



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**TOKEN ECONOMY**

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Definition: A form of *contingency management* to *shape* increments of behaviour towards desired goals by giving or withholding tokens that can buy privileges.

Elements: Staff meet together and with the patient to *problem-solve*, *set goals*, and decide what increments of desired behaviour will buy set numbers of tokens given with praise. As the patient improves, gradually more increments become required to earn tokens and praise, and the number of tokens needed to buy privileges is raised.

Related procedures: *Contingency contracting/c.management, operant therapy/operant/instrumental/skinnerian conditioning, positive reinforcement, reward, shaping, successive approximation, behaviour modification, differential attention/reinforcement, discrimination training, prompting, time out.*

1st Use? Ayllon T, Azrin ND (1968) *The Token Economy: A Motivational System for Therapy and Rehabilitation*. Appleton-Century-Crofts, New York.

Reference: Marks IM et al (1971) Operant therapy for an abnormal personality. *Brit Med J*, **1**, 647-648.

Case Illustration (Marks et al 1971)

Mary aged 20 had for 8 years been mostly mute, aggressive, self-neglectful, depressed, friendless, agoraphobic, and tired and did not improve with prolonged out- and inpatient care. Psychiatric ward staff and Mary set a goal of her becoming less tired and speaking again – an agreed token economy was begun to that end. She was asked to rest in bed in the ward completely undisturbed, alone without books, radio or visitors (*time out*), until her tiredness improved as shown by her talking to people. Any talking earned praise and tokens (small plastic discs) to buy time outside her room. A nurse visited Mary for 2 mins. hourly to encourage her to earn tokens by conversation. She soon began speaking for the first time in the ward. Staff reviewed progress daily and gradually raised the speech-cost of tokens from 1 to 60 secs of speech. Mary also earned tokens if she helped with ward tasks, later if she initiated tasks or did things outside the ward, and still later (after discharge was threatened), if she walked increasingly far from hospital, went on bus journeys, and took a paid job. After 7 months on the token economy Mary was discharged to a hostel. A year later she remained improved in conversation and was working and travelling regularly and going out with friends, though she lacked spontaneity.