Psychological therapies of Schizophrenia - Behavioural therapy (token economies)

- Behaviour modification therapies assuming SZ is acquired through learning processes; operant or classical conditioning, and can be replaced with adaptive behaviours.
- Token economies - a change in behaviour is awarded by means of tokens awarded for displaying desired behaviours (operant conditioning) so reinforce the behaviour. Reinforces can be exchanged for goods or privileges by patients.
- Use with long term patients to prepare for transfer into community.
- Successful in negative symptoms: poor motivation, poor attention and social withdrawal. Nursing staff views patients more positively.
- Undesirable behaviour removed by removing reinforcers and restructuring environment allowing token economies to reinforce desired behaviours - treatment assumes behaviour can be continued.
- Ayllon - staff found it difficult to get withdrawn schizophrenic patients to eat regularly and coaxed them, suggested special attention reinforced their behaviour. Change hospital rules, staff no longer allowed to interact with patients and those not arriving on time for dinner would be locked out and had to pay one penny to enter. Pennies gained through desired behaviour. Better behaviour and patients less apathetic and staff more enthusiastic.
- Sultana - similar results yet not known if the reduction of neg. symptoms due to token economies went past the 15 year period. Ost found after 8 months, of 5 patients discharged none had been readmitted in 1 year follow up.
- Upper - weight gain associated with antipsychotic use could be addressed with token economy. 3 pounds weight loss a week.

Small sample size - Generalisability
- Only effective if given straight after desired behaviour has occurred - longer the interval, the less learning and tokens exchanged for variety of rewards so difficult to maintain efficiently.
- Intelligence of patients - more suited with those of limited intelligence. Seen as degrading and patronising in those with greater intelligence.
- Issues - tokens have to be replaced by social reinforcers within and out of therapeutic settings, “weaning off” in community live in arrangements. Doesn’t always occur so high relapse rates.
- Only focusses on observable aspects of schizophrenia - mask underlying issues and don’t target. So not economically viable, as high cost of staff, reinforcers and constructing suitable environments.
- Ethical issues - exercises authoritarian control and dehumanises patients, and effectively brainwashes.
- Deprives of freedom - manipulates people and therapist controlling actions of patients without them seeking insight into own schizophrenia.
- Reductionist - oversimplifies cure for schizophrenia as achieving desired behaviours through operant conditioning. Claims humans are simple stimulus response machines and ignores free will and conscious thought.
- Deterministic - assumes all behaviours can be controlled this way and are due to purely learnt behaviour that can be simply unlearnt.
- Biological treatments more effective - anti psychotics have resulted in less than 3% of schizophrenics being housed in hospitals as effective and cheap in contrast to token economies.