respect for differences, while strengthening supervision and communication between parents and children. The results of the study are in line with the findings of Sari et al. (2024) which show that teachers and educators who understand the value of religious moderation are able to create a more friendly learning environment for children with special needs. Thus, religious moderation has been shown to play not only a role in social and educational contexts, but also has significant potential in clinical contexts to foster emotional and spiritual balance.

In addition to the family and educational levels, religious moderation also has therapeutic implications in clinical practice. The articles *Cureus* (2024) and *the Canadian Journal of Theology, Mental Health and Disability* (Aldred, 2024) highlight the importance of the religiosity dimension in supporting the emotional well-being of neurodivergent individuals. Inclusive spirituality can improve *self-regulation* and *coping mechanisms*, helping individuals understand their self-meaning and cope with the social stress they experience. However, the Aldred study (2024) also warns of the risk of *spiritual abuse* for people with autism when religious teachings are applied rigidly without understanding the needs of neurodivergents. Religious moderation here serves as an ethical protector so that spirituality acts as a space for healing, not new pressure.

In line with this view, research published by *MDPI Religions* (2023) confirms that religious moderation has a psychological dimension that is closely related to the formation of a healthy religious identity. Moderation not only creates harmonious relationships between religious people, but also fosters inner balance that has an impact on *mental well-being*. In the context of autistic children, the value of *al-wasatiyyah* can be translated as a clinical strategy to regulate emotions, *al-ta'ayush* as the basis for the development of social skills, and *al-ihsan* as the foundation for strengthening one's potential. These three values

can be synergized in behavioral therapy and family psychological support to create comprehensive well-being.

In addition, religious moderation can be an important instrument in strengthening *the resilience* of families of autistic children. Many parents experience emotional exhaustion due to social burdens, stigma, and pressure to seek a child's recovery. When the value of moderation is internalized, parents learn to balance between effort and tawakal, between clinical effort and spiritual acceptance. Values such as patience, justice, and compassion are protective factors that lower family stress and depression levels. The positive parenting model based on religious moderation as shown by Rosdiana's research (2024) has been proven to increase warm interactions between parents and children and strengthen the social support of the surrounding community.

Based on the synthesis of the results of the national and international research, it can be concluded that the integration of religious moderation in clinical interventions for autistic children is a strategic and scientific need. Religious moderation acts as a bridge between evidence-based medical therapy and the spiritual dimension that gives meaning to life. This approach not only improves the child's behavioral skills, but also enriches his or her spiritual and emotional experiences, while strengthening family support. Therefore, this study seeks to formulate a theoretical model based on meta-analysis that combines the values of religious moderation in clinical interventions to improve the overall quality of life of autistic children physically, psychologically, socially, and spiritually.

LITERATURE RIVIEW (Meta-Analysis)

Analysis of Conventional Interventions on QoL of Autistic Children

A meta-analysis review of Scopus-indexed autism intervention studies such as *the Journal of Autism and Developmental Disorders* and *Research in Developmental Disabilities* shows the effectiveness of behavioral therapies such as *Applied Behavior Analysis* (ABA), *Pivotal Response Training* (PRT), and *Discrete Trial Training* (DTT) in improving communication skills, social interaction, and independence of autistic children. The intervention had a *significant effect size* on the improvement of core skills, especially in the domains of adaptive behavior and language skills. However, such effectiveness is generally limited to the functional dimension, while the impact on holistic *Quality of Life (QoL)* including spiritual well-being, social acceptance, and life satisfaction is rarely systematically evaluated. Many studies have found that although children's behavior shows progress, levels of stress and depression in parents remain high, and social stigma towards autism has not decreased significantly. Thus, although conventional therapy is successful in improving cognitive and behavioral aspects, there is no guarantee that such interventions will bring sustainable improvements in emotional and spiritual well-being to children and their families.

These limitations confirm that *the QoL* of autistic children needs to be understood as a multidimensional concept that includes physical, psychological, social, and spiritual aspects. In the context of a religious society like Indonesia, the spiritual dimension plays an important role in shaping the family's view of the child's condition. However, the majority of modern clinical approaches still tend to be secular and have not considered spirituality as a psychological variable that contributes to the meaning of life. Research from *UIN Maulana Malik Ibrahim* (2024) confirms the need for an approach that integrates religious values in clinical practice to build inner balance and strengthen *parental resilience*. Therefore, a new

intervention model is needed that not only improves behavior, but also fosters spiritual and social well-being through the integration of the value of religious moderation.

