NCLEX MENTAL HEALTH ◆ 2026 TEST PLAN ◆ PSYCHOSOCIAL INTEGRITY

Social Anxiety *Disorder*

A chronic, debilitating fear of social scrutiny — formerly "social phobia." Onset is typically in adolescence and untreated cases carry significant risk for depression, substance use, and isolation.

DSM-5-TR | Anxiety Disorder | SSRI First-Line | CBT Gold Standard | ≥6 Months Duration

SECTION 01

1 Definition & Overview

- **Persistent, intense fear of social or performance situations** in which the person may be observed, scrutinized, or negatively evaluated by others.
- **Duration ≥ 6 months** with marked distress and significant impairment in social, academic, or occupational functioning.
- **Fear is out of proportion to the actual threat** — patient often recognizes it is excessive but cannot control it.
- **Median age of onset ~13 years**; one of the most common anxiety disorders. High comorbidity with depression and alcohol use disorder.

Specifier: *"Performance only" — fear limited to public speaking/performing. Common in students, musicians, and clinicians (e.g., test anxiety, presentation anxiety).*

SECTION 02

2 Pathophysiology (Simplified)

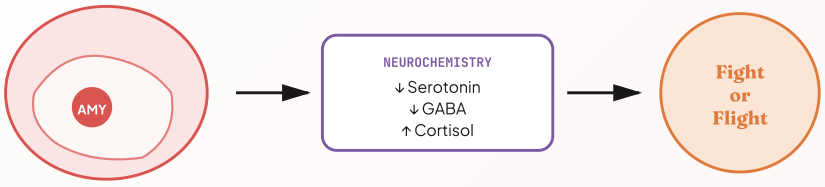
STEP 01 Genetic predisposition + early learning (criticism, bullying, shame) →

STEP 02 Hyperactive **amygdala** tags social cues as threats →

STEP 03 Imbalanced **serotonin, GABA, dopamine** signaling →

STEP 04 **HPA axis** activation → cortisol surge, SNS fight-or-flight →

STEP 05 **Avoidance** reinforces the cycle — fear never extinguishes



Hyperactive Amygdala — *SNS Activation*

SECTION 03

3 Signs & Symptoms

Mild / Anticipatory

- Excessive worry days/weeks before a social event
- Mental rehearsal of conversations
- Blushing, mild sweating, dry mouth
- Avoiding eye contact, soft/shaky voice
- Difficulty initiating conversations
- "Safety behaviors" (script answers, alcohol before event)

Severe / Acute Episode

- Tachycardia, palpitations, chest tightness
- Profuse sweating, trembling, GI distress, nausea
- Panic attack symptoms — fear of "going crazy"
- Mind goes blank, voice tremor, stammering
- Complete avoidance — school/work refusal
- Self-medication with alcohol or benzodiazepines

RED FLAG FINDINGS — Prioritize Safety

Suicidal ideation, alcohol or substance abuse to cope, severe social isolation, school refusal in adolescents, secondary major depressive disorder, or weight loss/failure to thrive from avoiding meals in public.

SECTION 04

4 Priority Nursing Interventions

① **ASSESS safety first** — screen for suicidal ideation, substance use (especially alcohol/benzos), and self-harm before any therapeutic work.

② **ESTABLISH a calm, accepting, non-judgmental relationship.** Approach in a quiet area; avoid groups or crowded settings initially.

③ **DO NOT force participation** in group activities. Start one-on-one. Begin with low-demand interactions (parallel tasks → brief exchanges → small groups).

④ **TEACH relaxation techniques**: diaphragmatic breathing, progressive muscle relaxation, grounding (5–4–3–2–1), guided imagery — practice *before* exposure.

⑤ **SUPPORT gradual exposure** on a fear hierarchy (least → most feared). Stay with patient; provide praise and reinforcement for small wins.

⑥ **ADMINISTER medications** as ordered. Educate that SSRIs take **4–6 weeks** for full effect — many patients stop too early.

⑦ **MONITOR** for self-medication with alcohol or benzodiazepines, worsening depression, and suicidal ideation (especially first weeks of SSRI therapy in <25 y/o).

⑧ **USE cognitive restructuring**: help the patient identify catastrophic thoughts ("everyone will judge me") and replace with realistic alternatives.

Therapeutic communication ✓: *"I can see this feels overwhelming. Let's sit together for a few minutes."*
NOT therapeutic ✗: *"There's nothing to worry about — everyone gets nervous." (Invalidates feelings.)*

SECTION 05

5 Pharmacology

SSRI FIRST-LINE

Paroxetine · Sertraline · Escitalopram · Fluoxetine

MECH Block reuptake of serotonin → ↑ synaptic 5-HT

SE GI upset, headache, insomnia, sexual dysfunction, weight changes, **serotonin syndrome**, ↑ SI in <25 y/o

RN **4–6 weeks** for full effect · take with food · do NOT stop abruptly (discontinuation syndrome) · avoid MAOIs (2-wk washout)

