NCLEX-RN 2026 · PSYCHOSOCIAL INTEGRITY HIGH-YIELD REVIEW · CARD 14

Adaptive & Maladaptive Coping

• Mental Health Nursing • Stress & Adaptation • Clinical Judgment Focus

01 / OVERVIEW

Definition

Coping = the cognitive, emotional, and behavioral efforts a person uses to manage stressors that strain or exceed their personal resources *(Lazarus & Folkman model)*.

✓ ADAPTIVE

Strategies that **resolve** stress, restore function, and build long-term wellness & resilience.

✗ MALADAPTIVE

Strategies that **numb or avoid** stress, giving short-term relief but worsening function over time.

Why it matters on NCLEX: distinguishing healthy from harmful coping is foundational to psychosocial prioritization, crisis recognition, and therapeutic communication scoring.

02 / PATHOPHYSIOLOGY

The Stress Response

TRIGGER Stressor → cognitive appraisal (threat? can I handle it?)

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HPA AXIS Hypothalamus → CRH → ACTH → cortisol release

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SNS ↑HR · ↑BP · ↑glucose · ↑muscle tension · fight-or-flight

▼

COPING Person engages a strategy — outcome diverges:

✓ ADAPTIVE PATH

Parasympathetic activates → cortisol normalizes → homeostasis restored → resilience built

✗ MALADAPTIVE PATH

Chronic HPA activation → sustained cortisol → immune dysregulation, hippocampal atrophy, depression, CV disease, addiction

03 / SIGNS & SYMPTOMS

⚠ Recognize the Pattern

✓ ADAPTIVE BEHAVIORS

- Active **problem-solving** & planning
- Seeking **social support** — talking to trusted person
- Cognitive reframing — replacing negative self-talk
- Exercise, yoga, meditation, mindfulness
- Journaling, art, music, creative expression
- Humor (non-hostile, not at others' expense)
- Faith-based practices, prayer, community
- Healthy sleep, nutrition, hydration
- Setting **realistic goals** & pacing self
- Accepting what cannot be changed
- **Sublimation** — channeling energy into productive work

✗ MALADAPTIVE BEHAVIORS

- **Substance use** — alcohol, drugs, nicotine
- Social **isolation**, withdrawal from support
- Avoidance, denial, chronic procrastination
- Binge eating · food restriction · purging
- Compulsive shopping, gambling, sex, gaming
- Excessive sleep OR persistent insomnia
- **Projection** & **displacement** onto others
- Risk-taking — reckless driving, unsafe sex
- Aggression, irritability, verbal outbursts
- Somatic complaints without medical cause
- Self-medicating with OTC sedatives/stimulants

RED FLAGS — IMMEDIATE ACTION REQUIRED

- Stated **suicidal or homicidal ideation**, especially with plan or means
- Active **self-injurious behavior** (cutting, burning, hitting)
- Substance **intoxication** with impaired judgment or airway risk
- Escalating **violence**, threats, or destruction of property
- Acute **psychotic features** emerging under stress

04 / NURSING INTERVENTIONS

Priority Actions

1. SAFETY **Assess for harm** first — ask directly about suicidal/homicidal ideation, plan, means, intent
2. ABCs Stabilize airway, breathing, circulation if intoxicated or self-injured; **remove means** before all else
3. **Establish therapeutic relationship** — nonjudgmental, calm, present, use active listening
4. **Assess current coping**: "What do you usually do when you feel overwhelmed?"
5. **Validate emotions** before correcting cognition: "It makes sense you feel this way"
6. Avoid challenging defense mechanisms early — they protect a fragile ego
7. Teach **problem-solving**: identify → options → evaluate → act → reassess
8. Encourage healthy outlets: exercise, journaling, support groups, art
9. Set firm **limits** on maladaptive behaviors when safety is at risk
10. Crisis intervention if acute: **1:1 observation**, stay with patient, contact provider
11. Refer for evidence-based therapy: **CBT**, **DBT**, group, MAT for substance use
12. Document specific coping behaviors, patient's response, and safety status

05 / PHARMACOLOGY

When Coping Fails

Medications target the underlying disorder that drives maladaptive coping.