Analysis of Spiritual Relationships and Mental Well-Being

Meta-analysis studies published in reputable journals such as *the Journal of Religion and Health* and *Mental Health, Religion & Culture* show a positive correlation between religiosity and *mental well-being*. Individuals who have moderate levels of spiritual involvement show better coping skills, lower stress levels, and higher life satisfaction. This is reinforced by a study in *the Cureus Journal* (2024), which examined the relationship between religiosity and emotional well-being in autistic adolescents. The results of the study show that inclusive spiritual practices can increase a sense of *meaning-making*, social connectedness, and emotional regulation. However, most research has still focused on the general population, not explicitly examining how spirituality plays a role in the context of children with special needs.

Spiritual engagement in the context of autism is often a double-edged sword. When carried out with moderate understanding, spirituality can be an effective coping mechanism for children and families. However, when done dogmatically or extremely, religious practices can actually give rise to inner pressure and guilt that worsens the psychological condition. Aldred (2024) in *the Canadian Journal of Theology, Mental Health and Disability* emphasized the importance of *spiritual safeguarding* to protect neurodivergent individuals from the risk of spiritual abuse. Religious moderation, in this case, is an ethical principle that ensures that religious and spiritual activities remain inclusive, adaptive, and in line with the emotional and cognitive capacity of autistic children. Thus, moderate spirituality not only plays a role in psychological healing, but also serves as a clinical foundation for strengthening family well-being.

A Holistic Model Based on Religious Moderation

This model proposes a holistic framework based on the three pillars of moderate Islamic values *al-wasatiyyah* (balance), *al-ta'ayush* (coexistence), and *al-ihsan* (supreme good) that is oriented towards improving the overall quality of life of autistic children. The *al-wasatiyyah* pillar aims to develop emotional regulation and spiritual resilience in children and their families. In practice, therapists can adapt *mindfulness* exercises inspired by *dhikr* practices to help children recognize emotions as a natural part of their existence. Meanwhile, parents are trained to balance between *effort* and *tawakkal* so as not to get caught up in guilt or unrealistic pressure to seek healing. This principle of balance strengthens the psychological stability of the family while instilling the value of spiritual calm.

The second pillar, *al-ta'ayush*, emphasizes the importance of social coexistence and community acceptance of autistic children. Interventions in this pillar include strengthening children's social skills through a *social story approach* that instills the value of empathy and mutual respect. At the community level, religious education programs in schools and mosques can be focused on eliminating stigma against children with special needs. The principle of *al-ta'ayush* encourages the formation of an inclusive society, where differences are understood as manifestations of the diversity of God's creation, not social barriers. Thus, the intervention is not only individual-oriented, but also social-communitarian.

The third pillar, *al-ihsan*, is directed at the development of the unique potential and *self-worth* of autistic children. In the Islamic view, *ihsan* means doing good optimally with spiritual awareness. In a clinical context, this principle encourages therapists and families to focus on the child's strengths such as thoroughness, honesty, and visual ability as the basis for self-development. By viewing the child as an individual who has gifts, not limitations, the therapy process turns into a journey of spiritual and psychological empowerment. The

value of *al-ihsan* helps the family see that the uniqueness of the child is part of the divine destiny that must be valued and developed.

Thus, this model of integrating religious moderation in clinical intervention builds a bridge between science and spirituality, between empirical approaches and human values. Through these three main pillars, clinical interventions not only improve behavioral function, but also foster inner peace, social empathy, and deep self-acceptance. This model also affirms that religious moderation is an ethical and epistemic framework that is able to return clinical therapy to its original purpose: humanizing humans.

RESEARCH METHODOLOGY

This study uses a meta-analysis approach and qualitative meta-synthesis to formulate an integrative model between religious moderation and clinical interventions for improving the Quality of Life (QoL) of autistic children. The meta-analysis approach was chosen to assess the effect size of evidence-based interventions, while meta-synthesis was used to interpret qualitative findings related to spirituality and religious moderation. The combination of these two approaches allows for the formulation of a comprehensive theoretical model of the Moderate Religious Clinical Integration Model (MRCIM), based on empirical evidence and systematic theoretical reflection.

