TYPE A BEHAVIOR

BEHAVIORAL DEFINITIONS

1. A pattern of pressuring self and others to accomplish more because there is never enough time.
2. A spirit of intense competition in all activities.
3. Intense compulsion to win at all costs regardless of the activity or co-competitor.
4. Inclination to dominate all social or business situations, being too direct and overbearing.
5. Propensity to become irritated by the action of others who do not conform to own sense of propriety or correctness.
6. A state of perpetual impatience with any waiting, delays, or interruptions.
7. Difficulty in sitting and quietly relaxing or reflecting.
8. Psychomotor facial signs of intensity and pressure (e.g., muscle tension, scowling, glaring, or tics).
9. Psychomotor voice signs (e.g., irritatingly forceful speech or laughter, rapid and intense speech, and frequent use of obscenities).

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LONG-TERM GOALS

1. Formulate and implement a new life attitudinal pattern that allows for a more relaxed pattern of living.

2. Reach a balance between work/competitive and social/noncompetitive time in daily life.
3. Achieve an overall decrease in pressured, driven behaviors.
4. Develop social and recreational activities as a routine part of life.
5. Alleviate sense of time urgency, free-floating anxiety, anger, and self-destructive behaviors.

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SHORT-TERM OBJECTIVES	THERAPEUTIC INTERVENTIONS
1. Describe the pattern of pressured, driven living. (1, 2)	1. Assess examples of pressured lifestyle including associated situations, cognition, emotion, actions, and impact on client and others.
	2. Assist the client to see self as others do.
2. Comply with psychological assessment. (3, 4)	3. Administer measure to assess and track the breadth and depth of Type A behavior (e.g., *Jenkins Activity Survey*).
	4. Review and process results of testing with the client toward increasing motivation for change.
3. Disclose any history of substance use that may contribute to and complicate the treatment of Type A behavior. (5)	5. Arrange for a substance abuse evaluation and refer the client for treatment if the evaluation recommends it (see the Substance Use chapter in this *Planner*).
4. Provide behavioral, emotional, and attitudinal information	6. Assess the client's level of insight (syntonic versus dystonic)

toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (6, 7, 8, 9)

toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).

7. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
8. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
9. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment

	(e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
5. Identify the beliefs that support driven, overachieving behavior. (10, 11, 12)	10. Probe personal history including family of origin history for role models of and/or pressure for high achievement and compulsive drive.
	11. Ask the client to make a list of his/her beliefs about self-worth and the worth of others; process it with the therapist.
	12. Assist the client in making key connections between his/her overachieving/driven behavior and the desire to please key parental figures.
6. Verbalize a desire to reprioritize values toward less self-focus, more inner and other orientation. (13, 14)	13. Explore and clarify the client's value system and assist in developing new priorities on the importance of relationships, recreation, spiritual growth, reflection time, giving to others (or assign "Developing Noncompetitive Values" in the *Adult Psychotherapy Homework Planner* by Jongsma).
	14. Ask the client to read biographies or autobiographies of spiritual people (e.g., St. Augustine, Thomas Merton, Albert Schweitzer, C. S. Lewis); process the key beliefs they lived by.
7. Verbalize a commitment to learning new approaches managing self, time, and relationships that emphasize the values of inner and other orientation. (15)	15. Ask the client to commit to attempting attitude and behavior changes to promote a healthier, less Type A lifestyle; explore with him/her what changes need to be made to become less Type A.

8. Develop the pattern of doing one task at a time with less emphasis on pressure to complete it quickly. (16)

9. Decrease the number of hours worked daily and the frequency of taking work home. (17)

10. Learn and implement calming skills as a lifestyle change and to manage pressure situations. (18, 19)

11. Increase daily time involved in relaxing activities. (20, 21, 22, 23)

16. Encourage and reinforce the client, focusing on one activity at a time without a sense of urgency; direct him/her to calmly complete the task before moving on to another task.

17. Review the client's pattern of hours spent working (at home and office) and recommend selected reductions; explore how these reductions could be accomplished (what specifically needs to change?).

18. Teach the client calming techniques (e.g., muscle relaxation, paced breathing, calming imagery) as part of a tailored strategy for responding appropriately to feelings of pressure when they occur (recommend *The Relaxation and Stress Reduction Workbook* by Davis, Robbins-Eshelman, and McKay).

19. Assign the client to implement calming techniques in his/her daily life in general and when facing trigger situations; process the results, reinforcing success and provide corrective feedback toward improvement.

20. Assign the client to do at least one noncompetitive activity each day for a week; process this experience.

21. Ask the client to try at least one area of interest outside of his/her vocation that he/she will do two times weekly for one month (or assign "Identify and Schedule Pleasant Activities" in the *Adult Psychotherapy Homework Planner* by Jongsma).

