

# Clinically Relevant Behavior (CRB)

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September 25, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *Clinically Relevant Behavior (CRB)*. PSYCHOLOGICAL SCALES.  
Retrieved from <https://scales.arabpsychology.com/?p=27611>

## Clinically Relevant Behavior (CRB)

**Primary Disciplinary Field(s):** Psychology, Clinical Psychology, Functional Analytic Psychotherapy (FAP)

### 1. Core Definition

A **Clinically Relevant Behavior (CRB)** is defined as a specific conduct or action exhibited by a client that maintains the same functional relationship and serves the same purpose both within the therapeutic session and in their everyday life outside of therapy. This fundamental concept is central to the practice of Functional Analytic Psychotherapy (FAP), a treatment approach that places significant emphasis on identifying, understanding, and directly addressing these behaviors as they naturally occur in the therapeutic context. The "function" of a behavior refers to its consistent effect on the environment, particularly the consequences that follow it and thus maintain its occurrence.

The core idea behind CRBs is to create a microcosm of the client's life within the therapy room. By observing behaviors that arise during sessions, therapists can gain direct insight into the client's real-world challenges and strengths. This allows for immediate and targeted intervention, as problematic behaviors can be addressed in real-time, and adaptive behaviors can be reinforced. The concept provides a powerful lens through which the therapist can understand how a client's actions, both helpful and unhelpful, operate in various contexts, facilitating a more direct and experiential approach to behavioral change.

Understanding CRBs requires a keen observational skill from the therapist, as these behaviors might not always be overtly stated but rather subtly enacted through non-verbal cues, communication patterns, or specific interactions with the therapist. The clinical relevance is tied to the behavior's impact on the client's overall well-being, their relationships, and their ability to achieve their therapeutic goals. Therefore, a CRB is not merely any behavior occurring in session, but specifically those behaviors that mirror the client's most pressing clinical concerns and their desired improvements.

### 2. Etymology and Historical Development

The concept of Clinically Relevant Behavior (CRB) emerged directly from the development of Functional Analytic Psychotherapy (FAP), which was initially formulated by Robert Kohlenberg and Mavis Tsai in the late 1980s. FAP is rooted deeply in radical behaviorism and contextual behavioral science, emphasizing the functional analysis of behavior. Unlike traditional cognitive or insight-oriented therapies, FAP posits that the most powerful therapeutic interventions occur when clients' problematic and improved behaviors are directly evoked and shaped within the therapeutic relationship itself.

The conceptualization of CRBs was a crucial step in operationalizing FAP's clinical approach. Prior to FAP, many behavioral therapies focused on teaching skills or modifying behaviors through homework assignments and generalization strategies outside the session. Kohlenberg and Tsai recognized the immense potential of the therapeutic relationship as a powerful environment for behavioral change, arguing that if a client's core problems manifest in their interactions with the therapist, these are the most direct and potent targets for intervention. This perspective represented a significant shift, moving from an indirect approach to a direct, in-vivo method of behavioral shaping.

The initial formulation and subsequent refinement of FAP, and consequently the CRB construct, were detailed in their seminal work, "Functional Analytic Psychotherapy: Creating Intense and Curative Therapeutic Relationships" (1991). This work provided a comprehensive framework for therapists to identify, evoke, and respond to CRBs, solidifying the concept as a cornerstone of the FAP model. The historical trajectory of CRB is thus inseparable from the evolution of FAP itself, reflecting a commitment to functionally analyzing behaviors as they unfold in the immediate context of the therapeutic relationship to promote genuine and lasting change.

### 3. Key Characteristics

Clinically Relevant Behaviors are typically categorized into two primary types: **CRB1** and **CRB2**, each representing distinct phases or manifestations of the client's journey within FAP. These categories provide a structured way for therapists to observe and intervene effectively, guiding the therapeutic process from identifying problematic patterns to reinforcing desired changes. The dynamic interplay between CRB1s and CRB2s is at the heart of the FAP model, offering a clear roadmap for therapeutic progress.

**CRB1s** refer to the client's problematic or unhelpful behaviors that manifest during the therapy session, acting as direct representations or analogues of their real-life difficulties. These are the behaviors that, when performed outside of therapy, contribute to the client's distress, interpersonal problems, or failure to achieve their goals. For instance, if a client struggles with social anxiety and avoids eye contact in daily interactions, exhibiting avoidance or hesitant speech when discussing sensitive topics with the therapist would be considered a CRB1. The therapist's role is to identify these CRB1s as they happen, understand their function, and respond in a way that helps the client recognize and ultimately modify them. The example provided in the source content perfectly illustrates a CRB1: "a client who looks anxious when talking about his childhood is a CRB1 for her actual problematic behavior of being uncomfortable around children." This in-session anxiety serves the same avoidance function as the discomfort around children outside the session.