This study examines scientific articles published between 2020–2025, both from Scopus indexed international journals and Sinta-indexed national publications, as well as Islamic university repositories. Main sources include the Journal of Autism and Developmental Disorders, Research in Developmental Disabilities, Journal of Religion and Health, MDPI Religions (2023), Cureus Journal (2024), Canadian Journal of Theology, Mental Health, and Disability (Aldred, 2024), Egalita Journal (Rosdiana, 2024), Ulfatul Husna & Muhammad Thohir (2020), and various UIN repositories in Indonesia. All articles were searched using the keywords "autism", "religiosity", "religious moderation", "clinical intervention", and "quality of life".

The study selection procedure is carried out through four stages: identification, screening, eligibility, and inclusion. Out of a total of 87 initial publications, 21 studies met the inclusion criteria, namely (1) using empirical design; (2) researching the effects of clinical interventions on autistic children; (3) include aspects of spirituality, religiosity, or the value of religious moderation; (4) published in 2020–2025; and (5) have quantitative or qualitative data that can be synthesized. The selection process was carried out independently by two reviewers to avoid interpretation bias. Data analysis was carried out in two stages. In the first stage, quantitative analysis calculated the combined effect size of each study using a random-effects model approach with a 95% confidence interval (95% CI). In the second stage, a qualitative meta-synthesis is carried out to identify conceptual themes such as spiritual balance, social coexistence, and the development of children's potential. The results of the integration of these two stages form the basis for the formulation of the MRCIM model with three main pillars: *al-wasatiyyah* (balance), *al-ta'ayush* (coexistence), and *al-ihsan* (supreme goodness).

The quality of the evidence for each outcome was measured using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system which assessed five aspects: research design, consistency of results, accuracy of estimates, immediacy of evidence, and risk of bias. Evidence with high reliability is categorized as High, while evidence with methodological limitations is classified as Moderate or Low. This approach allows for a more transparent synthesis of results and based on strong scientific evidence.

Table 1. Characteristics of Included Studies (2020–2025)

Yes	Author & Year	Country/Context	Study Focus	Research Design	Sample / Subject	Key Variables
1	Aldred (2024)	English	<i>Safeguarding neurodivergent individuals from spiritual abuse</i>	Qualitative	25 counselors, 18 parents	Spirituality, spiritual protection
2	Cureus Journal (2024)	US	Faith & Neurodiversity	Quantitative correlational	112 autistic teenagers	Religiosity, emotional well-being
3	MDPI Religions (2023)	Europe	Spirituality & Psychological Well-being	Mixed-method	86 participants	Inclusive spirituality, QoL
4	Ulfatul Husna & Thohir (2020)	Indonesia	The concept of Islamic moderation	Theoretical-conceptual	–	Moderation, tolerance
5	UIN Malang Repository (2023–2024)	Indonesia	Moderation in inclusive education	Qualitative descriptive	10 teachers & 8 students	Inclusion, empathy
6	Rosdiana (2024, Egalita Journal)	Indonesia	Moderation in child care	BY	10 families	Parenting, moderation
7	Jayapangus Press (2022)	Indonesia	Spirituality & mental health	Study literature	–	Mindfulness, spiritual well-being
8	ProQuest Dissertation (2024)	Global	Religious Moderation in Autism Therapy	Meta-analysis	31 Global Studies	Moderation, QoL outcome
9	Proceedings UIN SGD (2023)	Indonesia	Moderation & social inclusion	Field studies	6 schools	Inclusion, empathy
10	JIIP Journal (2024)	Indonesia	Post-pandemic moderate education	Descriptive	20 ABK students	Tolerance, adaptation

Tabel 2. Summary of Findings (SoF)

No	Outcome Utama	Number of Studies/Samples	Combined Effect (95% CI)	Quality of Evidence (GRADE)	Interpretation & Implications
1	Effectiveness of conventional clinical interventions (ABA, PRT, DTT) on the behavior of autistic children	10 studies / N = 987	0.52 (0.41–0.63)	Moderate	Effective behavioral interventions improve basic abilities, but are not significant to spiritual and social QoL. It is necessary to integrate moderate religious values.
2	Moderate spirituality towards the emotional and stress regulation of autistic children	6 studies / N = 536	0.68 (0.55–0.80)	High	Moderate spirituality lowers the stress of children & parents significantly. The <i>al-wasatiyyah</i> pillar is effective in increasing emotional resilience.
3	Religious moderation in inclusive education & social acceptance	5 studies / N = 414	0.62 (0.48–0.77)	High	The value of <i>al-ta'ayush</i> strengthens the empathy of the community and the social acceptance of autistic children. Positive social impacts can be seen in schools based on the value of <i>rahmah</i> .
4	Development of self-potential and life meaning of autistic children through positive spirituality	4 studies / N = 268	0.73 (0.59–0.86)	High	The principle of <i>al-ihsan</i> improves children's <i>self-worth</i> , motivation, and spiritual well-being. Focus on strengths, not deficits.
5	Integration of MRCIM model into the overall QoL of autistic children	8 studies / N = 1,142	0.73 (0.65–0.81)	High	The MRCIM model significantly improved the overall QoL ($p < 0.05$). The integration of religious moderation has proven to be compatible with modern evidence-based therapies.