	22. Assign the client to watch comedy movies or other pleasant activities and identify the positive aspects and consequences of them.
	23. Reinforce all the client changes that reflect a greater sense of life balance.
12. Identify and replace distorted automatic thoughts that motivate pressured living. (24)	24. Assist the client in identifying distorted automatic thoughts that lead to feeling pressured to achieve; assist him/her in replacing these distortions with positive, realistic cognitions.
13. Verbalize a recognition of hostility toward and impatience with others. (25, 26)	25. Explore the client's pattern of intolerant, impatient interaction with others.
	26. Assist the client in identifying his/her critical beliefs about other people and connecting them to hostile verbal and behavior patterns in daily life; challenge him/her to develop alternative thoughts that mediate tolerance and acceptance of others.
14. Learn and implement respectful assertive communication knowledge and skills to replace insensitive directness or verbal aggression that is controlling. (27, 28)	27. Train the client in assertive communication with emphasis on recognizing and refraining from aggressive communication (e.g., ignoring of the rights of others) to respectful, assertive communication.
	28. Monitor, point out, and reframe the client's actions or verbalizations that reflect a self-centered or critical approach to others; practice alternatives using behavioral strategies such as modeling, role-playing, and/or role reversal.

15. Learn problem-solving and/or conflict resolution skills to manage interpersonal problems. (29, 30)

16. Practice using new calming, cognitive, communication, and problem-solving skills in session with the therapist and during homework exercises. (31, 32, 33)

17. Demonstrate decreased impatience with others by talking of appreciating and

29. Teach the client conflict resolution skills (e.g., empathy, active listening, "I messages," respectful communication, assertiveness without aggression, compromise); use role- play and modeling to apply these skills to current conflicts.

30. Teach the client problem-solving skills (e.g., define the problem specifically, brainstorm options, list the pros and cons of each option, chose and implement an option, evaluate the outcome); use modeling, role-playing, and behavior rehearsal to apply this skill to several current conflicts (or assign "Plan Before Acting" in the *Adult Psychotherapy Homework Planner* by Jongsma).

31. Assist the client in constructing a client-tailored strategy for managing pressure that combines any of the somatic, cognitive, communication, problem-solving, and/or conflict resolution skills relevant to his/her needs.

32. Select situations in which the client will be increasingly challenged to apply his/her new strategies for managing stress.

33. Use any of several techniques, including relaxation, imagery, behavioral rehearsal, modeling, role-playing, in vivo exposure, or behavioral experiments to help the client consolidate the use of his/her new stress management skills.

34. Assign the client to talk to an associate or child, focusing on listening to the other person and

understanding the good qualities in others. (34, 35, 36, 37)

learning several good things about that person; process the experience.

35. Assign the client and family to attend an experiential weekend that promotes self-awareness (e.g., high/low ropes course or cooperative tasks); process the experience afterwards.
36. Assign the client to go with a group on a wilderness camping and canoeing trip, on a work camp project, or with the Red Cross as a disaster worker; process the experience.
37. Encourage the client to volunteer for a nonprofit social agency, school, or the like for one year, doing direct work with people (i.e., serving food at a soup kitchen or tutoring an inner-city child); process the positive consequences.

18. Increase interest in the lives of others as evidenced by listening to others talk of their life experiences, and by engaging in one act of kindness per day. (38, 39, 40)

38. Encourage and monitor the client in doing one random, spontaneous act of kindness on a daily basis and explore the positive results.
39. Encourage the client to express warmth, appreciation, affection, and gratitude to others.
40. Assign the client to read the book *The Road Less Traveled* by Peck and to process key ideas with therapist.

19. Develop a daily routine that reflects a balance between the quest for achievement and appreciation of aesthetic things. (41, 42)

41. Assign the client to read "List of Aphorisms" in *Treating Type A Behavior and Your Heart* by Friedman and Ulmer three times daily for one or two weeks; then to pick several to incorporate into his/her life.

20. Participate in Acceptance and Commitment Therapy (ACT) to learn a new approach to life and its stresses. (43, 44, 45, 46)

42. Ask the client to list activities he/she could engage in for purely aesthetic enjoyment (e.g., visit an art museum, attend a symphony concert, hike in the woods, take painting lessons, etc.) and incorporate these into his/her life.
43. Use an ACT approach to help the client accept and openly experience anxious thoughts and feelings without being overly impacted by them, and committing his/her time and efforts to activities that are consistent with identified, personally meaningful values (see *Learning ACT: An Acceptance and Commitment Therapy Skills-Training Manual for Therapists* by Luoma, Hayes, and Walser).
44. Teach mindfulness meditation to help the client recognize the negative thought processes associated with panic and change his/her relationship with these thoughts by accepting thoughts, images, and impulses that are reality-based while noticing, but not reacting to, non-reality-based mental phenomena (see *Guided Mindfulness Meditation* [Audio CD] by Zabat-Zinn).
45. Assign the client homework in which he/she practices lessons from mindfulness meditation and ACT in order to consolidate the approach into in everyday life.
46. Assign the client reading consistent with the mindfulness and ACT approach to supplement work done in session (see *Get Out of Your Mind and Into*

Your Life: The New Acceptance and Commitment Therapy by Hayes).

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	300.3	Obsessive-Compulsive Disorder
	300.02	Generalized Anxiety Disorder
	296.89	Bipolar II Disorder, Hypomanic
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	_____	_____
Axis II:	301.4	Obsessive-Compulsive Personality Disorder
	_____	_____
	_____	_____

Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	*DSM-5* Disorder, Condition, or Problem
300.3	F42	Obsessive-Compulsive Disorder
300.02	F41.1	Generalized Anxiety Disorder
296.89	F31.81	Bipolar II Disorder
301.4	F60.5	Obsessive-Compulsive Personality Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.