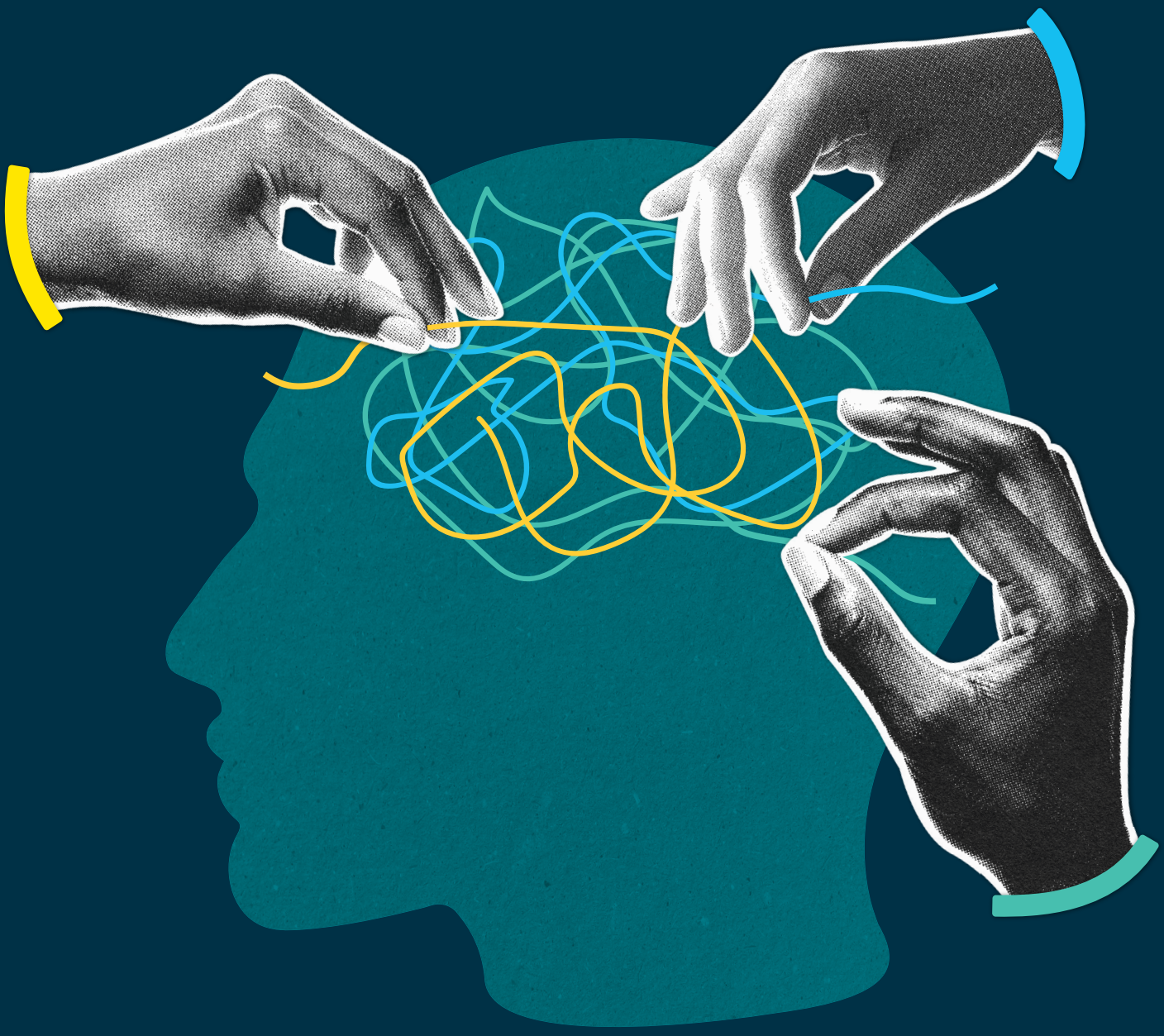
UNIVERSITY AT BUFFALO SCHOOL OF SOCIAL WORK FALL 2025

MOSAICS



DEAN'S COLUMN

Dear Alumni and Friends,

Social work is vital.

Let me say that again: Social work is — and will always be — *vital*.

I have been echoing this refrain all year in conversations and speeches and will continue to do so in the months ahead. In these challenging times, as our values are tested and many of the populations we serve face overwhelming uncertainty, we must always remember that our work matters. Our profession matters.

As Rachel Eastlack, MSW '20, reminds us on page 8, social workers are needed everywhere — not just in traditional settings, but in all types of organizations and industries.