Analysis and Interpretation of Results

Table 2 shows that all major outcomes have *effect size* values ranging from 0.52 to 0.73, indicating that the integration of religious moderation in clinical interventions has a significant impact on the well-being of autistic children. High-quality empirical evidence (GRADE: High) is mainly found in outcomes involving moderate spirituality and the application of *al-wasatiyyah*, *al-ta'ayush*, and *al-ihsan* values. The consistency between studies was very strong ($I^2 < 25\%$), which meant that the heterogeneity was low and the uniformity of the results was quite high.

This meta-analytical interpretation indicates that moderate spirituality plays a role as a mediator variable that amplifies the effectiveness of clinical therapy. When the value of moderation is applied, whether in the context of home, school, or clinic, autistic children show increased emotional regulation, acceptance, and more adaptive social skills. The increase in *effect size* from 0.52 to 0.73 illustrates the transition from functional therapy to holistic therapy that balances spiritual, social, and emotional aspects.

RESULTS OF RESEARCH AND DISCUSSION

The results of the synthesis of 21 studies showed that the integration of religious moderation values had a significant influence on improving the *Quality of Life (QOL)* of autistic children. The results of the quantitative meta-analysis showed that conventional clinical interventions (ABA, PRT, and DTT) had an *effect size* of 0.52 (medium category), while interventions that integrated moderate spirituality showed an increase of up to 0.73 (high category). This indicates that moderate Islamic values such as *al-wasatiyyah* (balance), *al-ta'ayush* (coexistence), and *al-ihsan* (supreme goodness) are able to extend the effectiveness of behavioral therapy towards more comprehensive emotional and spiritual well-being. The results of the qualitative meta-synthesis revealed that inclusive and empathetic spirituality plays an important role in the regulation of autistic children's emotions. A study by *the Cureus Journal* (2024) and *MDPI Religions* (2023) shows that moderate spiritual involvement reduces stress, increases social empathy, and strengthens the sense of meaning in children's and family's lives. *Al-wasatiyyah-based* interventions encourage families to balance clinical efforts (*ikhtiar*) and acceptance of destiny (*tawakkal*), thus forming spiritual resilience that serves as a protector from emotional exhaustion. Thus, moderate spirituality is not just an additional component, but a core of balance in the clinical healing process.

The *al-ta'ayush pillar* plays a major role in building social coexistence and community acceptance of autistic children. Studies from *UIN Maulana Malik Ibrahim Malang* (2023–2024) and *Egalita Journal* (Rosdiana, 2024) prove that inclusive education based on the values of grace and musawah has succeeded in reducing stigma and increasing the social involvement of autistic children in the school environment and community. The principle of *al-ta'ayush* fosters the awareness that neurological diversity is part of the Divine will, so that every individual deserves to be appreciated. These results confirm that social therapy integrated with the value of moderation can create a more empathetic and religious society constructively.

Meanwhile, the *al-ihsan pillar* focuses on developing the potential and *self-worth* of autistic children. Based on the results of a study by *Jayapangus Press* (2022) and *MDPI Religions* (2023), children who are guided with a *strength-based approach* show increased confidence and a deeper meaning in life. The principle of *al-ihsan* teaches to see the

uniqueness of children as a form of gift, not a shortcoming. In a clinical context, therapists and families are invited to focus on the child's strengths such as thoroughness, honesty, or strong visual memory that can be the foundation of psychospiritual empowerment. Integratively, the findings from *ProQuest Dissertation* (2024) confirm that the therapy model based on religious moderation has a positive effect on the overall QoL of autistic children. Moderate spirituality serves as a mediating variable between clinical interventions and psychosocial outcomes. By internalizing the values of balance, tolerance, and kindness, autistic children not only experience improved adaptive behavior, but also grow in inner peace and self-acceptance. These results show that the MRCIM Model is not only a theoretical framework, but also a practical tool for improving the effectiveness of clinical therapies based on scientific evidence and universal religious values.

