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A Case Study on Social Skill Training and Individual with Schizoaffective Disorder

[1]**Kalpabriksh Khulem,** *Amity Institute of Psychology and Allied Sciences*
kalpabrikshkhulem40@gmail.com
[2]**Rita Kumar**, *Professor, Amity Institute of Psychology and Allied Sciences*
rkumar16@amity.edu

Abstract: This case study was made from Aroha Wellness under Jagruti Rehabilitation Centre, Noida, Uttar Pradesh. This case study centers on a client from the rehabilitation center, 45-year-old female client, Ms. X, with schizoaffective disorder. The client has suspicion against her family and has multiple histories for running away from home, believing that the sister-in-law is always trying to harm her, and is behind her properties. The client has difficulties with her mood, mostly aggressive, interpersonal issues, and clashes in occupational responsibilities. There was multiple rehabilitation admission, where she was diagnosed with schizoaffective disorder, she has received 6 ECTs till date. Her symptoms worsened after the demise of her mother ten years ago and her father four years ago but was managed via other rehabilitation centers. Her brother informed the symptoms have increased again in the past 7 months. The current concern of the client includes strong beliefs in black magic, aggression both verbal and physical, presence of persecutory delusion specially towards her family, interpersonal issues, apprehension, mistrust, social withdrawal, in addition to auditory hallucinations. A thorough psychological testing and evaluation presented schizoaffective disorder. The case throws light on the role of communication and interpersonal skills, emotional regulation, and negative symptoms, which is what social skill training will provide to be healthy mentally. When it came down to intervention, a very well-rounded approach was chosen, merging psychotherapies, counselling sessions with medications to intervene with the client's issues.

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1. Introduction

Social skills are the building blocks of human interaction, which gives people the power to communicate better, forming better relationships, and regulate their thoughts and emotions in a healthier way. These skills have a huge variety of abilities, including verbal and non-verbal communication, working on empathy- and its formation, cooperation, and emotional expression, all of which are essential for mental well-being as well as relationships. Impairment in one of these may end one up with forming and keeping relationships, hence increasing the risk of isolation and mental distress (Cuncic, 2024). Social skills training (SST) is a therapy that uses behavioral techniques to help individuals, especially those with mental health conditions, develop important social skills. By beaming up an individual's ability to pick up and understand social cues, express themselves effectively, and respond appropriately in social situations.

According to Mayo Clinic (n.d.), schizoaffective disorder "is a mental health condition that mixes symptoms of schizophrenia with mood swings like depression and mania, making everyday life and relationships tough." Given the disorder's nuanced nature, treating Schizoaffective often necessitates a multidisciplinary approach, using a blend of both medication and psychosocial support and intervention.

One notable intervention gaining the spotlight is SST, a therapy which holds promise for individuals with schizoaffective disorder. When seeing its proven track record in the betterment of social functioning, mitigating symptoms, and fostering overall wellness in patients with schizophrenia, SST's effectiveness towards schizoaffective disorder is worth exploring and needs digging around, considering the overlapping in symptoms and functional challenges (ScienceDirect, 2023).

The rationale behind applying SST to schizoaffective disorder lies in its focus on improving social skills and functioning, areas that are often significantly impaired in individuals with this condition. By teaching individuals how to better navigate social interactions, manage stress, and solve problems more effectively, it can play a big role in improving the symptoms and its management and give the individual a healthier life or better QOL. And not to forget, SST's emphasis on practical skills and real-world application makes it a particularly appealing

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intervention for individuals who may struggle with abstract or theoretical concepts. Despite the promising potential of SST for schizoaffective disorder, further research is much needed to create and validate this approach specifically for this population. So, not just exploring the effectiveness of SST in reducing symptoms and improving functioning, but also in adapting the intervention in the real world to meet the unique needs and challenges

So, while the current evidence base for SST in schizoaffective disorder is limited, the available research on its application in schizophrenia-spectrum disorders suggests that it holds promise as a therapeutic intervention. With further investigation and adaptation, SST could become a valuable tool in the treatment arsenal for schizoaffective disorder, offering individuals a pathway to improved social functioning, symptom management, and overall well-being.

2. Case Presentation

Ms. X, 45 years old ran away from and was later found and brought to the rehabilitation center. The client has intense suspicion towards her family members, especially towards her sister-in-law, as reported by the informant, her elder brother. She believes that her elder brother has been manipulated by her sister-in-law to get all her properties and money, she firmly believes that her sister-in-law is plotting something big and bad against her and even willing to harm her just to get what she wants. She even suspected her of practicing black magic and other rituals so as to keep the client under a spell to be unhealthy.

