# Application of Perlman's Problem Solving Model in Caseworkwith Marginalised Elderly

## <sup>1</sup>Sam Sangeeth.G, <sup>2</sup>Dr.UdayaMahadevan,

<sup>1</sup>Doctoral Research Scholar, PG & Research Department of Social Work, Bishop Heber College, Trichy.

<sup>2</sup>Retired Reader, Emeritus scholarship & Research Guide, PG& Research Department of Social Work, Loyola College, Chennai.

**Abstract:** The article focuses on application of the problem solving model of case work proposed and developed by Helen parispearlman's [1957], The four P's of case work practice: Person, Place, Problem and Process are discussed in the Indian context. The model has been effectively administered on five elderly women residing in a welfare institution at Chennai. The effort indicates that Pearlman's Model can be successfully adopted in the Indian setting by integrating direct and indirect practices of case work, suited to our local needs and issues

**Key words**: Marginalised elderly women, Person, Place, Problem, Process, Direct and In-Direct social case work, Indigenous model.

#### I. Introduction:

Practice of indigenous social work has been gaining momentum in our country in recent years. Such an effort is applied at two distinct level. At the first level professional social work practitioners have been innovating new models of intervention, suited to our needs and demands. At second level, practitioners have been testing out western social work practices with appropriate modifications and innovation required for our socio-culture milieu, In this context the author has applied Pearlmans Problem Solving Model of case work. In the treatment of five selected elderlymarginalised women at ARUWE, a social welfare organization facilitated by professional social workers at Chennai. The author has attempted this intervention as part of his M.Phil field work practicum at Social Work Department, Loyola College, Chennai.

It is evitable that every individual has to undergo different development stages in his/her life span. The human life is divided into eight stages. The closing period of the lifespan is called old age. The study of aged and ageing is called **gerontology.Geriatrics** is a branch of medicine concern with ageing. The last stage in the lifespan is frequently subdivided into **early old age**, which extends from the sixty to age seventy, and **advanced old age**, which begins at seventy and extends to the end of life. The focus of the practicum was on elderly women

## Why elderly women?

Elderly women are described as extremely marginalized due to the fact that they are senior citizens belonging to the mostvulneration gender in the society. A Help age India study[2008] indicates that majority 88% of elderly women have no family support and face rejection at both family and social levels. Violence and emotional abuse are common problems they face in their every dayliving. Major health problems make them increasingly hail in difficult circumstances unable to find their livelihood and protect themselves.

## II. Need Of Social Case Work In Old Age:-

The social case work involves the study of individual problem in its total setting. It is a careful investigation of the problem make help to he help themselves. According to Marry Richmond (1917) "Social case work may be defined as they are of cooperation with them to achieve at one and the same time their own and their society's betterment". So case work in old age, help them to achieve towards better sustainable state and cope with situation, which is contributing for betterment of society and fulfilment of need. So the social worker has taken social case work method for his practicum.

## III. Rationale

The practicum is conducted to help the elderly to find a solution for the problems [unmet needs] of ageing through case work methodology. Stinging and smith has concluded from the study of modern poetry that emphasis is on physical, social, cognitive and emotional needs. To make elderly understand old age is normal, an inevitable and biological phenomenon. To enhance the old age to make up their minds to be psychologically, physically, cognitively and socially strengthen. To accept the changes positively. To help themselves boldly march towards their home call by enhancing end of life care.

DOI: 10.9790/1959-05123545 www.iosrjournals.org 35 | Page

## IV. Objectives Of The Practicum

- To assess the unmet needs and problems of five Indian elderlywomem inmates of ARUWE (an non-profitable organization) who were part of the intervention process.
- To apply Pearlman's Problem Solving Model of case work intervention to enable the clients to deal with the problems.
- ❖ Based on the outcome of the intervention, to develop a suitable model of case work intervention that could be effectively applied by social workers working with elderly women in welfare institutions in the local setting.

## V. Methodology

- Assessment of holistic unmet needs were assessed among 25 inmetes of ARUWE.
- ➤ The 10 individuals with low holistic unmet needs are found.
- > The 5 individuals gave their informed consent.
- > Problem solving intervention was administered to five individuals
- > The most significant case study technique was used and three case study were retrived
- Outcomes have been evaluated and follow up have been directed.

