The clinical application of FAP will be discussed in terms of certain types of client behavior and therapist behavior, all of which occur during the therapy session. The client behaviors are his or her problems, improvements, and interpretations. The therapist behaviors are therapeutic methods that include evoking, noticing, reinforcing, and interpreting the client's behavior.

CLIENT PROBLEMS AND CLINICALLY RELEVANT BEHAVIORS

Everything a therapist can do to help clients occurs during the session. To the radical behaviorist, the therapist's actions affect the client via three stimulus functions: (1) discriminative, (2) eliciting, and (3) reinforcing. A discriminative stimulus refers to the external circumstances under which certain behaviors were reinforced and thus are more likely to occur. Most of our behavior is under discriminative control and is commonly known as voluntary behavior (operant behavior). An elicited behavior (respondent behavior) is produced reflexively and is commonly called involuntary. The reinforcing function (discussed in Chapter 1) refers to the consequences that affect behavior. Every action of the therapist has one or more of these three effects. For example, the therapist's action might be to ask, "What are you feeling right now?" The discriminative effect says, "It is now appropriate to say how you are feeling."
tion, however, also might be aversive to the client and thus punish his or her behavior that immediately preceded the therapist’s question; this is the reinforcing function. The eliciting function of the question might make the client turn red, sweat, and induce other private bodily states. The reasons the client reacts in these ways to the therapist’s question about feelings are found in the client’s history.

Since we assume that (1) the only way a therapist helps the client is through the reinforcing, discriminative, and eliciting functions of what the therapist does, and that (2) these stimulus functions within the session will have their strongest effects on client behavior occurring during the session, then the most important characteristic of a problem that makes it suitable for FAP is that it can happen during the therapy session. In addition, client improvements also must take place during the session and be naturally reinforceable by the reinforcers present within the session. Mainly, the reinforcers are the therapist’s actions and reactions to the client.

Three client behaviors that can occur during the session are of particular relevance and are referred to as clinically relevant behaviors (CRB).

CRB1: Client Problems That Occur in Session

CRB1s are related to the client’s presenting problems and should decrease in frequency during the course of therapy. Typically, CRB1s are under the control of aversive stimuli and consist of avoidance. Examples of such behavior that are actual instances of presenting clinical problems include the following:

1. A client whose problem is that she has no friends and “does not know how to make friends” exhibits these behaviors: avoids eye contact, answers questions by talking at length in an unfocused and tangential manner, has one “crisis” after another and demands to be taken care of, gets angry at the therapist for not having all the answers, and frequently complains that the world “shits” on her and that she gets an unfair deal.

2. A man whose main problem is that he avoids getting into love relationships always decides ahead of time what he is going to talk about during the therapy hour, watches the clock so he can end precisely on time, states that he can only come to therapy every other week because of tight finances (he makes $30,000 a year), and cancels the next session after making an important self-disclosure.