Psychological Profile of a 26-Year-Old Individual with Autism Spectrum Disorder in an Inclusive School Setting

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Abstract: This case study examines the psychological profile of a 26-year-old individual with Autism Spectrum Disorder (ASD) enrolled in Galuh Handayani School, an inclusive educational institution in Surabaya that accommodates both children and adults with special needs. The subject, JRA, continues to receive education and therapy in this setting due to persistent challenges in adaptive functioning, communication, and academic skills. This unique context—an adult still participating in a school-based inclusive program—reflects the scarcity of structured services for adolescents and adults with ASD in East Java. Data were collected through qualitative methods, including interviews, observations, and document analysis, and ASD characteristics were described according to the DSM-5 criteria. Results indicate that the subject demonstrates limited verbal communication, repetitive behaviors, and difficulties in social interaction and emotional regulation, while showing strengths in visual-motor skills, discipline, and adherence to routines. Interventions, including behavioral and occupational therapies, have contributed to improvements in compliance and emotional regulation, though communication remains the primary challenge. The findings underscore the importance of individualized, interest-based, and collaborative interventions in inclusive educational settings to support the development and adaptive functioning of individuals with ASD across the lifespan.

Keywords: Autism Spectrum Disorder, Psychological Assessment, Inclusive Education, Emotional Regulation

1 INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by persistent deficits in social communication and interaction, along with restricted and repetitive patterns of behavior, as outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013). Individuals with ASD often experience challenges in both verbal and nonverbal communication, social reciprocity, emotional regulation, and sensory processing (Nurfadhillah et al., 2021; Angayasti, 2012, as cited in Nurfadhillah et al., 2021). Although the exact cause of autism remains unclear, factors such as genetics, food allergies, environmental toxins, and certain vaccinations have been suggested (Silver et al., 2005, as cited in Armanila et al., 2023). In Indonesia, the number of children diagnosed with autism continues to increase, reaching an estimated 2.4 million in 2021 (Makhmudiyah & Wirabumi, 2023). In East Java, the Social Services Department recorded an increase in the prevalence of children with special needs from 23.99% in 2015 to 29.16% in 2020, reflecting a significant upward trend (Makhmudiyah & Wirabumi, 2023). Local facilities such as Dr. M. Soewandhi Regional General Hospital in Surabaya and the UPTD ABK in Sidoarjo provide essential screening, diagnostic, and intervention services for children with ASD, offering medical assessments, therapy, and specialized educational programs (Deva et al., 2025). However, while early intervention services for young children are relatively accessible, structured programs for adolescents and adults with ASD—particularly in vocational training, independent living preparation, and inclusive higher education—remain scarce. This service gap highlights the unique role of Galuh Handayani School in Surabaya, an inclusive educational institution that accommodates not only children but also adolescents and adults with ASD, providing both academic learning and therapeutic support tailored to individual needs. Although early intervention is crucial, the continued provision of services for older individuals with ASD is equally important to promote adaptive functioning, independence, and quality of life.

The present study is a case analysis of a 26-year-old male with ASD who is enrolled at Galuh Handayani School, described based on the DSM-5 criteria, focusing on deficits in social communication and interaction, as well as restricted and repetitive patterns of behavior. The objectives of this assessment are to (1) identify the subject's clinical symptoms and

psychological profile, (2) identify possible contributing and triggering factors of the condition, and (3) determine appropriate interventions within the inclusive education context. Theoretically, this study aims to contribute to the field of clinical psychology, particularly in supporting individuals with ASD in inclusive educational environments. Practically, it serves as a reference for educators, therapists, and parents in designing and evaluating interventions, while also providing preventive insight for the wider community. By combining literature review, observations, interviews, and document analysis, this research aims to deepen the understanding of effective, personalized, and interest-based interventions that enhance learning engagement, adaptive skills, and emotional regulation in adolescents and adults with ASD.

2 MATERIALS AND METHODS

This research employed a qualitative case study design to explore the psychological profile of a 26-year-old individual with Autism Spectrum Disorder (ASD) within an inclusive school context. The study was conducted at Galuh Handayani School in Surabaya during the author's clinical psychology internship. A case study is an in-depth study of an individual, a group, an organization, a program of activities, etc. over a specific period of time with the aim of obtaining a complete and in-depth description of an entity by producing data that is then analyzed to generate theory (Abdussamad, 2021). The case study model was chosen because it allows for a comprehensive, contextualized understanding of the subject's experiences and behaviors in relation to their educational and therapeutic environment.