## VI. Social Case Work An Method Of Intervention

The practice of casework is a human attempt for helping people who have difficulty in coping with the problems (unmet needs) of daily living. It is one of the direct methods of social work which uses the case by case approach for dealing with individuals or families as regards their problems of social functioning. Though case work as a mode of heeling people on the bases of a person – to – person relationship. This is a primitive method of social workwhich includes problem centred intervention. According to Prof. Gordon Hamilton, "A economic, Physical, mental, emotional and social factors in varying proportion".

According to Marry Richmond, doing different things for and with different people by cooperating with them to achieve at one and the same time their own and their society's betterment. So the social worker had selected a social organization for doing social case work. In which one meets the needs of the inmates are analysed with different people, doing different things for people by cooperating with them to achieve physical, cognitive, psychological and social needs and the same time their own and their society's betterment by taking incentives.

The principle adopted while doing this practicum are:- The principle of Acceptance; The principle of communication; The principle of individualization; Principle of participation; The principle of confidentiality, The principle of self-awareness, The principle of Growth and change; the principle of purposefully Expression of feelings; The principle of controller Emotional involvements, The principle of self-determination were used.

## The Role of Social case worker in this practicum is:-

- 1) Social Study
- 2) Social Diagnosis
- 3) Case work treatment
- 4) Evaluation

## Phases of social case work incorporated in this practicum are:-

- A. Intake
- B. Study and social Diagnosis
- C. Treatment

## VII. Considerations – Case Work Components In The Practicum:

Person, Problem, Place and Process are components in case work as follows.

## PERSON: Five marginalized elderly women

- 1) The person's behavior has this purpose and meaning: to gain satisfactions, to avoid or dissolve frustration and to maintain his balance-in-movement.
- 2) Whether a person's behavior is or is not effective in promoting his well-being depends in large part upon the functioning of this personality structure.
- 3) The structure and functioning of personality are the products of inherited and constitutional equipment in continuous interaction with the physical psychological and social environment the person experiences.

- 4) A person at any stage of his life not only is "product" of nature and nurture but is also and always "in process" of being in the present and becoming in the future.
- 5) The persons being and becoming behavior is both shaped and judged by the expectations he and his culture have invested in the status and the major social roles he carries.
- 6) The person who comes as client to a social agency is always under stress.

#### THE PROBLEM:unmet needs of marginalized elderly women

- 1) The unmet needs within the preview of social case work are those which vitally affect or are affected by a person's social functioning.
- 2) The multifaceted and dynamic nature of the client's unmet needs makes necessary the selection by researcher and client of some part of it as the unit of work.
- 3) Unmet needs in any part of a human being living tend have "chain reactions"
- 4) Any unmet needs which a person encounters has an objective and a subjective significance.
- 5) Not only do the external (objective) and internal (subjective) aspects of the unmet needs co-exist. But one may be the course of the other.
- 6) Whatever the nature of the unmet needs the person brings to the social agency it is always accompanied and often complicated by the problem of being a client.

#### THE PLACE: Aruwe

- 1) Aruwe is a organization fashioned to express the will of elderly or elderly in groups in the society as social welfare.
- 2) Aruwe develops a case work program, by which to meet the particular areas of need with which it sets out to deal through researcher.
- 3) Aruwehas a structure by which it organizes and delegates its responsibilities and tasks and governing policies and procedures by which it stabilizes and systematizes its operations.
- 4) Aruwe is a living, adaptable organism susceptible to being understood and changed, much as other living organism.
- 5) EveryAruwe staff member in an agency speaks and acts for some part of the agencies function and the researcher represents the agency in its individualized problem solving help.

#### **PROCESS**

- 1) Problem specification
- 2) Contracting
- 3) Course of action.
- 4) Incentives and rationale
- 5) Analyzing and resolving obstacles
- 6) Stimulation and guided practice
- 7) Task review
- 8) Termination

NOTE: The Process isfexi type and not rigid in terms of process but oder must be maintained from point of start

## VIII. Objectives

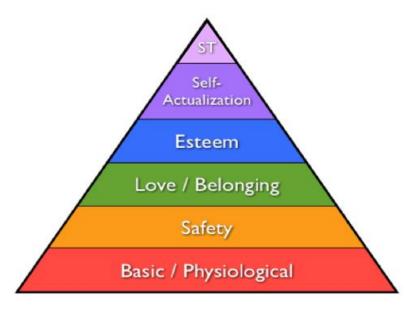
- To assess the Unmet needs problems of the respondents.
- To implement case work model of problem solving with the in mates
- To evaluate the Unmet needs problems of the respondents.
- To help themselves to help to meet their unmet needs.