SNRI SECOND-LINE

Venlafaxine · Duloxetine

MECH Block reuptake of serotonin AND norepinephrine

SE **↑ Blood pressure**, sweating, dry mouth, insomnia, GI, sexual dysfunction

RN Monitor BP at baseline & ongoing · do NOT stop abruptly · taper slowly

BETA-BLOCKER PRN – PERFORMANCE

Propranolol · Atenolol

MECH Blocks β1 receptors → ↓ HR, ↓ tremor, ↓ physical sx of anxiety

SE Bradycardia, hypotension, fatigue, bronchospasm (caution in asthma/COPD)

RN **Hold if HR < 60** or SBP < 90 · use 30–60 min before performance · does NOT treat the cognitive/emotional anxiety

BENZODIAZEPINE SHORT-TERM ONLY

Lorazepam · Clonazepam · Alprazolam

MECH ↑ GABA activity → CNS depression, fast anxiolysis

SE Sedation, ataxia, falls, **respiratory depression**, dependence, abuse, paradoxical agitation in elderly

RN **NOT first-line** · avoid in patients with SUD/alcohol use · short-term bridge only · taper to discontinue · reversal = **flumazenil**

SECTION 06

6 NCLEX Test Traps ⚠

Shyness VS Social Anxiety

Shyness is a personality trait. SAD requires **≥6 months**, significant impairment, and marked distress. Don't dismiss the patient as "just shy."

SAD VS Agoraphobia

SAD = fear of being *judged*. Agoraphobia = fear of being unable to *escape* or get help. Different triggers — pick the answer that matches the fear, not the avoidance.

SAD VS Panic Disorder

Panic attacks in SAD are **cued** by social triggers. Panic disorder = unexpected, uncued attacks. Look at what triggers the episode.

Benzos are NOT first-line

The "fastest acting" answer is rarely the correct NCLEX answer. SSRIs are first-line — even though they take weeks. High abuse potential excludes benzos as a long-term choice.

Beta-blockers ≠ Anti-anxiety

Propranolol treats **physical symptoms** (tremor, tachycardia) — not the underlying fear or worry. Wrong answer for generalized SAD; right answer for isolated performance anxiety.

"Push to socialize" trap

Pressuring the patient into group activities is **incorrect**. Gradual, hierarchical exposure with consent is therapeutic; forced exposure increases avoidance and shame.

"Reassure them it's fine"

Saying "everyone gets nervous" or "there's nothing to worry about" is **non-therapeutic** — it invalidates the patient's experience.

SSRI onset confusion

"I started my paroxetine 5 days ago and I don't feel better." → Correct response: **"It can take 4 to 6 weeks for full effect — keep taking it as prescribed."** Do NOT tell them to stop or switch.

SECTION 07

7 Patient Education

- ✓ **Take SSRI exactly as prescribed every day.** Full effect takes 4–6 weeks — do not stop early because "it's not working."
- ✓ **Never stop SSRIs abruptly** — discontinuation syndrome causes flu-like symptoms, dizziness, brain "zaps," and irritability. Always taper with provider.
- ✓ **Avoid alcohol and recreational drugs**. Alcohol worsens anxiety long-term, interacts with SSRIs/benzos, and creates dependence.
- ✓ **Cognitive Behavioral Therapy (CBT)** with exposure is the gold-standard psychotherapy. Combined CBT + SSRI is more effective than either alone.
- ✓ **Practice daily relaxation**: 5–minute diaphragmatic breathing, progressive muscle relaxation, mindfulness. Builds skill before you need it.
- ✓ **Build a fear hierarchy**: list situations from least to most anxiety-provoking and tackle them gradually — small wins build confidence.
- ✓ **Limit caffeine and nicotine** — both can mimic and worsen anxiety symptoms (tachycardia, jitteriness).
- ✓ **Report immediately:** suicidal thoughts, severe restlessness/agitation, new mania-like symptoms, serotonin syndrome (high fever, rigidity, confusion), severe rash.
- ✓ **Support groups & peer connection** can be powerful — but only when the patient is ready. Online groups can be a low-pressure starting point.

SECTION 08

8 Memory Boosters & Mnemonics

F • E • A • R • S

DIAGNOSTIC CRITERIA

- **F** — **Fear** of social scrutiny (≥6 mo)
- **E** — **Embarrassment** / humiliation feared
- **A** — **Avoidance** of social situations
- **R** — **Racing** heart, sweating, trembling
- **S** — **SSRIs** are first-line treatment

S • H • A • K • E

PHYSICAL SIGNS

- **S** — **Sweating** profusely
- **H** — **Heart** racing (tachycardia)
- **A** — **Avoidance** of eye contact
- **K** — **Knees** trembling, voice shaky
- **E** — **Embarrassment** / blushing

S • A • D

TREATMENT PRIORITIES

- **S** — **SSRIs** first-line (4–6 wk onset)
- **A** — **Avoid** alcohol & long-term benzos
- **D** — **Desensitization** — gradual CBT exposure

Quick pattern recognition: *If the question describes a teenager who refuses to eat in the cafeteria, blushes when asked to read aloud, and has been avoiding class presentations for 8 months — think* **Social Anxiety Disorder**, *not "just shy." Priority answer =* **therapeutic relationship + SSRI education + gradual exposure**.