Data were collected through semi-structured interviews, unstructured observations, and document analysis. According to Huberman and Miles (1992), interviews are a method of collecting data through direct interaction between the researcher and respondent, allowing the researcher to gain an in-depth understanding of the research topic (Romdona et al., 2025). In this study, semi-structured interviews were used, allowing flexibility in the order and depth of questions depending on the respondent's answers. This approach enabled richer and deeper exploration of relevant information. Semi-structured interviews were conducted with the subject's mother, teacher, school principal, behavior therapist, and occupational therapist to obtain in-depth information on the subject's developmental history, behavioral patterns, communication abilities, emotional regulation, and academic challenges.

Unstructured, non-participant observations were carried out over a nine-day period in the classroom and four times during therapy sessions (occupational and behavioral therapy), averaging around 210 minutes in class and once a week around 90 minutes during therapy sessions. The technique applied was unstructured observation, in which the researcher did not follow a rigid guideline but rather noted significant events and behaviors flexibly (Romdona et al., 2025; Wani et al., 2024). A flexible observation guide and detailed field notes were used to record the subject's social interactions, communication patterns, task engagement, motor skills, and emotional responses. Although this method provides rich, spontaneous data, it can be analytically challenging due to its unstructured nature. However, it captures authentic and detailed behavioral patterns valuable for psychological assessment.

In addition to interviews and observations, document analysis was conducted to complement and support the findings. Document study, according to scholars such as Sugiyono and Nasution, enhances the credibility of qualitative data by providing official records and structured references (Nilamsari, 2014). Document analysis involved reviewing the subject's 2021 psychological assessment records from the school's psychologists. These included developmental history forms, behavioral checklists, and adapted academic and functional skills assessments. These assessments served as a foundation for understanding the subject's initial capabilities and helped in formulating educational and therapeutic programs. The tools used in those assessments were developed by the school's psychologists through a synthesis of existing tests and relevant literature, ensuring that measurement standards were tailored to the needs and context of Galuh Handayani School.

Ethical approval was obtained from the research supervisor and the relevant school authorities. Written informed consent was secured from the subject's mother, as the legal guardian, and verbal consent was obtained from the participating educators and therapists prior to data collection. All identifying information was anonymized to protect confidentiality.

The researcher acted as both an observer and interviewer during the internship program. To minimize potential bias, triangulation was implemented by cross-verifying findings from interviews, observations, and document analysis. Interviews, along with observed behaviors and symptoms, were categorized according to the DSM-5 criteria for ASD (American Psychiatric Association, 2013). Peer-reviewed journal articles were used to compare and validate findings. Albert Bandura's Modeling Theory was applied to interpret behavioral patterns and guide recommendations for interventions. Triangulation ensured that multiple data sources supported the conclusions, thereby enhancing the credibility and trustworthiness of the results. The researcher acted as a non-intrusive observer and interviewer,

maintaining objectivity through data triangulation, reflective field notes, and regular supervision meetings during the analysis process.

3 RESULTS

3.1 Interview

3.1.1 Interview with the Subject's Mother

The mother reported that her pregnancy with the subject, JRA, was marked by emotional distress and depression due to family conflict. JRA was born full-term via normal delivery, though with birth complications and delayed crying. Early motor milestones were atypical—walking on tiptoes at nine months, skipping crawling—and speech development was delayed, with limited progression after first words at age one. Repetitive interests (e.g., spinning toys, arranging objects) emerged early.

By age five, a psychological evaluation identified developmental delays. JRA attended several special education programs before enrolling in Galuh Handayani School, where behavioral issues such as emotional outbursts, seizures, hallucinations, and sensory sensitivities were observed. Speech therapy yielded minimal gains. Parenting styles differed between parents, with the father's permissive approach eliciting better compliance. Hoarding behaviors began in late adolescence. Academically, the mother suspects visual memorization rather than true reading comprehension.

The maternal account highlights early-onset developmental and behavioral symptoms consistent with DSM-5 ASD criteria: deficits in social reciprocity, restricted and repetitive behaviors, sensory sensitivities, and delayed language development.