The client had issues regulating her anger and aggression-verbal and physical, overspending, either excessive talking and shouting or she would never come out to talk to anyone in the family as she suspects their actions are always something against her, to grab her properties. The informant also reported about her being able to hear things which were not present, and in response talking back alone, to which Ms. X also acknowledges. The informant added that all these symptoms have been increasing gradually again since the last 7 months, although it was managed earlier. The total duration of illness was 27 years, where the demise of her mother in 2009 and her father in 2020 worsened and even played a role towards perpetuating the condition. She has a history of multiple admission to private rehabilitation, she was admitted in 2 different rehabilitations in 2012, where ECT was delivered and was later taken to Tezpur in 2018 for checkup. The informant reported that the client has undergone six ECTs in total as of now.

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The client has completed her Masters in English, and used to work as a primary school teacher, her occupation was disturbed due to the aggressiveness and the negative symptoms, hence she has been unemployed since. The client has a history of hypothyroidism and has been under medication for it since 2020, she also had her gallbladder removed in 2023. The client has a family history of past psychological illness, which is secondary. She was assessed with BPRS, PANSS, HAM-D and a diagnosis of schizoaffective disorder was given. The client's treatment plans included working on her insights, counselling sessions, psychoeducation sessions, medications from the psychiatrist- mood stabilizers and antipsychotics were given. She was also administered social skill training by the Psychologist which included sessions on communication skills, assertive communication sessions, role playing along with modeling.

Mental State Examination revealed that Ms. X appeared moderately kempt, appropriately dressed in a stooped posture, eye contact was not made initially but later made minimally, her expressions were flat. She was withdrawn socially but during interaction she was very cooperative and well responsive, and rapport was established. Her speech was slurred and soft and medium in volume, not spontaneous, relevant, coherent and rate were normal, her tone was appropriate and monotone. Her mood was elated, answered "*Theek hun (I am okay*)" cheerfully and was congruent, although her emotional range was blunted. Thought contents were mostly persecutory delusion lead by suspiciousness towards sister-in-law and her brother, and delusion of reference, absence of suicidal thoughts, very aggressive thought contents were expressed. Perception was moderately affected due to hearing of voices (auditory hallucination). She was well oriented; her memory and abstract thinking were intact and fair. Her social judgement was intact, she denied emotional dysregulation but was present. Her insight was rated 2.

3. Discussion

Ms. X has shown notable symptoms of schizoaffective disorder, including hostility, persecutory delusions, and social isolation. Her fixed delusion that her sister-in-law is plotting against her has led to aggressive behavior towards family members, which, as a result, has severely impacted her relationships, occupations and daily functioning.

In the rehabilitation, to work on these issues, Ms. X underwent Social Skills Training alongside medications and other sessions, with a goal to improve her social interactions, reduce misinterpretations, and better constructive expression and regulation of emotions. It was visible

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that after multiple SST sessions, Ms. X showed slow but very steady progress, including increased engagement in structured interactions, although sometimes she tends to be very hostile which ends up with abusing the staff verbally, but the intensity and the duration decreased alongside verbal aggression. Although her delusional beliefs stayed, she has shown small improved social skills, such as being more assertive, sustaining eye contact and more appropriate responses.

Ms. X was also educated about appropriate emotional responses and how to recognize emotions of herself and others, understand and name emotions, especially during her manic (highs) and depressive (low) phases. SST also aided Ms. X in learning ways to manage her negative symptoms. It helped her build confidence in social situations via gradual introduction to social situations and including her slowly in group sessions, where she can interact with others with similar disorders and learn and feel less isolated. It also improved her emotional expression- which includes her facial expressions, voice tone, etc. through role plays, and enhanced her communication skills, leading to increased verbal fluency and more effective interactions.

Upon talking with Ms. X, it was told that such sessions and even just talking to the psychologist, just being listened to makes her feel better too. She also expressed that when the psychologist teaches her ways to talk to others, how to try to maintain eye contact and “think about what the person is feeling” then practicing again with the therapist helped her do the same thing when talking to others outside session

While the progress is often gradual in such cases, SST acts like a walking stick or support for practicing adaptive social behaviors, potentially leading to betterment with regularity in continuation of the intervention.

4. Conclusion

Ms. X's case illustrates the noteworthy and nuanced bond in between psychotic symptoms, aggression, and social dysfunction. Although her persecutory delusions stand as a one big challenge to complete recovery, Social Skills Training made the client leap a step forward towards reducing interpersonal aggression and promoting more effective ways for people with schizoaffective disorder to talk, communicate or interact socially, in a better and healthier style.

A holistic or hybrid treatment approach, which blends psychoeducation, medication management, and therapy (like SST), will be crucial in supporting her gradual recovery, stabilizing her daily life, and enhancing her overall well-being.

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