## IX. Scope Of The Practicum

- The objectives of this practicum are to help the elderly inmates to make them fed with the physical, cognitive, psychological and social needs.
- \* To create need for geriatric case managers in the old age homes and community satellite centers
- To create a new concentration in social work as geriatric social work to catter to the needs of the elderly.
- This social work intervention in Elderly is to protect them who in the future through problem solving model.
- To insist on formal and informal care system.
- To tap the social welfare board to have minimum care standards in every care homes.
- ❖ Appont case managers in every care homes with good renumeration due to need of the hour.

❖ To knock the governments increase in welfare measure to the present day context.

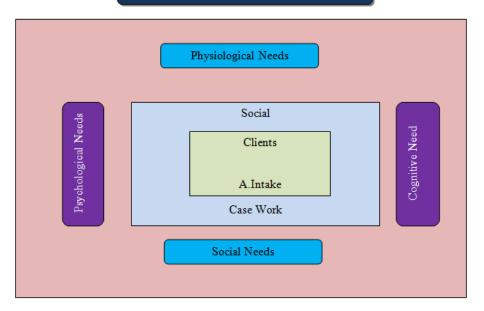
## Masculowshierarchy of needs

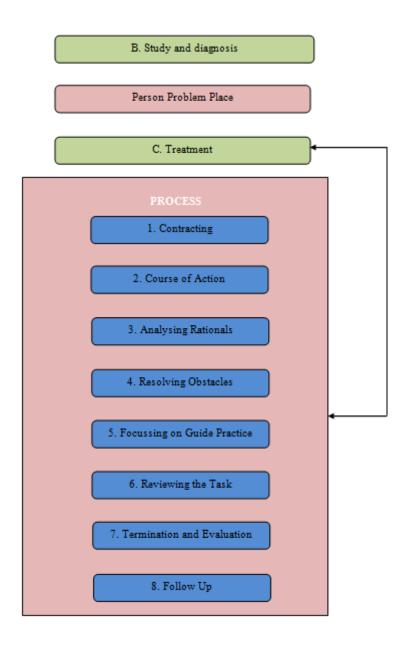


Unmet needs has to be met by elderly in institutional setting withself actualization andself actualization must equip them to make attain it. It is self transedence . Needs has to be satisfied for resilient life in elderly.

## **Outline Of The Practicum**

Matrics 1.1 Implementation of the sam's Model





## I.Intake II.StudyAnd Diagnosis

Initial and detail assessments

## **Problem Specification:**

- 1. Problems are asked to explore-past and present problems/needs
- 2. Problems specified by the individual
- 3. Listing out all the problems that individuals says
- 4. Prioritize the problem
- 5. Clarifications given on the difficulties and consequences of the problem
- 6. Defining the problems in a single sentence in concrete terms
- 7. Problems of immediate importance are selected

## **Contracting:**

- 1. Oral agreement made with the individuals
- 2. Agreement upon how many sessions and time prescriptions are foretold.
- 3. What problem has been taken how would it will be tackled will be discussed
- 4. Stress will be upon client participation.

#### III. Treatment

The techniques involved in treatment are support, clarification, Insight, Identification, resource utilization and environmental modification

#### **Course Of Action**

- 1) The problem will be planned only with the participation of client, depending on his / her capabilities, strength etc.
- 2) Discussion will be aimed to mitigate the problem
- 3) Alternatives will also be planned to be adapted

#### **Incentives And Rationale:**

- 1) Purpose behind the problem is explained and defined clearly
- 2) Explaining the advantages of getting rid-off this problem

## **AnalysingAnd Resolving Obstacles:**

- 1. The obstacles of solving the problem are analyzed
- 2. Internal and external problems are explored and resolved.

#### **Stimulation And Guided Practice:**

1. Role rehearsal

#### Task Review:

- 1. What was the approach of the individual during the problem Solving
- 2. Reexamination of task

## **Termination:**

- 1) Final narration on how the entire thing which has happened from first will be done
- 2) Positive feedback will be given

## The problem solving in case work concerns twofold:

- To promote the solving of the client's problem in social living and this process.
- To promote to his capacity for growth
- The casework process sustains supplements and fortifies the function of client's ego. The ego is learnt correct behavior through identification with other who have mastered it.