As social workers, we appreciate the inherent dignity and worth of all people. We champion diversity, prioritize accessibility and pursue social and racial justice for all. We understand that you cannot "pull yourself up by your bootstraps" if you don't have shoes, both literally and figuratively, and if the systems around you reinforce that status quo.

Thus, as social workers, we create opportunities for individuals to build on their strengths and improve their quality of life, while advocating for systemic change. Our research, too, is vital, as we develop new, evidence-based interventions and discover innovative ways to alleviate social problems through policy and practice. We must continue our quest for professional growth and development, upholding the profession's standards for one another in an effort to provide optimal service delivery at all times.

In this issue, every story demonstrates how vital social work is to communities and society. Ava Lockwood, MSW '25, gives us tools to advocate for reproductive justice (pages 12-13), and three alumni share how an emerging treatment method — ketamine-assisted psychotherapy — is helping clients (pages 14-17). From their research, faculty colleagues Michael Lynch and Alexander Rubin discuss AI in practice (pages 6-7) and Nancy J. Smyth shows why effective communication is crucial to patient care (pages 10-11). Elsewhere, you can read how social workers from our UB community make a positive impact in schools, libraries and beyond.

As always, thank you for supporting the School of Social Work and for the vital work you do every day.

In camaraderie and solidarity,

Keith A. Alford, PhD, ACSW
Dean and Professor

MOSAICS

The magazine for alumni and friends of the University at Buffalo School of Social Work

Matthew Biddle, *Director of Communications and Marketing*
Sarah J. Watson, *Associate Director of Communications*
Tiffany J. Nhan, *Graduate Assistant*

Design: Front Porch
Proofreading: G&A Services Inc., Ann Whitcher Gentzke

For an electronic version of this publication, visit **socialwork.buffalo.edu/mosaics**.

Send address changes and other correspondence by email to **sw-mosaics@buffalo.edu** or by mail to Editor, Mosaics, University at Buffalo, School of Social Work, 685 Baldy Hall, 205 Founders Promenade, Buffalo, NY 14260-1050.

WHAT'S NEW

UB launches minor in social work

Undergraduates can now explore the social work profession — and develop skills relevant for any career path — through the School of Social Work's new Minor in Social Work program.

Open to students from any major, the 18-credit program is grounded in the school's signature trauma-informed and human rights perspectives. Undergrads will receive an overview of the profession, explore how social systems impact individuals, communities and societies, and learn how social workers intervene to challenge injustice and help those in need.

Ultimately, students will develop their interpersonal, helping and policy analysis skills to prepare for graduate school or careers in a variety of fields.

"As society grapples with many urgent challenges, social work is more important than ever," says Dean Keith A. Alford. "Through our new social work minor, students will see how they can use their skills in problem-solving, innovation and collaboration to serve others and uplift a population or community they care about."

Jess Williams, a School of Social Work undergrad, presents on her civic engagement work.

Photo: Meredith Forrest Kulwicki

GOOD NEWS

CSWE honors UB PhD candidate

Congratulations to PhD candidate Ogechi Kalu, who won two awards from the Council on Social Work Education (CSWE) this year. Kalu was named a 2025-2026 Doctoral Student Policy Fellow and accepted CSWE's Community Partnership Action Award for Individuals this fall.

The policy fellowship will support Kalu's research into how intimate partner violence affects children in her native Nigeria, with the goal of developing effective interventions and policy solutions. Through policy placement experiences and webinars on such topics as leadership and policy analysis, she will learn from experts and other fellows and develop policy briefs based on her research.

"My personal experiences ignited my passion for policy and advocacy," Kalu says. "With this opportunity, I'll learn how to translate my research into policy and actionable steps."

On top of the CSWE honors, Kalu earned two more awards last spring: a Margaret McNamara Education Grant and the Cenie "Jomo" Williams Tuition Scholarship from the National Association of Black Social Workers.

Ogechi Kalu

Photo: Meredith Forrest Kulwicki

Leah Topek-Walker at Patchogue-Medford Library.

Photo: Brenda Percy

3 QUESTIONS ABOUT

Library social work

After working in community mental health early on, Leah Topek-Walker, LCSW-R, DSW '25, became fascinated by the intersection of libraries and social work. Now, as a clinical associate professor and practicum education coordinator at Stony Brook University, she and another supervisor run a library-based program for almost 20 student interns per year.

What is a library social worker?

LTW: Library social workers are placed within libraries; the model works with both the individual and the community. Libraries are fundamentally about judgment-free spaces where people can get what they need, where they feel safe and can have access. So library social work ties into the social work principles of trauma-informed care and anti-oppressive practices.