SSRIs 1ST LINE
`sertraline` · `fluoxetine` · `escitalopram` — anxiety/depression; **4–6 wk** for full effect; monitor suicide risk early in therapy & with dose changes

SNRIs
`venlafaxine` · `duloxetine` — anxiety with somatic complaints; **monitor BP**

Buspirone
Chronic anxiety, **non-addictive**, 2–4 wk onset; **NOT for PRN use**

Benzodiazepines SHORT-TERM
`lorazepam` · `alprazolam` — acute anxiety only; **high dependence risk**; never combine with alcohol or opioids

Naltrexone
Alcohol & opioid use disorder — reduces cravings; check liver enzymes

Disulfiram AVOID ETOH
Alcohol aversion; severe reaction with **any** exposure (mouthwash, sauces, OTC cough syrup)

Bupropion
Depression + nicotine cessation; **lowers seizure threshold** — avoid in eating disorders & seizure hx

06 / NCLEX TEST TRAPS

Don't Get Fooled ⚠

✗ Crying = maladaptive
Emotional release **is healthy**. Concern arises only when crying is paired with isolation, hopelessness, or persists for weeks without function.

✗ All defense mechanisms are bad
Sublimation (channeling anger into running) & **humor** are adaptive. Denial & projection turn maladaptive when sustained.

✗ "Why do you feel that way?" is therapeutic
Avoid "why" questions — they sound judgmental. Use **"Tell me more"** or reflective open-ended prompts.

✗ A no-suicide contract prevents suicide
Removing means (firearms, medications, sharps) is higher priority than any contract. Contracts are NOT evidence-based.

✗ Group therapy first in acute crisis
In an acute crisis, **1:1 nursing** always precedes group settings. Group is reserved for stable, treatment-engaged patients.

✗ A patient expressing anger to staff = aggression
Verbalizing anger is **adaptive** — encourage it. Aggression involves threats, physical action, or destruction.

✗ "I'll be fine" after loss is denial — confront it
Short-term denial protects the ego & is normal in **acute grief**. Intervene only if it persists past 6 months or blocks function.

07 / PATIENT EDUCATION

Teach the Patient

KNOW YOUR TRIGGERS
Identify early warning signs. Use **HALT**: Hungry, Angry, Lonely, Tired.

BUILD A TOOLBOX
Practice coping skills **before** a crisis hits — not during.

BREATHE & GROUND
4-7-8 breathing; **5-4-3-2-1 senses** grounding; progressive muscle relaxation.

MOVE DAILY
30 min activity, 5×/week — lowers cortisol & improves mood.

SLEEP & NUTRITION
7–9 hours nightly · consistent schedule · regular meals.

LIMIT CHEMICALS
Avoid alcohol, nicotine, excess caffeine — they worsen anxiety.

STAY CONNECTED
One supportive contact daily — even a brief text counts.

REFRAME SELF-TALK
Replace "I can't" with "I can try." Catch & challenge distortions.

JOURNAL
Write thoughts & feelings — externalizing reduces rumination.

KNOW WHEN TO SEEK HELP
Low mood >2 wk · thoughts of self-harm · function loss · escalating substance use.

SOS Crisis Resources · **988** Suicide & Crisis Lifeline (call or text) · Crisis Text Line: text **HOME** to **741741**

08 / MEMORY BOOSTERS

Mnemonics & Patterns

COPING steps to teach patients

- **C** alm yourself — breathe, ground
- **O** bserve the stressor objectively
- **P** lan your options
- **I** mplement one small step
- **N** otice the outcome
- **G** row from the experience

HALT vulnerability check

- **H** ungry · **A** ngry · **L** onely · **T** ired
- Address basics **before** tackling the stressor itself

DR PROUD top defense mechanisms tested

- **D** enial — refusing to accept reality
- **R** epression — unconscious blocking
- **P** rojection — attributing own feelings to others
- **R** ationalization — logical excuses
- **O** vercompensation — overdoing in one area
- **U** ndoing — symbolic reversal
- **D** isplacement — redirecting onto safer target

NCLEX Priority safety hierarchy

- **1** Safety & ABCs (remove means, 1:1)
- **2** Assess (direct questions about ideation)
- **3** Therapeutic communication
- **4** Education & long-term planning

If it **solves it**, *it's* **adaptive.** · *If it* **numbs it**, *it's* **maladaptive.**