## Problem solving work includes:-

- The first part of the case work process, as in all problem solving, is to ascertain and clarify the facts of the problem.
- The second aspect of case work, problem will be mediated with the given through eliciting of facts, It is thinking through the facts.
- The concluding phase of each problem solving effort in case work is the making of some choice or decision.

#### X. Case Work Intervention

#### Case Study - A

"Some people, no matter how old they get, never lose their beauty-they merely move it from their faces into their hearts"—Martinbuxbaum

## PHASE: I INTAKE:

CASE A is 64 years, illiterate widow from the Villivakkam. She comes from Hindu family, poor, house wife, admitted to the in 2007. The reason for her admission to this care home is because she is a destitute. She was found in the streets, a man[stranger] rescued her to the old age home. She has no children. She was neglected and abused by the relatives. She had no income to satisfy herself. She is now institutionalized.

#### Phase Ii: Study And Diagnosis Problem

The client approached the social worker with the confused state of mind and she had personal hygienic deficit and when she was asked to explore her problem. She portrayed her problem that she had irregular bathing habits, her changing of clothes was for twice a week, her nails were long and her head wash was twice a month. Vision was not clear and had illogical thoughts. After her illustration of problems, the problems of immediate importance were selected first. It was defined that she had a personal hygienic care followed by other problems were considered for mediation.

#### Place

The agency setting is ARUWE, a social welfare agency in Ayanavaram, Chennai. It has been functioning since 1997. The objective of the agency is to give day care and residential care for abandoned senior citizen.

#### **Process**

## The Treatment Contracting

Contracting was made between case manager and the client orally. The Agreement was for the next subsequent sessions and time prescriptions for half an hour were made. The problem of personal hygienic care deficit will be taken into consideration. The main stress was on participation for further sessions. The Treatment were focused on the client's capabilities and strength of the client. The course of action is bringing personal hygiene in the client. The social workers will discuss the client regarding the course of action with clients in the session, which he had proposed to the client.

#### **Course Of Action:**

- > To encourage the client to bring attitudinal change regarding personal care and hygiene
- > To help the client to handle her mood changes so that she is motivated to take care of her personal self-care and hygiene.
- > To refer the client to the medical officer.
- > To eliminate death related illogical thoughts.
- > To educate supportive measures for the client's depression.

#### **Rationale And Incentives:**

For every action (mediation) the reason behind it was explained and consent for which had been drawn. The incentives will be given to the client for every positive progress of client as positive reinforcement.

#### Analysing, Incentives, Resolving Obstracles

The need for solving the problem of personal hygiene was explained to the client. The need prime intervention to eliminate bad fragrance, for acceptance of the peer group, to maintain the standard of living. The need was accepted by the client. The Social worker had asked the willing of the client for prescribing remedial measures and a practice in bathing daily was promoted initiated through the female social worker. With the consent at this stage moved further to care of nails. In this session the client was educated about the hazards of not cutting nails weekly and the nails were cut and she had accepted for cutting nails with the caregiver which was not found in previous approaches. The social worker asked her about batting patterns. Her complaint the daily batting will be stressful for her age. She had told because of over crowd near the bathrooms. I was not able fight with my inmates, she added and social work had put up a time table for bathing from till 10 clock that facilitated the bathing of all inmates in the home. She had explained that bathing daily bring freshness, promote sense of wellbeing, etc. Initially, she had hesitations and she started to bath at least 4 days a week by end of motivation of 2weaks. She was insisted for change of clothes and head wash weekly was insisted and she was made to assist a women care taker to supervise for activities for a few days. She was given incentives by making her peers to clap for her positive actions. She feels very happy about herself and she started to ask about her care. She was given information that she should be clean whenever social worker reports to the agency and she was made repeat to take bath, two days once and she accepts with compulsion and incentives like claps, extra food etc. was given to bring a change. She revealed that her vision is not clear to see television with assistance of spectacles. She was made arrangement for testing her vision and the glass to the client was bought by the case manager through available resources. She was made to understand through a story that death is prescribed for all and in occurs inturns. Thoughts about death were discouraged and distraction though involving in some activities and sinificantly peer integration was done.