3.1.2 Interview with Special Education Teacher

The teacher noted improvements in emotional regulation—anger now manifests as teeth grinding or shouting rather than physical aggression. JRA demonstrates strong visual-motor skills in coloring and cutting, high fixation on routines, and persistent repetitive behaviors (e.g., identical meals, same worksheets). Hoarding of stationery and compulsive cleaning behaviors were observed.

Teacher observations reinforce the DSM-5 profile of restricted interests, insistence on sameness, and repetitive behaviors, alongside strengths in fine motor coordination that could be leveraged in intervention via Bandura's modeling theory.

3.1.3 Interview with School Principal

The principal observed long-term progress in emotional stability, social interaction, and independence (e.g., no longer requiring a shadow teacher). However, dyslexia is suspected due to reading/writing difficulties. Self-care skills such as bathing and brushing teeth still require guidance.

Findings indicate gains in adaptive functioning but continued deficits in functional communication, literacy, and independent living skills—areas requiring structured modeling-based interventions.

3.1.4 Interview with the Occupational Therapist

The therapist reported rigidity in routines, difficulty with change, and sensory sensitivities. Fine motor strengths were seen in cutting and bead-stringing tasks, while gross motor skills, balance, and bilateral coordination remained underdeveloped. Emotional regulation was inconsistent, with sudden outbursts triggered by perceived neglect or unmet expectations.

Occupational therapy feedback aligns with DSM-5 features of restricted behavioral patterns and sensory hyperreactivity, while identifying potential for skill-building through task modeling.

3.1.5 Interview with Behavioral Therapist

Behavioral therapy targeted emotional control and flexibility. Initial resistance to non-preferred tasks improved when incorporating JRA's interests (cutting, coloring). Communication remains largely echolalic, with difficulty grasping time concepts. Adaptive functioning still requires substantial support.

Therapist input underscores the effectiveness of interest-based, modeled learning in reducing behavioral rigidity and increasing engagement.

3.2 Observation Results

Observations conducted across classroom, therapy, and break-time settings over multiple sessions revealed frequent repetitive behaviors (e.g., pacing, object searching) triggered by environmental changes. Engagement improved markedly during preferred activities like cutting and pasting, where emotional stability and concentration increased, and repetitive behaviors ceased.

Fine motor strengths were consistent; however, difficulties in writing, sentence copying, and consistent letter formation were noted. Communication consisted of short, often echoed responses, with occasional English vocabulary use. Cooperation improved when tasks matched interests.

Observational data confirm DSM-5 features of ASD—restricted interests, repetitive behaviors, sensory sensitivities—and highlight the value of leveraging visual-motor strengths through modeling and interest-based instruction.

3.3 Document Study and Psychological Assessment

3.3.1 Academic Abilities

JRA is able to understand simple instructions with repetition and continuous guidance. However, his abilities in reading and writing remain underdeveloped and require substantial support from instructors. While he shows some ability in labeling numbers and solving simple mathematical operations under supervision, his knowledge of everyday objects such as laptops, printers, sewing machines, and basic kitchen tools is still limited, indicating a need for further stimulation. In contrast, JRA is relatively independent in identifying various colors and coloring sketches. Nevertheless, in task completion, he relies heavily on repeated instructions and full supervision to maintain focus and engagement.

3.3.2 Behavior and Emotional Functioning

JRA's capacity for understanding simple verbal instructions and verbal logical memory is limited. Instructions need to be supported by concrete examples to aid comprehension. JRA is not yet able to answer even basic questions and instead tends to verbalize preferred activities such as "coloring, yes?" His ability to repeat numbers or phrases as modeled by the examiner is also underdeveloped. He displays low self-motivation, engaging only in favored activities like coloring and resisting participation in others. Emotional regulation is poor, with a strong desire for attention and limited ability to adapt to changes or frustration, resulting in frequent emotional outbursts when expectations are not met.

3.3.3 Communication and Language Skills

JRA's voice is audible and articulation is relatively clear; however, expressive and receptive language abilities are still significantly delayed. He speaks primarily in relation to familiar activities, frequently using the same phrases such as "coloring, yes?" JRA often imitates words he hears, but his ability to express needs remains limited to single words. Labeling objects or concepts must be prompted, and two-way communication is mostly limited to echolalia—repeating what others say. His speech fluency is inconsistent; while he can imitate individual words fluently, he struggles to repeat full sentences and often only echoes the last word spoken to him.

