

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?)



HPA AXIS Hypothalamus → CRH → ACTH → cortisol release



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**

Bupirone

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, 5x/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.