Conversely, **CRB2s** represent the client's improved, adaptive, or progress-oriented behaviors that also manifest within the therapy session. These are the behaviors that indicate movement towards

the client's therapeutic goals, reflecting healthier coping mechanisms, improved interpersonal skills, or greater self-awareness. When a client, who previously avoided difficult topics, now engages openly and assertively with the therapist, this would be a CRB2. The therapist's crucial task is to naturally and contingently reinforce these CRB2s when they occur, thereby increasing the likelihood of their repetition and generalization to real-life situations. The emergence and strengthening of CRB2s are direct indicators of therapeutic success and the client's capacity for positive change.

The identification and shaping of CRBs require the therapist to cultivate a highly attuned and authentic therapeutic relationship. The therapist acts as both a discerning observer and an active participant, using their own responses to client behaviors as a therapeutic tool. By creating a safe yet challenging environment, the therapist facilitates the natural occurrence of CRB1s, providing an opportunity for in-session change, and then reinforces CRB2s, ensuring that these new, adaptive behaviors are strengthened and carried into the client's daily life.

#### 4. Significance and Impact

The concept of Clinically Relevant Behavior (CRB) holds immense significance within Functional Analytic Psychotherapy (FAP) and has a profound impact on its effectiveness as a therapeutic approach. By focusing on CRBs, FAP directly addresses the core mechanisms of change, providing a highly personalized and immediate intervention strategy. The impact of CRBs extends beyond mere symptom reduction, aiming for deep, functional changes in how clients interact with their environment and themselves.

One of the primary impacts of CRBs is their role in facilitating the **generalization of therapeutic gains**. Since CRBs are defined by having the same function both inside and outside the therapy room, modifying a CRB1 into a CRB2 within the session means that the client is learning and practicing new, more adaptive ways of behaving in a context directly analogous to their real-life challenges. This direct practice in a controlled, supportive environment significantly increases the likelihood that these improved behaviors will transfer effectively to the client's natural environment, leading to lasting behavioral change rather than temporary relief.

Furthermore, CRBs empower therapists to use the therapeutic relationship as a powerful agent of change. By observing CRB1s and providing contingent, naturalistic reinforcement for CRB2s, the therapist is not merely talking about problems but actively shaping behavior in real-time. This active, experiential learning fosters a unique therapeutic bond, often characterized by intense intimacy and authenticity, which itself can be curative. The therapist's ability to identify and respond to CRBs with genuine care and precision enhances the client's trust and willingness to engage in difficult self-exploration and behavioral experimentation.

The consistent focus on CRBs also impacts the assessment process in FAP. Rather than relying

solely on self-report or standardized questionnaires, the therapist continuously assesses the client's progress through direct observation of CRBs. This ongoing, in-vivo assessment provides rich, ecologically valid data about the client's functioning, allowing for dynamic adjustments to the therapeutic strategy. The impact is a therapy that is highly responsive to the client's current presentation, ensuring that interventions remain relevant and targeted to their immediate needs and progress.

## 5. Debates and Criticisms

While the concept of Clinically Relevant Behavior (CRB) is highly regarded within Functional Analytic Psychotherapy (FAP) and contextual behavioral science, it is not without its areas for discussion, potential challenges, and criticisms, particularly from perspectives outside the immediate FAP framework. These discussions often revolve around the practical application of CRBs, the training required for therapists, and the perceived scope of the model.

One common area of debate centers on the **subjectivity and difficulty of identifying CRBs**. For CRBs to be effective, therapists must possess a high degree of observational skill, clinical judgment, and an ability to conduct rapid functional analyses in real-time. Distinguishing a true CRB (one that functions similarly inside and outside the session) from a mere in-session behavior can be challenging, especially for less experienced therapists. Misidentifying a CRB or failing to recognize one could lead to missed therapeutic opportunities or even the accidental reinforcement of maladaptive behaviors, thereby potentially undermining the therapeutic process.

Another point of discussion relates to the **intensity and personal nature of the FAP relationship**. Because FAP heavily relies on the therapist's direct, contingent responding to CRBs, the therapeutic relationship is often characterized by significant self-disclosure from the therapist and a high degree of intimacy. While many proponents view this as a strength, some critics suggest that this intensity might not be suitable or comfortable for all clients or therapists. Concerns about boundary management and the potential for blurring professional lines sometimes arise, requiring extensive training and supervision to navigate effectively.

Furthermore, FAP's strong emphasis on in-session behavior shaping, guided by CRBs, might be seen as less applicable or sufficient for clients whose primary challenges do not readily manifest within the confines of a therapy session. While FAP argues that most relevant behaviors will eventually appear, some complex disorders or external environmental factors might require supplementary interventions that extend beyond the direct shaping of CRBs. Critics may also argue that the focus on behavior, while powerful, might sometimes overshadow deeper cognitive or systemic issues that could benefit from a more explicit exploration.

## Further Reading

[American Psychological Association \(APA\) - Functional Analytic Psychotherapy](#)

[Association for Contextual Behavioral Science \(ACBS\) - Functional Analytic Psychotherapy \(FAP\)](#)

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