What do library social workers do?

LTW: Every library and library system is different. One aspect of the job is talking with librarians about how the library is accessible and how their policies might impact their communities.

Library social workers also connect with community agencies, food pantries and other players. In our current context, people are experiencing fragmentation and chaos within our government and social service systems. Library social workers can provide lifesaving and life-changing information, such as connecting people to housing and health insurance so they can access care.

What's the future of library social work?

LTW: Librarians are on the front lines of many of our crises. It's exciting for social work to be part of the conversation about how we're both taking care of these spaces and the people who work in them. Having support and working to bring our professions together is really powerful. Library social work is transformative.

inSocialWork®

Listen now at **inSocialWork.org**

ON THE PODCAST

Building bridges, not walls

"Migration is not a crime; it's actually a natural, fundamental part of human existence."

— **Laurie Cook Heffron, PhD, LMSW,** associate professor and social work program director at St. Edward's University in Austin, Texas, during a conversation about how social workers can respond to anti-immigrant policies. Listen now at inSocialWork.org.

BIG PICTURE

UBSSW at the UN

School of Social Work students saw how to address social justice issues on a global scale when they attended Social Work Day at the United Nations.

Alongside Clinical Associate Professor Michael Lynch, they heard from international leaders, learned about career paths outside the U.S. and participated in a separate half-day conference at Fordham University, with sessions on community advocacy, climate justice and artificial intelligence.

"Overall, this experience expanded my perspective on what social work can be and how the levels of social work practice are interconnected," says Emma McCarthy, an online MSW student. "I left with a clearer vision of the kind of social worker I want to become."

From left, Emma McCarthy, Ogechi Kalu, Michael Lynch and Christian Jepson outside U.N. Headquarters in New York.

COMMUNITY CONNECTIONS

Creating trauma-informed champions

The School of Social Work's Institute on Trauma and Trauma-Informed Care (ITTIC) and the Niagara Falls City School District are working together to build a new kind of champion.

The Niagara Falls High School Champion Team is a group of specially trained students within this pioneering collaboration to teach trauma-informed practices throughout the district. The partnership, which began in 2020, recently got a boost when the Buffalo Bills Foundation awarded the district a $10,000 Social Justice Grant.

With ITTIC's support, the district has educated teachers, administrators and staff on trauma-informed care. Then, Superintendent Mark Laurrie says, they decided to "take the program to another level" by training student champions.

"There are empowerment groups and after-school programs, but adding the trauma-informed piece to a student's curriculum is a concept we were able to create thanks to the superintendent's support," says Megan Koury, project manager and trainer at ITTIC. "It's really a first."

Champions identify concerns that can be communicated to someone who can direct students to available resources, if necessary. The program is the first of its kind nationally, according to Koury — and the response has been overwhelming.

"I hear it repeatedly from students interested in becoming a champion," Koury says. "They tell me, 'I see the world around me and I want it to be better.'"

Mark Laurrie and Megan Koury at Niagara Falls High School. Photo: Douglas Levere

Thinking at the crossroads of AI and social work

BY JANA EISENBERG

Michael Lynch

Alexander Rubin

The 2022 launch of ChatGPT is a reasonable marker for when many of us became aware of artificial intelligence tools. In reality, AI has been around for decades. Every GPS route. Streaming service recommendation. Spell-check. And so on.

Social work's leading bodies, including the National Association of Social Workers, acknowledge the field's need to ethically and effectively harness emerging technologies. The School of Social Work agrees.

Michael Lynch, clinical associate professor, and Alexander Rubin, clinical assistant professor, are helping frame the conversation about whether and how social workers should use AI.

Their recent research resulted in a presentation for social workers and educators about how this technology could help clients or enhance student learning in practicum settings. They are also the authors — with Todd Sage and Melanie Sage, clinical associate professor and adjunct instructor, respectively — of an AI guide for practicum educators.

Over the next academic year, Lynch, Rubin and Clinical Associate Professor Katie McClain-Meeder will present their findings at conferences for the Council on Social Work Education and the International Congress of Law and Mental Health. They also plan to continue their research by surveying social work professionals across the U.S.

Why should social work practitioners, educators, researchers and students consider technology as an element of their work?

Michael Lynch: Those involved in social work care about the good of society and need to be part of larger conversations around using technology — while advocating for human-centered approaches. With AI specifically, there are potential risks. If we, as educators and leaders, don't talk about AI, it opens up the potential for some of those harms.

What have you seen in the academic landscape?

