Psychosocial Integrity

National Council Licensure Examination for Registered Nurses (NCLEX-RN)

6 to 12% of the exam · 15 activity statements · 2026 NCLEX-RN Test Plan

Psychosocial Integrity covers the client's emotional, mental and social well-being under stress and illness: communication, safety from self-harm, violence and abuse, substance use, culture, coping, grief and the end of life. NCLEX items test whether you can spot risk in what a client says and does, choose the therapeutic response over the comforting one, and keep the client and others safe in the least restrictive way.

You should be able to: After this guide you should be able to choose the therapeutic response, recognize risk of suicide, violence, abuse and withdrawal, and pick the safe, least restrictive and culturally respectful action for a client under psychosocial stress.

Every activity statement: the key point and the trap

1. Assess social, spiritual, financial and other influences on care and plan for them

Psychosocial factors include work, money, housing, faith, relationships and environment; each can change how a client recovers and follows a plan.

Trap: Choosing to re-teach the medication schedule when the client's real barrier is that he cannot pay for the prescription.

2. Check for abuse or neglect, then report, act or escalate

Abuse can be physical, sexual, emotional, financial or neglect; cues include injuries in different stages of healing, explanations that do not fit the injury, delay in seeking care and a fearful or overly watchful companion.

Trap: Confronting the suspected abuser or waiting for proof before reporting, instead of reporting a reasonable suspicion and keeping the client safe.

3. Check for substance misuse or toxicity, such as withdrawal, and act on it

Ask every client about alcohol, tobacco, cannabis, prescription and illicit drug use, including the amount and the time of the last use; the last use predicts when withdrawal will start.

Trap: Treating new confusion two days after admission as simple disorientation instead of recognizing alcohol withdrawal, which can progress to seizures and delirium tremens.

4. Care for and teach about short and long term mental health issues

Assess every client with depression for suicide risk by asking directly about thoughts, a plan, the means and past attempts; asking does not plant the idea.

Trap: Reading a depressed client's sudden improvement in mood as recovery rather than as a possible warning sign of suicide.

5. Foster a setting that supports healing

A therapeutic environment (milieu) is safe, structured and predictable, with clear rules applied the same way by all staff.

Trap: Encouraging a client with mania to join a competitive group game, which raises stimulation instead of lowering it.

6. Respect the client's culture and beliefs when planning and giving care

Ask the client about beliefs and practices that affect health, food, modesty, decision-making and death; do not assume them from ethnicity or religion.

Trap: Assuming what a client believes from a cultural label instead of asking the client about her own practices and preferences.

7. Give care and teaching to clients near the end of life

Palliative care relieves symptoms and suffering at any stage of a serious illness; hospice care focuses on comfort when cure is no longer the goal and life expectancy is limited.

Trap: Deep suctioning or starting aggressive treatment for a dying client whose wishes and plan are comfort only.

8. Judge the risk of violence and take safety measures

The **best** predictor of violence is a history of violence; other risk factors are intoxication, withdrawal, command hallucinations, paranoia and a recent loss.

Trap: Moving straight to restraint, or approaching an agitated client alone in a closed room, when de-escalation has not been tried.

9. Assess the client's support network to inform the care plan

Ask who the client relies on for help, who lives with them, and who they want involved in care; the client defines family.

Trap: Assuming a spouse at home means the client has adequate support without assessing what the spouse can actually do.

10. Assess how well the client is coping with life changes and offer support

Life changes such as a new diagnosis, amputation, job loss, divorce or retirement can overwhelm usual coping.

Trap: Forcing a client in early denial to face the full reality at once instead of supporting gradual acceptance.

11. Communicate using therapeutic techniques

Therapeutic techniques: open-ended questions, active listening, silence, restating, reflecting feelings, clarifying, focusing, offering self, and summarizing.

Trap: Choosing a comforting phrase such as "Try not to worry, most biopsies are benign", which is false reassurance and closes the conversation.

12. Use behaviour management strategies in the client's care

Set clear, consistent limits: state the behavior, the expectation and the consequence, then follow through calmly.

Trap: Making an exception for a manipulative client "just this once", which rewards the behavior and undermines the team's limits.

13. Notice body language that signals physical or emotional stress

Nonverbal cues include facial grimacing, guarding, restlessness, rocking, clenched hands, withdrawal, poor eye contact, crying and changes in sleep or appetite.

Trap: Treating sudden agitation in a nonverbal client as a behavior problem without first assessing for pain or a physical cause.

14. Care for a client with impaired vision, hearing or thinking

For a client with low vision: announce yourself and say when you leave, orient the client to the room, keep furniture and items in the same place, and describe food by clock positions.

Trap: Raising your voice to a client with hearing loss, which distorts sound, instead of facing the client and speaking clearly at a lower pitch.

15. Care for a client who is grieving or facing loss

Grief is a normal response to loss (of a person, a body part, health, a role or a home); stages such as denial, anger, bargaining, depression and acceptance are not linear.

Trap: Choosing a cliché that tells the bereaved how to feel, instead of a response that acknowledges the loss and invites them to share.

Key terms

Therapeutic communication: Purposeful talk that centers on the client's needs and feelings and helps the client express them.

False reassurance: A promise or comforting statement the nurse cannot know is true; it blocks communication.

Milieu: The structured, safe social environment of a unit used as part of treatment.

Least restrictive measure: The intervention that keeps the client and others safe while limiting freedom as little as possible.

De-escalation: Verbal and nonverbal techniques that reduce agitation before it becomes violence.

CIWA-Ar: A clinical scale that scores alcohol withdrawal symptoms to guide symptom-triggered treatment.

Delirium tremens: Severe alcohol withdrawal with confusion, hallucinations and autonomic instability, usually 48 to 96 hours after the last drink.

Wernicke encephalopathy: Acute brain dysfunction from thiamine deficiency, with confusion, ataxia and eye movement changes.

Mandatory reporting: A legal duty to report a reasonable suspicion of abuse, such as of a child, to the authority named in law.

Palliative care: Care that relieves symptoms and suffering at any stage of a serious illness.

Hospice: Comfort-focused care for a client near the end of life when curative treatment has stopped.

Anticipatory grief: Grief that begins before an expected loss.

Complicated grief: Grief that is prolonged and intense enough to impair daily functioning.

Limit setting: Stating an expected behavior and its consequence clearly and enforcing it consistently.

Validation: Acknowledging a client's feelings as real for the client without agreeing with false beliefs.

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