DOI: 10.9790/1959-05123545 www.iosrjournals.org 41 | Page

#### **Guided Practice:**

The case manager prescribed care plan to monitor and to assist in care schedules. The agency staff had also assisted in the practice as collaborative care. The result were not spontaneous but managed through gradual exposure.

#### **Task Review**

The case worker reviewed the progress of the client during the problem solving process. After periodical monitoring and review case worker noticed improvement in the client in the client.

#### **Termination**

Since the case manager- trainee had completed his field practicum duration, had ensuredthe progress and gave sum up about prescriptions tobe adhered

#### **Evaluation**

- ❖ Problem personal hygiene deficit; sad speech concerning death
- The need for personal Hygiene was explained
- ❖ Made an urge to cut nails and found nails. It was cut by constant insist.
- ❖ Accepted for 4 days bath a week and started to do so
- Initiative was made to bring the spectacles which were ordered were delivered unto her
- ❖ Inputs were given to erase illogical thinking about death by distractive technique.

#### Follow-Up

The future follow up had been ensured by the staff in the agency

#### Case Study – B

"It wrinkles written upon brows, let them not ne written upon the heart. The spirit should never grow old"

#### Phase: I In Take:

CASE B is 64 years, primary school educated. She is widowed and had a son, but died. And she was living alone. When her strength has failed, her relatives suggested her to be in a care home. And her relatives were not interested to take care of her and she is institutionalized due to rejection by family and relatives.

## Phase Ii: Study And Diagnosis.

## Problem

The client came with complaints of insomnia, feeling of isolated and fear of death. The problems have been prioritized. And clarifications on problems and consequences have been made. The problem has been defined as a psycho social problem. She also has vision related problems and insomnia was immediate important problem followed by feelings of isolation and fear of death will be taken into consideration.

**Contracting:** As a next approach contracting was made with client orally for case work intervention. Agreement upon 6-7 sessions and half an hour was prescribed for each session. The client was told that problem taken will be discussed and intervention will be made based on self. The social work stressed on the client participation.

#### Phase Iii: Treatment.

## **Place**

The agency setting is ARUWE, a social welfare agency in Ayanavaram, Chennai. It has been functioning since 1997. The objective of the agency is to give day care and residential care for abandoned senior citizen.

#### **Process**

The problems are aimed with the participation of the client depending up on her capabilities, strength etc. The course of action is to bring a change in sleep patterns, liberate her from feeling of isolation and fear of death. The problem will be dealt in the following sessions.

The social worker had invited the clients with acceptance and social worker had started to ask about the sleep pattern of the client. When pondering she was found, she spends her sleep in the day and not in the night hours. And social worker asked her to engage in activities in course of the day time and sleep at night. The

Social worker took initiative to reschedule her sleeping patterns and she was assigned work for her in the day. She was given the job of cutting vegetables. And when she tries to sleep in the day a neighbor was set up for her to awake her from sleep by tapping or making a noise and involved her in the course of the day. And it was explained to her that she awakes her up for her good and she accepted after motivation. It is a kind of conditioning technique used in recovery process. The social worker asked for sleeping patterns in the next review session she had some difficulties to avoid day sleep. But sustained to improve by the peer assistance and she coped to indian patterns of sleeping. And she has feeling of isolation when asked, she has due to the demise of her son, she added. And she was explained the need for care homes. It is to bring a feeling of security and feel un isolated. So she was explained to socialize with people and she was asked to communicate with others so that she feels engaged. As part of practice, she was asked to know about others through knowing life histories And she was made to involve in the entertainment activities in the eve of the day. Before she was socially secluded and she avoids programmes at home so she was encouraged and made compulsory for attending social programmes in care home. The social worker encouraged her to speak with others and watch television in the day times and reviewed her sleep patterns. She was hesitating in the initial days. But slowly managed to converse with others. And inmates had encouraged her to speak with jokes often and make her encouraged. As the time pass she was improving in mingling with fellow inmates. And she stated to volunteer herself to speak with others, which is significant in the case. The client was asked why fear of death occurs. Reason for fear was prone insecurity. And Importance of life in explained to the client and she was stressed on the maintenance of life with security. Real life is how do we life is the matter and how long do we live is not the matter was told and she was asked to tell all good qualities of life.one among them were honoring father and thy mother. So she was strengthened in her strength that good deeds leads to moksha. She had accepted to live after repeated rationale with vivid example. She was asked for the sleep patterns, and how her feelings persist and how she overcomes it. She replied that she is trying to practice to overcome by the measures suggested. The social worker explained the charges are normal in all human being and life is compared to a giant wheel, everyone has of experience a charge in psychologically, socially, cognitively and physically and have end in death is normal and we have to equip ourselves and defend the circumstances that we meet. And these things were told and she was psychologically strengthened and she had explained the advantages of adjusting with the problem. As she practice, the obstacles were analysed and tackling measures were resolved. And discussions were made. And rehearsals were made by and by, she was investigated on how she performed and she explained on how she improves her happiness, reduction of sleep at day care homes and she told that the fear of death slightly reduced. she was asked to narrate on how the entire thing happened and how she is resuming form the problem in the end.