Alexander Rubin: The perception of AI differs depending on who you are. Mike and I are at the crossroads of practice and education, and we are curious about it. In higher education, many see students using AI to draft a paper as academic dishonesty, and it can run that risk. Students and younger people know that AI is here to stay. There are varying ideas about how (or whether) to address AI in the academic setting.

UB recognizes that AI is an emerging and powerful technology and is saying, "Let's get

Advice for AI in practice

In one paper, Alexander Rubin, Michael Lynch, Todd Sage and Melanie Sage offer a guide for AI in social work practice, including sample policies, prompts and case studies. Here are four key recommendations.

Scan to read the paper

1. *Think critically.*
   Question whether you should use AI in a situation based on social work ethics, client confidentiality and other concerns.
2. *Analyze output.*
   AI tools can streamline tasks and provide insights, but they can also generate biased or incorrect information. Carefully review all AI-generated content and adjust as needed.
3. *Be transparent.*
   Set guidelines for when and how AI may be used in your agency to reduce ambiguity and help staff feel more comfortable using these tools.
4. *Provide training.*
   Host workshops that allow people to test prompts, explore tools and discuss the benefits and limitations of AI in practice.

curious about it" — this is evidenced by Empire AI, the Institute for Artificial Intelligence and Data Science, and other university initiatives.

What is the attitude at the School of Social Work?

ML: Attitudes among the faculty reflect the larger world: Some are leaning into it and using it, and some say it's ruining the profession. So we formed an ad hoc committee to come up with some guidelines, and the framework we came up with is really good. People — especially educators — are hungry for things like that.

As part of your research and recent activities, you've conducted AI trainings and offered participatory presentations for other schools, practitioners and practicum educators.

AR: For one of them, we invited some of our social work partners who are active practicum trainers — they have student interns, they provide supervision, etc. We walk them through what AI use in social work practice could look like. How can it apply to student practicum learning? We laid the groundwork, dispelled certain myths: Here's what it is, here's what it is not.

ML: We touch on some ethical implications, including AI training models' potential for bias. We provide case scenarios, where AI could help with tasks that don't require a lot of critical thinking. For example, can it help you draft a social media post? Develop survey questions? Then participants form small groups and practice using the tool. It's been well received.

We've mentioned the future, briefly and obviously. Where do you see generative AI going within social work?

AR: We live in a technological era; people use technology almost whether they want to or not. Generative AI is already giving us a new relationship with technology, so we might as well learn more about it. If the profession doesn't understand it and establish guidelines and policies to help everyday social workers, one of two things can happen. One, you might have people who miss out on the opportunities it presents for social work. Or two, they start using generative AI in unsafe or unethical ways because they don't know how to do it. Somebody needs to fill that gap. ●

Empowering communities through tech

BY MATTHEW BIDDLE

Photo: Stephen Gabris

Rachel Eastlack, MSW '20, sees a place for social workers in any industry.

"Social workers are needed everywhere," she asserts. "The lens we bring to roles can change teams. We bring that intentional focus, making sure we are trauma-informed and creating programs that engage the community."

Over the last three years, Eastlack has brought her unique lens to the technology space, serving as the transition to tech program manager at TechBuffalo, a nonprofit whose mission is to build a more inclusive, accessible and sustainable tech workforce in Western New York. In her role, Eastlack creates programs that reach individuals from "K to gray" — introducing adults to career pathways and training, while inspiring youth to learn computer skills and pursue tech careers in the future.

One of her proudest accomplishments is developing Family Code Night, a program that brings children and their caregivers together to learn about coding and artificial intelligence through activities like Minecraft. Kids can explore their curiosity — and have fun — while their adults can access valuable resources and speak to tech trainers and community partners. The program kicked off with a 15-person pilot in early 2024 and has since reached more than 500 participants.

So how does this work leverage her social work skills?

"Accessibility and inclusiveness are huge," Eastlack says. "In my programming, I recognize and consider people's needs. We know it's a barrier for parents to find child care, so why not create programming that parents and children can do together? We make sure our programming is portable, using laptops so we can go to community centers, churches or libraries — places where people feel comfortable within their community that are already accessible to them."

Eastlack's love for connecting with people is what led her to social work in the first place. She enrolled in the School of Social Work's part-time MSW program in 2017 and says a highlight was her advanced year practicum working at Journey's End Refugee Services under former CEO Karen Andolina Scott, JD '09, MSW '08.

