Social work research to advance both social policy and social work practice knowledge is a fairly recent phenomenon in the history of social work, which dates back to the late 1800s. Not yet thirty years old, the Society for Social Work and Research was founded in 1994 to advance social work research in the United States. Its success in doing so is evident in its increasing membership and attendance at its annual convention, as well as in its leadership by well-recognized academic and industry researchers. Other North American social work organizations have also advanced social work research, among them the St. Louis Group of social work programs, primarily located in research 1 universities, including the Group for the Advancement of Doctoral Education in Social Work, which serves as an umbrella for social work doctoral programs that train researchers and academics, and the Council on Social Work Education, which offers a forum for research presentations on social work education at its annual program meeting.

However, despite the profession's professed scientific basis, relatively few studies have examined the effectiveness of social work practices and programs. Published social work research has often focused on social policy using large sample data collected in survey studies. In contrast, experimental designs comparing one intervention or social program with others are less common, especially when compared to the studies published in psychology journals.

My professional upbringing in social work research parallels Dr. Thyser's. We were both trained in mental health research groups populated by psychologists and psychiatrists, he at the University of Michigan in Ann Arbor and I at...
Temple University in Philadelphia. Our highly interdisciplinary experiences in the late 1970s and early 1980s facilitated a solid understanding of experimental designs as applied to behavioral health problems and interventions. We began to understand the complex experimental controls needed to evaluate whether one intervention worked better than another, under what conditions, and for whom. Those were exciting times in the development of social work research, as increasing numbers of doctoral students were beginning to receive solid research training.

The mental health world on the East Coast at the time was dominated by adherents to psychodynamic models and therapies, and there were few behavioral theorists and experimental psychiatric researchers, so I had limited exposure to experimental research during my MSW training at Bryn Mawr’s Graduate School of Social Work and Social Research. But that had changed by the time I returned for my PhD education eight years later. My research training commenced two years into my first job in a family service agency when I began to attend research talks in the Behavior Therapy Unit at Temple University. The BTU, as we called it, was directed by Dr. Joseph Wolpe, a South African psychiatrist whose research on animals helped inform his studies of people with anxiety disorders. He had assembled a team of clinical and counseling psychologists, psychiatrists, and psychiatric nurses interested in the treatment of anxiety and related mental health problems. Also in Philadelphia, at the University of Pennsylvania, was Aaron T. Beck, a psychiatrist whose theories and research on cognitive therapy for depression were garnering increasing attention among mental health professionals. Several fine clinical psychologists were also actively engaged in research in Philadelphia—Martin Seligman, Paul Crits-Christoph, Jacques Barber, Richard Heimberg, Robert DeRubeis, and Philip C. Kendall, to name just a few—which had become a fertile environment in which to conceptualize and study mental health problems.

Along with interdisciplinary colleagues at the BTU, I loved being part of experimental studies in which we were evaluating the effectiveness of a new behavioral treatment for obsessive-compulsive disorder (OCD) called exposure and response (ritual) prevention (ERP). Treating one of the last few participants in Dr. Edna Foa’s pre-post experimental design was a highlight and helped established my career as an academic researcher. My client was a surgical resident in training whose increasing OCD contamination fears had stopped his career in its tracks. Our ERP treatment protocol, designed specifically to address his fears and rituals, proved so successful in just a few weeks that my client was able to resume his training and qualify for practice as a surgeon. He was elated, as was I. That experience established my interest in OCD and related disorders, as well as my commitment to test theories and improve treatment outcomes through research. I became hooked on experimental research as we compared different intervention components to evaluate
a hypothesized model of how OCD symptoms operated and what would reduce their emotional (anxiety, guilt) and behavioral (obsessive thoughts, compulsive rituals) intensity.

Since then, I’ve also joined colleagues in experimental research to understand the role of thoughts and beliefs in intensifying and maintaining OCD symptoms. The rewards of this work have been the excitement of generating new knowledge, albeit in small steps, toward understanding people’s problems and identifying strategies to effectively address them. There are also challenges. When research results do not fit the hypotheses, it is very tempting to explain away negative results rather than face facts and figure out where the thinking may be off track. Recently, my colleague Dr. Randy Frost and I were sure that providing guidance for making decisions about discarding would be helpful to people with hoarding problems. But it wasn’t. In fact, it led to less discarding than simply asking them to talk aloud about the items in question. In retrospect, it is not surprising that people who hoard often react negatively to efforts by others to guide them toward discarding, contrary to any motivation to discard they may have had at the outset. On the other hand, talking about their collected items offers an opportunity to consider their meaning, potentially opening the door to a decision not to keep them. Humans and their motivations are complex, so it is hardly surprising that some hypotheses will not be supported, hopefully leading to better theories and practices down the road.

While my background is in behavioral health research, studying the causes of and treatments for such problems, experimental research is of course broadly applicable to social work practice, as Dr. Thyer’s book clearly shows. Indeed, the range of experimental research spans the study of psychotherapies, biological and health interventions, family intervention programs, and community-wide efforts and social programs to effect positive change. Methods of assessment and the nature of problems of all types lend themselves to experimental study. There are few areas of social work in which experimental designs are not useful to inform practitioners, instructors, researchers, and administrators. Kudos to Dr. Thyer for undertaking this impressive effort to articulate and illustrate how to advance the science and practice of social work in all its forms.