3.3.4 Occupational Skills (Motor, Perceptual, and Self-care)

Regarding the occupational domain, both gross and fine motor skills require improvement. JRA's concentration is easily distracted by environmental stimuli, and his compliance during tasks is

inconsistent, often following his own preferences. His perceptual abilities also require direction, particularly in identifying and labeling objects and colors, which must still be stimulated by the assessor. Despite these challenges, he demonstrates relative independence in cutting activities, fair ability in stringing beads, and neatness in coloring tasks. He shows difficulties with basic movements such as jumping, squatting, and standing, indicating poor balance and coordination. His dynamic balance, such as walking up and down stairs, is fairly stable, but static balance—such as standing on a balance beam—remains unsteady. Furthermore, bilateral coordination is underdeveloped, and he requires repeated instructions for motor tasks such as throwing, catching, and kicking a ball.

Document analysis supports the triangulated findings from interviews and observations, consolidating a profile consistent with DSM-5 ASD criteria and pointing to intervention needs in communication, adaptive functioning, and gross motor skills.

4 DISCUSSIONS

Based on the results of interviews, observations, and document studies conducted on the subject, it was found that the subject exhibited various symptoms consistent with the characteristics of autism spectrum disorder (ASD) as described in the DSM-5 and other supporting theories. One of the main symptoms observed in the subject was a limitation in social interaction. The subject tends to isolate himself, shows no interest in interacting with peers, and only forms strong emotional bonds with certain close relatives such as their father and grandmother. The subject also exhibits a tendency to reject the presence of strangers or individuals he does not like. This phenomenon aligns with Powers' (1989, as cited in Amanullah, 2022) theory, which states that autistic children tend to be uninterested in social relationships, prefer to be alone, and do not exhibit eye contact or typical social attention.

Additionally, the subject also experiences communication barriers, both verbal and nonverbal. The subject is only able to utter one or two words and often repeats words or sentences without understanding their meaning. His verbal responses are also limited and inconsistent, and he is unable to engage in two-way communication effectively. These characteristics align with Amanullah's (2022) findings, which explain that children with autism have difficulty understanding verbal language and struggle to use communication as a tool for establishing social interactions.

Another notable aspect of the subject is repetitive behavior and limited interests. The subject demonstrates repeated interest in specific activities such as cutting, coloring, and pasting pictures. The subject also tends to maintain routines and resist new activities outside their usual habits. When routines are disrupted, the subject may experience emotional outbursts or tantrums. This aligns with the description in the DSM-5 and the theory by Mahdalena et al. (2020), which states that children with autism have limited interests, ritualistic behaviors, and are highly attached to daily routines.

The subject also exhibits difficulties in emotional regulation and sensory processing. The subject is highly sensitive to loud noises and dislikes touch, especially when angry or stressed. The subject also tends to exhibit aggressive behavior such as throwing objects or shouting when their emotions are uncontrolled. This phenomenon reflects sensory processing disorders and difficulties in emotional regulation, as explained by Fernando (2021), who notes that autistic children often exhibit extreme emotional reactions to environmental stimuli that others might consider normal. From a biological and psychosocial perspective, it is known that the subject's mother experienced emotional stress and depression during pregnancy.

Additionally, there was birth trauma, where the baby did not cry at birth and briefly ingested amniotic fluid. These factors align with the biological theory of autism, which states that neuroanatomical disorders or brain development disorders caused by prenatal and perinatal conditions can increase the risk of autism (Fernando, 2021). Furthermore, inconsistent parenting styles—an authoritarian mother and a permissive father—also contribute to the subject's behavioral patterns. The lack of warmth and consistency in parenting can exacerbate the emotional and social difficulties faced by autistic children.

In terms of education, the subject has basic skills such as labeling colors and completing simple arithmetic operations with guidance, but still requires intensive assistance in understanding instructions and completing academic tasks. In terms of behavior and emotions, the subject exhibits unstable emotional regulation, low self-motivation, and a high need for attention. In terms of language, the subject can only imitate words or sentences without understanding their meaning and is unable to use language effectively for communication. In terms of occupational skills, both gross and fine motor skills require further stimulation, with easily distracted concentration and suboptimal coordination abilities. Therefore, a flexible, interest-based learning approach and consistent support from the surrounding environment are crucial to facilitating the subject's optimal development.