"UB was a fantastic experience," Eastlack says. "I really enjoyed being a part-time graduate student. Coming from our 9-to-5 jobs, showing up for our night classes, it felt like a tight-knit group, and I appreciated that our professors saw our work as complementary to what we were doing in school."

After earning her MSW, Eastlack shifted into mental health counseling — and quickly realized micro social work wasn't for her. From there, she took macro-level roles in program and workforce development, landing at TechBuffalo in December 2022.

"Let your career evolve," she tells fellow alumni. "Maybe I'll circle back to therapy, but at the time, I missed the group work I had been doing. Eventually, what we do here could change policy and demonstrate that there should be more computer science education built into the curriculum at a younger age."

This fall, to build upon the success of Family Code Night, Eastlack will help launch TechBuffalo's Innovation Fellowship to engage educators in providing opportunities for their students. Twenty teachers from 20 schools will receive training and grants to incorporate tech-based learning in their classroom, run after-school clubs and host Family Code Night for their school, all culminating with a global Minecraft challenge next spring.

Eastlack also hopes to develop apprenticeships with local tech employers to create defined pathways for people into tech careers.

"My goal is for every family in our community to have a family-sustaining wage, and a lot of those roles are within the tech sector," she says. "Helping adults get into tech or tech-aligned roles can make a difference in what they're able to provide for their family and help them lift up the next generation. When you inspire an adult, you can inspire the youth in their life too."

Language matters

How to communicate better with patients with complex chronic disorders

BY ELLEN GOLDBAUM

Nancy J. Smyth

Svetlana Blitshteyn

Disbelief. Judgment. Gaslighting. Dismissal.

These are among the responses that patients with chronic complex disorders have, unfortunately, received from many health care providers. These reactions do nothing to help patients and can even increase their suffering, according to UB researchers Nancy J. Smyth, professor and associate dean for faculty development in the School of Social Work, and Svetlana Blitshteyn, clinical associate professor of neurology in the Jacobs School of Medicine and Biomedical Sciences.

It's not that clinicians want to dismiss their patients' health issues, they say, but standard medical training does not teach enough about complex chronic disorders. In a new paper, published in the *International Journal of Environmental Research and Public Health,* they provide recommendations to help physicians more effectively communicate with, and treat, these patients.

'Wastebasket diagnoses'

"Many physicians were trained to accept concrete diagnoses," Blitshteyn explains, "so disorders and syndromes that fall beyond straightforward organ or system damage and that are complex and multidisciplinary in nature — encompassing several systems, organs and pathophysiologic mechanisms — are going to be misunderstood or put aside in the category of 'wastebasket diagnoses.'

"We are dealing with actual people who are suffering with these disorders, so we must do better with education, training and thinking outside the conventional clinical care box if we are to help these patients, which is our job as physicians," she continues.

Much like common chronic disorders today — including long COVID and myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) — Blitshteyn says history is filled with disorders that were treated as psychological and psychosomatic until scientific research established a medical reason for heretofore mysterious symptoms.

"Peptic ulcers were believed to be caused by stress before H. pylori was discovered, and multiple sclerosis was considered to be a disorder of hysterical females," she says. "I always explain that you can't think or exercise your way out of long COVID, dysautonomia or ME/CFS any more or any less than you can if you have MS or rheumatoid arthritis."

Unintended harm

The medical community's inexperience with such disorders has harmful, potentially long-lasting, consequences for patients, says Smyth, the paper's lead author.

"When one encounters people who are not hearing you, or are ignoring what you're saying, or are telling you that what you are experiencing in your body is not real, these interactions have negative consequences," Smyth says. "Patients may end up feeling stressed, anxious, angry and hopeless after these interactions and then mistrust these health care professionals. For that reason, these kinds of interactions can be viewed as iatrogenic; that is, when a treatment causes unintended harm."

In extreme circumstances, the patient may give up seeking health care altogether.

The researchers stress that working with patients with these disorders is quite challenging. They acknowledge that many clinicians are apprehensive about managing these disorders when they lack proper training and there are no diagnostic biomarkers or FDA-approved therapies.

What not to say

But better communication can significantly improve the clinician's relationship with these patients so that they ultimately benefit. In their paper, the researchers provide resources to help providers improve their communication skills, including continuing medical education courses, other curricula and a list of "never words" that should never be used in patient interactions (see sidebar).

Longer term, Blitshteyn says all health care professionals should study complex chronic disorders in medical or graduate school — just as the Jacobs School students who shadow her at the Dysautonomia Clinic in Buffalo are doing already.

