Psychosocial Integrity

National Council Licensure Examination for Practical Nurses (NCLEX-PN)

9 to 15% of the exam · 20 activity statements · 2026 NCLEX-PN Test Plan

Psychosocial Integrity covers the client's emotional, mental and social well-being: support and therapeutic communication, coping, self-esteem, risk of harm to self or others, substance use, cognitive and sensory changes, behavior management, culture and spirituality, and care at the end of life. The practical nurse collects data, uses therapeutic communication, reinforces teaching and reports risk and change to the RN. Items test the most therapeutic response, the safest action and what must be reported now.

You should be able to: You can choose the most therapeutic response, recognize and report risk of harm, substance withdrawal or overdose and sudden mental status change, support coping, culture and self-esteem, help manage agitated or cognitively impaired clients, and give comfort and teaching at the end of life within the LPN/VN scope.

Every activity statement: the key point and the trap

1. Offer the client emotional support

Be present: sit at eye level, give your full attention, use silence and allow the client to express feelings.

Trap: Choosing a reassuring or informative reply when the client needs feelings acknowledged first.

2. Gather data on how the client is functioning psychosocially

Collect data on appearance, behavior, mood and affect, speech, thought content, orientation, memory, sleep, appetite and social supports.

Trap: Recording vague impressions ("seems sad") instead of observed behavior and the client's own words.

3. Notice which coping strategies help the client and which do not

Effective coping includes problem solving, seeking information and support, exercise, relaxation, faith practices and expressing feelings.

Trap: Forcing a client out of denial abruptly, or ignoring ineffective coping such as increased drinking.

4. Help the client build healthy self-esteem

Focus on the client's strengths and give honest, specific praise for real accomplishments.

Trap: Giving vague praise or pushing a client to look at a body change before they are ready.

5. Gather data on the client's risk of harming self or others

The strongest predictor of violence is a history of violence; other risks are substance use, command hallucinations, paranoia, agitation and access to weapons.

Trap: Seeing sudden improvement in a depressed client as good news only, or avoiding the direct question about suicide.

6. Recognize signs of substance misuse or a substance use disorder, and of withdrawal or overdose

Signs of misuse include changes in behavior and performance, missed obligations, legal or relationship problems and the smell of alcohol; ask about use without judgment.

Trap: Mistaking early alcohol withdrawal for anxiety or pain, or forgetting that naloxone can wear off before the opioid does.

7. Reinforce teaching for families and caregivers on handling a client's behavioral disorder

Reinforce teaching the RN or provider began: consistent routines, clear simple rules, and immediate, consistent consequences.

Trap: Choosing harsh, inconsistent or delayed punishment, or forgetting the caregiver's own need for support.

8. Find out why a client is not following the treatment plan

Ask open, nonjudgmental questions about why the client is not following the plan, before assuming they do not care.

Trap: Repeating the instructions or warning the client before finding out why they stopped.

9. Take part in group sessions with clients

Groups move through stages: an orientation or forming phase (building trust and rules), a working phase (addressing problems) and termination (summarizing and saying goodbye).

Trap: Letting one member dominate, or sharing what a client said in group outside the group.

10. Plan care that respects the client's spiritual and cultural beliefs and gender identity

Ask the client about beliefs, practices and preferences; do not assume them from the client's background or appearance.

Trap: Assuming a client's beliefs from their ethnicity or appearance, or overriding a stated preference without involving the team.

11. Help care for a client who is angry or agitated, for example by de-escalating

Act early: notice rising tension (pacing, louder voice, clenched fists) and intervene before aggression.

Trap: Arguing, touching or crowding an agitated client, or going alone into a room with a client who is escalating.

12. Take part in reminiscence, validation or reality orientation therapy

Reminiscence therapy invites older adults to recall and share past experiences; it supports self-esteem and life review.

Trap: Insisting on reality orientation with a client who has advanced dementia, which increases distress.

13. Help care for a client with cognitive impairment

Delirium is sudden, fluctuates and is often reversible (infection, medications, dehydration, low oxygen); dementia develops gradually and is progressive. Report a sudden change at once.

Trap: Accepting a sudden change in mental status as part of known dementia.

14. Help the client adjust to and cope with stressful events and changing health

Grief is personal and not linear; the stages often described (denial, anger, bargaining, depression, acceptance) may occur in any order or repeat.

Trap: Arguing with a grieving client's anger or expecting grief to follow a fixed order.

15. Communicate therapeutically with the client

Therapeutic techniques: open-ended questions, active listening, silence, restating, reflecting feelings, clarifying, summarizing and offering self ("I'll stay with you").

Trap: Choosing a reply that reassures, defends the family, asks "why" or changes the subject.

16. Help care for a client with sensory or perceptual changes

For a client with hallucinations: do not argue or agree; acknowledge the experience, state what you perceive ("I don't hear voices, but I can see they are upsetting you") and focus on reality and safety.

Trap: Arguing about whether the voices are real, or not asking what the voices are saying.

17. Foster a therapeutic setting

A therapeutic environment (milieu) is safe, structured and predictable, with clear rules and a daily schedule.

Trap: Allowing exceptions to safety rules for one client, which makes the milieu unpredictable and unsafe.

18. Build behavior management methods into client care

Positive reinforcement increases desired behavior; consequences should be immediate, consistent and agreed by the whole team.

Trap: Making a special exception for one manipulative request, or setting limits angrily or inconsistently.

19. Notice stressors that get in the way of care and reduce them

Stressors that affect care include pain, noise, interrupted sleep, unfamiliar surroundings, fear of procedures, loss of control and worry about family or money.

Trap: Treating stress as purely emotional and missing the physical causes the nurse can change.

20. Give care and teaching to clients at the end of life

Palliative care relieves symptoms at any stage of serious illness; hospice care is for clients expected to live about 6 months or less who focus on comfort.

Trap: Withholding ordered comfort medication for fear of hastening death, or speaking about the client as if she cannot hear.

Key terms

Therapeutic communication: Purposeful communication that focuses on the client's feelings and needs, such as reflecting, clarifying and using silence.

Affect: The outward expression of emotion that others observe.

Defense mechanism: An unconscious way of protecting oneself from anxiety, such as denial, projection or displacement.

Command hallucination: A hallucinated voice telling the client to do something, possibly harmful; always reported at once.

De-escalation: Calm verbal and nonverbal techniques used to reduce a client's agitation before it becomes aggression.

Delirium: A sudden, fluctuating disturbance in attention and thinking, often reversible once the cause is treated.

Dementia: A gradual, progressive decline in memory and thinking that interferes with daily life.

Validation therapy: Responding to the feelings behind a confused client's words instead of correcting the facts.

Reality orientation: Reminding a mildly confused client of time, place and person, using clocks, calendars and cues.

Therapeutic milieu: A safe, structured environment designed to support clients' recovery.

Crisis: A time-limited state in which a person's usual coping fails in the face of a stressful event.

Hospice: Comfort-focused care for clients with a limited life expectancy and their families.

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