Overall, the symptoms exhibited by the subject meet all the primary criteria of the DSM-5 for Autism Spectrum Disorder, including social communication, restricted and repetitive behaviors, atypical sensory responses, and symptoms that emerged during early development and cause significant impairment in daily functioning (American Psychiatric Association, 2013). Considering all assessment findings and collected data, it can be concluded that the subject strongly indicates Autism Spectrum Disorder with a possible comorbidity of emotional regulation disorder and suspected dyslexia, which requires further identification through additional examinations.

The uniqueness of this case lies in the subject's preference for visual and manual activities, such as coloring and cutting, which can be utilized as an effective intervention approach. These activities can calm the subject and improve their focus, as well as reduce repetitive behaviors and emotional outbursts. This indicates that interest-based approaches are a potential strategy for enhancing engagement and the effectiveness of learning for children with autism.

In addressing these needs, the use of Albert Bandura's Modeling Theory offers a structured approach to teaching new behaviors and modifying maladaptive responses. According to Bandura, learning occurs through observation, retention, reproduction, and motivation (Uffa, 2019). For individuals with ASD—who often struggle to acquire social and adaptive behaviors spontaneously—explicit, repeated modeling is essential. This method allows the subject to observe clear behavioral demonstrations, internalize them, and gradually reproduce them with guided reinforcement.

One practical application of this approach is the implementation of the Simon Says game as an intervention medium. Simon Says is an interactive game that trains children to follow instructions selectively, that is, only when the command begins with the words "Simon says" (Kholilah & Solichatun, 2018). This structured yet playful activity not only aligns with the subject's preference for guided, clear instructions but also serves targeted goals: enhancing impulse control, sustaining attention, introducing basic coping strategies, and improving emotion recognition. By integrating the four stages of modeling—attention (focusing on the therapist's demonstration), retention (memorizing the instructions), reproduction (imitating the modeled behavior), and motivation (receiving positive reinforcement)—Simon Says becomes a contextually appropriate tool for teaching adaptive responses in a non-threatening, engaging way.

The proposed intervention plan is designed to run over three weeks, with six 30-minute sessions. Each session progressively builds on the subject's capacity to identify emotions, delay impulsive reactions, and apply simple coping mechanisms such as deep breathing or pausing before responding. Positive reinforcement strategies, including verbal praise, physical gestures (e.g., high-fives), and token rewards, are incorporated to maintain motivation and encourage generalization of skills beyond the therapy setting.

Given the subject's demonstrated responsiveness to visual and structured tasks (e.g., cutting and coloring activities) and preference for routine, the predictable and repetitive structure of Simon Says aligns well with his learning style. This intervention is expected to facilitate gradual improvements in emotional regulation and adaptive behavior, both of which are critical for his social participation and functional independence in the inclusive school environment.

The conclusions of the assessment obtained indicate that the subject JRA requires special support in emotional regulation, attention, communication, and visual-motor aspects. Interest-based learning approaches have been proven to help improve the subject's focus and engagement in the learning process. However, the subject still requires intensive support to develop communication skills, social interaction, and basic academic skills.

The advantage of this assessment is its holistic approach, involving various methods such as observation, interviews, and document review. This provides a holistic psychological profile that encompasses behavioral, cognitive, emotional, and motor domains. The findings illustrate the real-world application of modeling theory in an inclusive educational context and offer practical implications for designing interest-based interventions for older individuals with ASD. However, certain limitations must be considered. The short assessment period constrains the ability to observe longitudinal changes. The focus on a single participant within one institution restricts the generalizability of the findings. Finally, the absence of quantitative measures limits the capacity to evaluate intervention effectiveness beyond qualitative observations.

5 CONCLUSIONS

The psychological assessment conducted on JRA, a 26-year-old student at Galuh Handayani School, indicates that the subject exhibits core characteristics of Autism Spectrum Disorder (ASD), including challenges in emotional regulation, repetitive behaviors, limited verbal communication, sensory sensitivity, and rigid adherence to routines. Despite cognitive and academic limitations, JRA demonstrates strengths in fine motor skills and visual-based tasks when presented through interest-based approaches. His development has shown progress through consistent therapeutic interventions and structured educational support, particularly in emotional stability and task engagement. However, he continues to require

intensive guidance in adaptive functioning, social interaction, and communication. These findings emphasize the importance of individualized, interest-based, and collaborative approaches in promoting engagement, stability, and independence for individuals with ASD across the lifespan.

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