"My hope is that when they move on in their medical training and start practicing, they will be able to recognize, diagnose and treat these conditions and not dismiss or misdiagnose these patients with psychological problems," she says. ●

Avoid these 'never words'

The UB researchers compiled a list of statements — and suggested alternatives — to help providers recognize language that could harm patients.

Here's a sample. For a complete list of "never words," check out their paper, available through open access.

Never words	Alternatives
"You need to stay positive."	"I know it can feel discouraging to feel so sick, and especially for so long. We will work on this together."
"You don't look sick."	Refrain from commenting on appearance.
"Learn to live with this."	"I know this illness can really disrupt your life. What did you do to adjust to this?"
"At least it's not cancer."	Avoid comparing diseases to make a patient feel better, since it usually has the opposite impact.
"Good news: Your tests are all normal."	"The tests we have run so far are not showing any abnormalities, and the good news is that we have excluded certain conditions based on the results of these tests."
"You feel sick because you are (hormonal status: perimenopausal, menopausal, postmenopausal, postpartum, pregnant, menstruating, ovulating)."	Refrain from commenting on hormonal status. A referral to a gynecologist or endocrinologist might be appropriate if there are concerns of hormonal abnormalities or a need for hormonal supplementation.
"You need to (instruction as cures: lose/gain weight, start exercising, get fresh air, get a job, get a hobby, start dating, etc.)."	"When you feel better, we will work together toward a common goal of improved quality of life and a healthier lifestyle."

Endometriosis: The forgotten reproductive justice issue

BY AVA LOCKWOOD, MSW '25

Photo: Stephen Gabris

In November 2023, just three months into my MSW program, I sat in front of my computer engaging in dialogue on systems theory when my career trajectory changed.

At the time, I was only 21 years old and recovering from a total hysterectomy due to endometriosis, a debilitating disease that occurs when tissue similar to the lining of the uterus grows outside the uterus. By that point, I had experienced symptoms for 11 years before diagnosis, undergone four surgeries over a two-year span and was struggling to function in graduate school due to the severity of my pain.

Despite enduring multiple surgeries, being pumped full of menopause-inducing medications and spending many days bedridden because of my disease, I still found myself facing significant dismissal from medical professionals. I was told my pain was "purely psychological" and I was "too young to be sick."

As I sat in the lecture, listening to my professor discuss the significance of systems theory, I realized my experience with endometriosis was not anomalous, but, rather, indicative of a larger social justice issue. From that point forward, I vowed to dedicate my career to creating a more equitable health care landscape for those living with endometriosis.

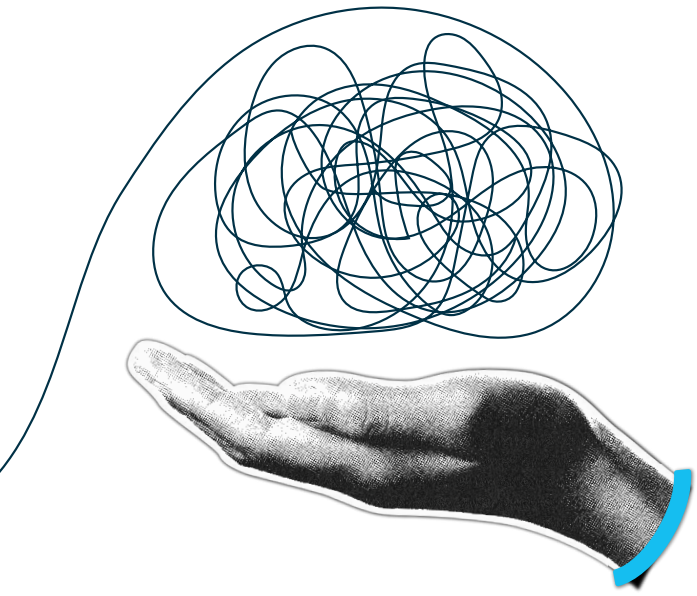
About endometriosis

According to the Center for Endometriosis Care, endometriosis affects at least 1 in 10 individuals assigned female at birth, with some estimates as high as 1 in 7. Additionally, the disease is considered one of the 20 most painful conditions a human being can endure, causing such symptoms as chronic pelvic and lower back pain, severe menstrual cramping, nausea, infertility, painful intercourse and even lung collapse in some cases.

It takes an average of seven to 12 years to be diagnosed with endometriosis, because the disease can only be confirmed via surgery — and often repeated surgeries, as in my case. To compound these challenges, while excision — or surgical removal of endometriosis at the root — is considered the gold standard treatment for the disease, few surgeons receive this training, creating widespread inaccessibility of treatment.

