Sample Problem/ Strength Menu in BASICS Hierarchy Model

The identified problem from the MDS is a 4lb. weight loss over the past month. This problem puts the resident at risk under the **Societal** level of need.

The strengths listed below were identified by reviewing the MDS, the resident's record and by obtaining information about the problem from the resident's primary caregivers on every shift. They will be used to develop strength based care plan approaches.

MDS#	Problem Index	Dimension of Need	Strength Index
	Strengths are Outcome Goals for Problem Intervention		
MDS#	*Resident has had a decline in ability to meet societal needs* *RAPS Trigger*	**Societal**	*Resident is able to meet societal needs* *(MDS Section cited)*
K3a-1	* Primary Problem: Gerald has lost 4lbs. in the last month		*Gerald has a strong identification with his past role as a minister (F3a)
E1a-2	*Makes negative statements daily- *"I would rather be dead that eat baby food"*		Is at ease interacting with others when not upset over meals (F1a) (comforts and gives his blessing to sick or anxious residents and staff).
E1d-2	*Persistent anger with staff at meals when they attempt to feed him pureed food.		Assists at religious services (F1e) (only activity continues since upset over change in diet)
E2-2	*One or more indicators of depressed or anxious mood were not altered by attempts to "cheer up", console or reassure resident (usual response: *"I am not a man anymore. You treat me like a baby"*).		Expresses gratitude when offered finger food snacks he is able to eat independently after religious services.
E3-2	*Resident's mood status has changed as compared to 90 days ago (deteriorated from happy to sad and angry)		
E4b-A3, B1	*Verbally abusive behavior to staff during meals when they try to feed him pureed food.		

F3-b	*Expresses sadness, anger, empty feeling over loss of status as a man in control of his own life.		
F3-c	*Perceives that daily routine is very different from prior pattern in the community.		