## **Guided Practice:**

The case manager prescribed care plan to monitor and to assist in care schedules. The agency staff had also assisted in the practice as collaborative care.

#### Task Review

The case worker reviewed the progress of the client during the problem solving process. After periodical monitoring and review, she was made ease finally, Case worker noticed gradual positive change in the client.

#### **Termination**

Since the case manager- trainee had completed his field practicum duration, had ensured the progress and gave illustration about the process and strengthen the best practice in the client

#### **Evaluation:**

- ❖ Problem:- Insomnia, feeling of isolated and fear of death
- Insisted and brought modification with sleep pattern by avoiding her not to sleep at day hours.
- ❖ Gave job on home to cut vegetables and assist in cooking.
- Conditioning was used that is the neighbours will clap hands when she sleeps. She accepted and this helped her.
- Stimulated to take part in entertainment activities and instead to see television to make her occupied.
- She improved communicating with others where she was asked to speak with others and stated to socialize gradually

She was educated to overcome irrational fear, attempted her to sense confidence by inversing with her.

#### Follow-Up

The future follow up had been ensured by the staff in the agency.

#### Case Study - C

"you don't healoldage, you protect it, you prote it, you extend it"

Phase: I In Take:

CASE C is 69 years old and an educated window till her middle school she was abused psychologically by her daughter-in-law. She underwent constant harassment in which she cannot undergo great agony. She was supported by her son even then rivalry occurs among the couples, which was unable to tolerable to old mothers. She felt she was a burden for family and she was directed to home by relatives. She lost one of her son. She is diagnosed as she is suffering from mild depression.

## Phase Ii: Study And Diagnosis

The client has approach the social worker with the belief that what people can do for me. And she was asked to explore the problem. She told, "nothing" which was shocking for social worker. Since her diagnosis was pre-informed the social worker gave her hopeful talk ,toelevate her mood. As the social worker speak. She resumed from her state and gave information that she is not interested in any things because her son death. Had died and she is torched by the memories of her son. After exploration and conformation of the problem the symptoms expressed were unhappiness, little socialization, loss interest in life, depressive thoughts, allof from otherssometimes insomnia.

The social worker made and agreement with the client the agreement was seven session with half an hour. The problem was discussed with the client, stress was made on her participation. The client was brought for the intervention to the social worker

#### **Phase Iii Treatment**

#### Place

The agency setting is ARUWE, a social welfare agency in Ayanavaram, Chennai. It has been functioning since 1997. The objective of the agency is to give day care and residential care for abandoned senior citizen.

#### **Process**

According to the strength and capabilities of social worker the plan for solving was made. She(client) was asked to state all her achievements. After her narration, social worker found that her confidence level was increasing and negative speech were decreasing and the social worker explained about life which can be compared to a wheel. All have to experience in turns, joy and sadness which is obligatory for all. In the next visit the client was unhappy and she was made to hear one instrumental cassette and her response was very relaxing. The social worker used to make her hear songs and also she was made to sit and visualize television. she was made to speak with other. As a exercise, she was made to ask the name, place, and how many years of stay to other inmates and she well reported her responses to the social worker. The social worker helped the client to be main streamed in social inclusion. The client was soon exercising of finding solution of common problems, which gave many answers for her problems. Since she was under pharmacotherapy. She was responding to a social worker. From the solution of the problem she was educated that the life which we live is for a period of time. She complained that her son died because of the pestering of her daughter in law. The Social worker explained that all things worketh for good, and he told her to believe that her son has attained moksha. It is a great happiness and she was told, those who live well orderly will also attain it. And she told that, she will be engaged in social activities that will help her to resume from sad state. The social worker was intervening with the client to overcome her sadness. She was asked to mingle with clients and also involve herself with others for sovialisation. She was given the work of vegetable cutting and rice cleaning in which she was interested in. And she was made to do chores ,sometimes with compulsion. Even thou she was depressed, constant measures were taken to overcome her symptoms of depression which were manifesting in her. Review of activities, which were occasionally done well to her. And with successful completion of task she was acknowleged.