Despite the disease's high prevalence and devastating symptoms, there is no cure, and it remains under-researched and underfunded compared to other diseases of similar prevalence. In 2022, endometriosis research made up 0.04% of the National Institutes of Health budget, allocating just $2 for every person with the disease.

In recognizing the significance of health disparities impacting those with endometriosis, it is critical to understand that endometriosis is not simply a disease; it is a social and reproductive justice issue, leaving many of those living with it traumatized at the hands of the medical system.



A call to action

As social workers, we are called to advocate for social and reproductive justice regardless of which practice levels we work within. When it comes to advocating for clients living with endometriosis, these are some key actions and resources to be aware of as you engage in this work:

At the macro level, support and advocate for initiatives and legislation that call for increased funding for and proper allocation of endometriosis research. For example, in 2021, the Endometriosis Foundation of America (EndoFound) created the UpEndo Coalition to raise awareness for the disease, and Rep. Nikema Williams introduced the bipartisan Endometriosis CARE Act last year to increase research and treatment access.

At the mezzo level, volunteer and collaborate with programs that reach out to and educate children and young adults about endometriosis. During my time as an MSW student, I served as a college ambassador for the ENPOWR Project, the EndoFound's youth-centered education initiative, and was able to educate over 500 UB students on endometriosis.

At the micro level, understanding that endometriosis can generate immense trauma and loss for those living with it is critical in how you apply interventions. While people with endometriosis are not a monolith, learning trauma-specific and somatic interventions can be helpful in assisting those living with the disease.

During my advanced year, I attended the Endometriosis Summit in Orlando, where I learned specific interventions for working with individuals living with medical trauma due to endometriosis. One of these interventions is the body map, a form of storytelling that depicts lived experiences of adversity, trauma or chronic disease through hand-drawn body outlines. In my therapy practice, this intervention has helped clients feel empowered in conveying their experiences with endometriosis through art.

As I prepare for my fifth endometriosis surgery, I hope you will join me in this pursuit of reproductive justice as I transform my pain into power. By centering the lived experiences of those with endometriosis in the fight for reproductive justice, social workers can advocate for a more holistic health care landscape for all. ●

Ava Lockwood, MSW '25, is a therapist in a community mental health clinic. Ava is passionate about integrating EMDR, somatic interventions and parts work with clients who have experienced complex trauma and chronic pain.

A new lens on healing

The rise of ketamine-assisted psychotherapy

BY MATTHEW BIDDLE

Jenna Witkowski, LCSW-R, MSW '09, was one of the first clinicians to offer ketamine-assisted psychotherapy in the Buffalo area.

A psychotherapist in private practice, Witkowski found traditional interventions only went so far for some clients with complex trauma or PTSD. She began looking for new modalities that could provide relief, as well as contribute to her own growth as someone who's experienced trauma in her life.

At the time, around 2019, ketamine was in the news. Long used in higher doses as an anesthetic, research was emerging that showed ketamine in low doses offered promising results for a host of mental health issues. That year, esketamine — a drug derived from ketamine — won approval from the U.S. Food and Drug Administration (FDA) as a nasal spray for adults with treatment-resistant depression, and updated guidelines began incorporating ketamine and esketamine as treatment options.

"Once I started exploring these modalities, I found they were profoundly life-changing for me, personally and professionally," Witkowski recalls. "They started to pique people's interest and accelerate what I was offering professionally."

Witkowski completed a 150-hour foundational training program on the broader category of psychedelic therapies and additional training on ketamine-assisted psychotherapy (KAP) and interventions for couples and groups. In 2021, she began integrating KAP into her practice, joining a growing number of clinicians who offer the intervention as part of treatment for trauma, anxiety, depression, PTSD, grief and other issues.

Prescriptions for ketamine have been steadily rising since 2017, according to market analysis firm Grand View Research, and at least 1,000 clinics nationwide now offer the drug.

"Over the last few years, there's been a noticeable shift toward greater openness around KAP and psychedelic therapy," Witkowski says. "Access has expanded through telehealth, clinical trials and state-level reforms, and more professionals see ketamine as a legitimate therapeutic tool, especially for conditions that haven't resolved by other means.

"At the same time, there are still valid concerns and questions around safety, regulation and potential misuse," she continues. "Overall, though, the field seems to be moving forward in a responsible way. Public understanding is growing, and with it, the need for thoughtful application, clinical integrity and ongoing research."

"Over the last few years, there's been a noticeable shift toward greater openness around KAP and psychedelic therapy."