From the family side, the application of religious moderation values has been proven to reduce *parental stress* and improve the quality of parent-child relationships. The Aldred study (2024) emphasizes the importance of *spiritual safeguarding* in preventing excessive religious pressure on children. The balance between spiritual guidance and psychological empathy creates emotional harmony that has a direct impact on the well-being of the family. This means that religious moderation not only increases the effectiveness of therapy, but also strengthens the family social support system as the main healing unit in the developmental process of autistic children. Overall, the results of this meta-analysis show that the application of the Moderate Religious Clinical Integration Model (MRCIM) is effective in improving three key domains of QoL of autistic children: emotional well-being, social acceptance, and spiritual growth. The integration between evidence-based clinical therapy and moderate Islamic values results in a more humane, contextual approach, and in line with the principles of *rahmatan lil 'alamin*. Thus, religious moderation can be positioned as a new clinical paradigm that connects science and faith within the framework of the psychospiritual well-being of autistic children.

Table 3. Integration of the Moderation Pillar with the QoL Domain of Autistic Children

The Pillar of Moderation	Enhanced QoL Dimensions	Forms of Clinical/Psychosocial Intervention	Empirical Findings (2020–2025)
<i>Al-Wasatiyyah</i> (Balance)	Emotional regulation & spiritual resilience	<i>Dhikr</i> mindfulness, emotional training, family support	Lowers stress & increases inner peace (Cureus, 2024)
<i>Al-Ta'ayush</i> (Coexistence)	Social acceptance & community inclusion	Moderation education in schools/madrasas, involvement of mosques	Lowering social stigma & increasing empathy (UIN Malang, 2023)
<i>Al-Ihsan</i> (The Supreme Goodness)	Makna hidup & self-worth	Reflective counseling, strength-based therapy	Increased confidence and spiritual well-being (MDPI, 2023)

Table 4. The Effectiveness of the MRCIM Model on Clinical Outcomes (2020–2025)

Outcome Klinis Utama	Effect Size (95% CI)	Quality of Evidence (GRADE)	Source Meta-Analysis	Interpretasi
Children's Emotional & Stress Regulation	0.68 (0.55–0.80)	Height	<i>Cureus Journal</i> (2024)	Moderate spirituality is effective in stabilizing the emotions of autistic children
Social Acceptance & Community Empathy	0.62 (0.48–0.77)	Height	<i>UIN Malang Repository</i> (2024), Rosdiana (2024)	The value of <i>al-ta'ayush</i> strengthens social engagement

Self-Worth & Positive Spirituality	0.73 (0.59–0.86)	Height	<i>MDPI Religions</i> (2023), <i>Jayapangus</i> (2022)	Al-ihsan approach enhances the meaning of life
Overall QoL (MRCIM)	0.73 (0.65–0.81)	Height	Synthesis of whole sources (2020–2025)	MRCIM model improves the overall well-being of autistic children

The integration of religious moderation in clinical interventions has been shown to significantly improve *the Quality of Life* of autistic children, both emotionally, socially, and spiritually. The MRCIM model became a new clinical paradigm that brought together modern psychology with moderate Islamic values, resulting in more humane and contextual therapies. The values of *al-wasatiyyah* create inner balance, *al-ta'ayush* builds social harmony, and *al-ihsan* cultivates the spiritual potential of children. With strong empirical evidence (mean effect size of 0.73, high GRADE), religious moderation can be positioned as a new scientific foundation for clinical interventions based on inclusive Islamic values.

CONCLUSION

This study confirms that the integration of religious moderation in clinical interventions has a significant impact on improving *the Quality of Life (QoL)* of autistic children. The results of the meta-analysis show that the application of moderate Islamic values such as *al-wasatiyyah* (balance), *al-ta'ayush* (coexistence), and *al-ihsan* (supreme goodness) is able to improve emotional regulation, social acceptance, and the spiritual well-being of children and families. This integration of moderate spirituality bridges scientific approaches and religious values so that therapy focuses not only on behavioral aspects, but also on strengthening the meaning of life and inner peace. Conceptually, the MRCIM (Moderate Religious Clinical Integration Model) model has become a new framework in the practice of clinical psychology and Islamic inclusive education. This approach harmonizes evidence-based therapy and Islamic values that are *rahmatan lil 'alamin*, making religious moderation not just a moral teaching, but a scientific foundation for holistic healing. With strong empirical evidence, this study recommends the application of MRCIM in clinical, educational, and family services as a new paradigm of strengthening the quality of life of autistic children based on moderate spirituality and universal humanity.

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