

This Week's Citation Classic

Atthowe J M, Jr. & Krasner L. Preliminary report on the application of contingent reinforcement procedures (token economy) on a "chronic" psychiatric ward. J. Abnormal Psychol. 73:37-43, 1968.
[College of San Mateo, CA and State Univ. New York, Stony Brook, NY]

Chronic backward patients received tokens for performing desirable behaviors (self-care, participating in activities, interacting with others, demonstrating responsibility, etc.). Tokens could be exchanged for those things that patients desired (cigarettes, passes, etc.). Results indicated a significant increase in the performance of desirable behavior. [The Science Citation Index® (SCI®) and the Social Sciences Citation Index® (SSCI®) indicate that this paper has been cited over 160 times since 1968.]

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"The impetus for this investigation developed along the banks of the Tennessee River in the late 1950s while trying to persuade Tom Gilbert that operant conditioning was not effective with humans. A few years later I was to see firsthand the ineffectiveness of the then treatment programs for hospitalized mental patients. In 1962, after corresponding with Len Krasner at the VA Hospital in Palo Alto about the possible use of behavior modification techniques with mental patients, I accepted what was to be the first postdoctoral internship in behavior modification in the VA.

"Under the preceptorship of Krasner, I proposed and received in 1963 a two year research associate grant to study contingency management (token economy) in a hospital ward. There was much opposition to the use of these 'overly simplified, animal procedures' with human beings. With Krasner and especially Tom Kennelly, chief of psychology, running interference, I was finally allowed to start a contingency management program on one of the forgotten back wards.

"The hospital was dominated by the 'medical model' in which the physician made all the decisions. Nursing personnel were committed to this model as well as the principle of noncontingent 'tender loving care.' In order to carry out this investigation I needed to make the day to day decisions, and I had to have a staff that would go along with changes I introduced. For four months Kennelly played politics and Krasner and I sold behavior modification to both the professional and nonprofessional staff. The result was the verbal recognition of the program goals by the hospital and ward staff.

"We started to collect baseline data for two months which was extended to six months as we were forced to change key personnel without upsetting individual services. It had become very apparent that the staff could sabotage the program at any time. I had learned that to do research in large social systems, you needed to continually reinforce the mediators of change (staff) even more than patients.

"As the program developed, I was faced with many unpopular decisions. One actively delusional patient earned enough tokens for an extended pass. He had not been out of the hospital for 44 years; yet, he decided to see his old neighborhood in Texas. As we said good-bye to him, most people felt we would never see him again. However, he returned on time after sleeping in the Fort Worth bus depot. His old neighborhood was now concrete.

"The study was published at the beginning of a widespread and very prolific applied behavior modification movement. Clinicians and researchers in the mental health and retardation field, in prisons, and in school settings throughout the world found token reinforcement a useful adjunct to treatment. At about the same time. National Educational Television filmed the program adding to its publicity. Its inclusion in Great Cases in Psychotherapy¹ suggests its strong clinical flavor. One of the most scholarly reviews of the field is The Token Economy by Alan Kazdin."²

1. Wedding D & Corsini R J, eds. Great cases in psychotherapy. Itasca, IL: Peacock, 1979. 314 p.
2. Kazdin A E. The token economy. New York: Plenum, 1977. 327 p.