In every eve gathering, she was asked to sing songs and tell stories to make her occupied and she was opening up with a song and story which was a vital impairment which was manitested in the client. And she was asked to attend all social ativities for being happy. And she was also told that she should livehapply, so her son will be in peace and her happiness with all is maintained by being with others. And was experiencing a social inclusion. And the obstacles were analyzed and resolved. Finally, she was asked to summary the things which

had taken place, positive feeback was given and she was terminated. The follow up would be hand over to the agency supervisor in the future.

#### **Guided Practice:**

The case manager prescribed care plan to monitor and to assist in care schedules. The agency staff had also assisted in the practice as collaborative care.

#### **Task Review**

The case worker reviewed the progress of the client during the problem solving process. After periodical monitoring, a review was made finally and case worker noticed gradualchange in the client.

#### **Termination**

Since the case manager- trainee had completed his field practicum duration, had ensured the progress and gave illustration about the process and strengthen the best practice in the client

#### **Evaluation**

Problem: Already diagnosed as depression (mild)

Attempt to decrease the negative speech through discouraging her

Music was used to liberate his sadist behavior through consultation of music expert. She was resuming through music.

Counseling was given to build up her willpower/resilience

Confidence was given to resist the things do, which isplaaned.

Picked uped interactions by probing.

She was made to engage with others by giving rice cleaning and vegetable cutting work to distract her. Pharmacotherapy was administered to her for past year

#### Follow-Up

The future follow up had been ensured by the staff in the agency.

#### XI. Limitation Of The Practicum

- This practicum is a drop in the ocean and only five among the thousands of elderly
- ❖ In spite of many elderly in agony, Un told miseries and unmet needs in many place, the social worker selected only one institution.
- Time factor was the major constrain because it is done for academic purpose. But short term impact was effective with small samples but large samples can be taken and applied

#### XII. Conclusion

The application of the model has effective as expressed by the clients themselves. In terms of indigenous practice, the author found that it was important to integrate more direct and indirect practices of social work. Direct practice include includes included one to one interviews, rapport bilding, facilitating ventilation and promoting intervention techniques like clarification, reassurance and counseling practices. Indirect casework practices involved referrals for health care and use of local community resources wereutilized. The effort has revealed that Pearlman's Problem Solving Model can be successfully applied among the elderly marginalized women in the indigenous setting through the process of integrating direct and indirect practices of social work to suit local needs and demands.

## **Bibiography**

- [1]. Perlman Helan (1957). Social case work: A problem solving process, University of Chicago press, Chicago.
- [2]. Mathew Grace (1992). An introduction to social case work, Tata Institute of Social Science, Bombay.
- [3]. Sanjay BhattaCharya (2003). Social work: An integrated approach, Deep and Deep publication Pvt Ltd., New Delhi.
- [4]. JN Vyas, Niraj Ahuja (1999). Textbook of postgraduate psychiatry, Vol1&2, 2<sup>nd</sup> Edition, Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.

45 | Page

- [5]. Richmand, M.E (1917). Social Diagnosis, New York free press. New York.
- [6]. Nursten, Jean (1974). Process of case work, G.B: Pitman publication. Pitman
- [7]. Hamilton, G (1950). Theory and Practice in social case work, Columbia university press.
- [8]. Help age India, Research & Development Journal, Vol 14, No.3, October 2008.
- [9]. Help age India, Research & Development Journal, Vol 13, No3, October 2007.
- [10]. Help age India, Research & Development Journal, Vol 12, No2, October 2006.
- [11]. Help age India Research & Development Journal, Vol 11, No 2, October 2005.
  [12]. Help age India, Research & Development Journal, Vol 10, No 2, May 2004.

DOI: 10.9790/1959-05123545 www.iosrjournals.org