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DEFINITION

The Token Economy refers to an incentive system in which clients receive tokens (in the form of points, tickets, marks, credits, etc.) for engaging in preselected behaviors. The tokens can be exchanged for a variety of rewards and operate in much the same way that money functions in ordinary life. Typically, the Token Economy is a way of providing positively reinforcing consequences to a number of individuals in institutional, rehabilitation and educational settings. Several therapeutically relevant behaviors can be focused upon with many clients simultaneously. The use of tokens allows restructuring the entire therapeutic environment so that desired behaviors and diverse incentives in the setting are expressed in terms of token earnings and expenditures.

HISTORY

Antecedents to the Token Economy can be traced to applications in educational and prison systems in the 1800s. These applications provided the equivalent of tickets to students or prisoners for desired behaviors. The

tickets served as a medium of exchange for privileges and tangible rewards in the setting. For example, a widespread program in England, beginning in the early 1800s, was based upon providing students with tickets for making progress in academic areas. The tickets were exchangeable for prizes as well as being associated with social recognition.

Despite the historical antecedents, contemporary programs can be traced directly to the development of operant conditioning principles pioneered in the work of B. F. Skinner. Animal and human laboratory research established principles and findings pertaining to the influence of positive reinforcement on behavior, variables that determine the effectiveness of positive reinforcement, and the means of establishing events as reinforcers. This research has served as the experimental basis for contemporary token programs.

Token economies as such developed in the United States in the early 1960s. The development was part of a larger movement of applying research findings from psychology to clinical problems, an area known more generally as behavior modification. Early applications of token economies were conducted with hospitalized psychiatric patients and mentally retarded children in a special education classroom. These early programs demonstrated dramatic behavior changes. For example, in controlled experiments, psychiatric patients were shown to increase in their

performance of self-care behaviors and jobs in the hospital, and retardates were shown to increase their academic accomplishments in the classroom. Since these early successes, the Token Economy has proliferated in terms of the populations studied and complexity of behaviors altered.

TECHNIQUE

The Token Economy consists of providing positive reinforcers (tokens) that have attained their value by virtue of being exchangeable for a variety of other rewards. In a token economy, tokens can be earned only by performing preselected and well-specified behaviors. The specific behaviors focused upon in treatment and the events for which tokens can be exchanged vary with the treatment population and setting.

Actually, the Token Economy is not a unitary technique. Token economies vary widely across a range of dimensions, including who decides what behaviors earn tokens, who administers the tokens, the extent and range of events for which tokens can be exchanged, whether tokens are delivered for an individual's performance or for the performance of the group as a whole, and others. Also, token economies may not only provide tokens for appropriate behavior but also withdraw tokens for inappropriate behavior, a variation that tends to be more effective than merely presenting tokens. Ideally, individuals who receive tokens (e.g., patients, clients, inmates)

have some influence in deciding either the behaviors to be focused upon or the events that will serve as rewards.

APPLICATIONS

The Token Economy requires only specifying the behaviors to be changed, a medium of exchange (tokens) to be provided for these behaviors, and incentives for which the tokens can be exchanged. Hence, it is an extremely flexible technique. Indeed, this is evident in extensive research that has demonstrated the efficacy of token economies in altering diverse behaviors of psychiatric patients, the mentally retarded, children in institutional and educational settings, delinquents, and adult offenders. In addition, the Token Economy has been applied to alcoholics, drug addicts, geriatric residents, and other populations. Individualized token programs frequently are used on an out-patient bbasisto alter the behaviors of children and adults in everyday situations, such as the home or at school.

Although the token program has been effective in changing behavior in a plethora of well-controlled studies across different treatment populations, relatively few studies have compared the Token-Economy with alternative techniques. With a few exceptions, the available evidence has shown the Token Economy to be more effective in altering behavior than verbal psychotherapy, milieu therapy, and routine ward care with psychiatric

patients; more effective than pharmacotherapy with hyperactive children and the mentally retarded, and more effective than routine educational practices in "normal" and special education classrooms.

An important issue in the application of Token Economy is the durability and transfer of behavior changes. Behavior changes achieved in token economies are not automatically maintained and do not usually transfer to settings outside of treatment after the program is discontinued. Specific procedures, such as gradually phasing out the program, need to be implemented after behavior change has been achieved to ensure enduring and widespread changes. Currently, research is focusing on techniques to sustain behavior changes when programs are withdrawn.