— Jenna Witkowski, LCSW-R, MSW '09

New perspectives

Glynn Couch, LCSW, MSW '17, was inspired by Witkowski, a friend and colleague, to explore and eventually integrate KAP into her practice at GC Counseling PLLC.

Glynn Couch

"We often see clients stuck in their trauma," she says. "I also provide EMDR [Eye Movement Desensitization and Reprocessing] and other modalities, but sometimes even then, clients are still stuck behind a traumatic event. Ketamine is shown to help people see beyond that and build a new perspective of their life and themselves."

Though the drug offers some benefits on its own, integrating it with psychotherapy is critical to achieving the best results, Couch says.

"Ketamine creates neuroplasticity in the brain, so it helps the brain build new pathways to healing," she explains. "Imagine that your brain can be rigid and firm based on what you've gone through, what you feel about yourself. Ketamine softens that rigidity so we can see different perspectives."

In her North Carolina- and New York-based practice, Rachael Bruton, LCSW, MSW '17, finds KAP can create a sense of ease, self-compassion or clarity for clients. Because of ketamine's ability to disrupt ingrained thought patterns and beliefs, she has employed KAP when treating chronic suicidal ideation, anxiety and eating disorders.

Experts say KAP is not appropriate when treating individuals with schizophrenia, psychosis, heart conditions or high blood pressure and those who are addicted to psychedelics, experiencing manic episodes, or pregnant or breastfeeding. Bruton, too, underscores that KAP is not a quick fix, and the psychotherapy component is crucial.

"The psychedelic experience can ease people back into their trauma in a way that doesn't have to be so painful," Bruton says. "But you must put the work in. If there's a desperation for the medicine to fix you, I don't find that people have effective treatment. It's a tool that shows us something we have to work on from there on out."

During a typical KAP session, the client takes the medication and enters an "alternate state of consciousness" while a therapist, like Glynn Couch, takes notes that will help them process the experience.

Photos: Tom Wolf

Expectations and experiences

Rachael Bruton

Therapists typically partner with a doctor who can prescribe ketamine in several forms based on the client's goals and preferences, therapeutic pacing and other factors. In Western New York, Witkowski and Couch both work with Gregory Loewen, DO, who prescribes the medication as a dissolving tablet or intramuscular injection; it can also be taken intravenously or as a nasal spray.

For Couch, any discussion of KAP begins during a traditional therapy session. After assessing a client and building rapport, Couch may recommend KAP and refer the client to Loewen, who completes a medical evaluation and writes the prescription. Loewen administers the intramuscular version for clients in his office with Couch present, while clients self-administer the tablet version in her office.

In either case, dosing sessions begin with a conversation to prepare the client.

"The therapist's role is to help them gain appropriate expectations of what might happen, but not to hold so tightly onto them and let what happens happen," she says.

From there, she sets the client up on the sofa with weighted blankets, pillows, noise-canceling headphones and an eye mask — all to deprive their senses and encourage them to have an internal experience free from distractions. Then, the client takes the medication and enters what Witkowski calls an "alternate state of consciousness."

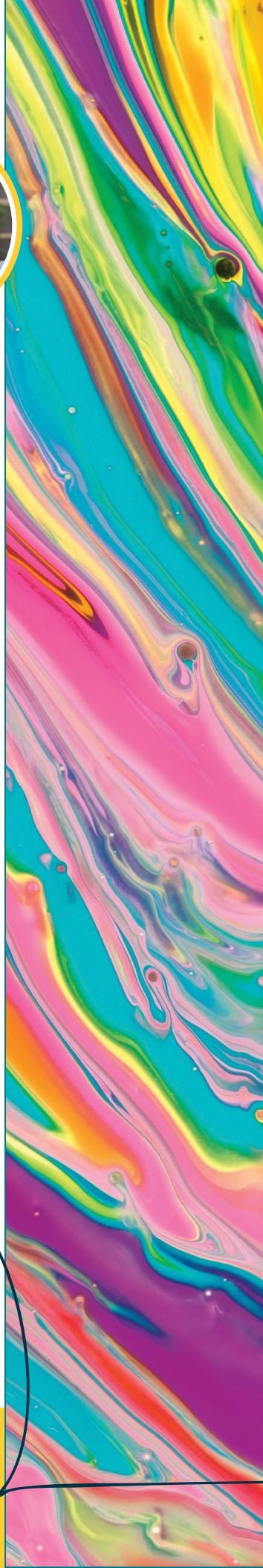
Witkowski recalls clients who came out of the experience with profound revelations on love or the world around them. Bruton finds clients are more ready to forgive themselves or others.

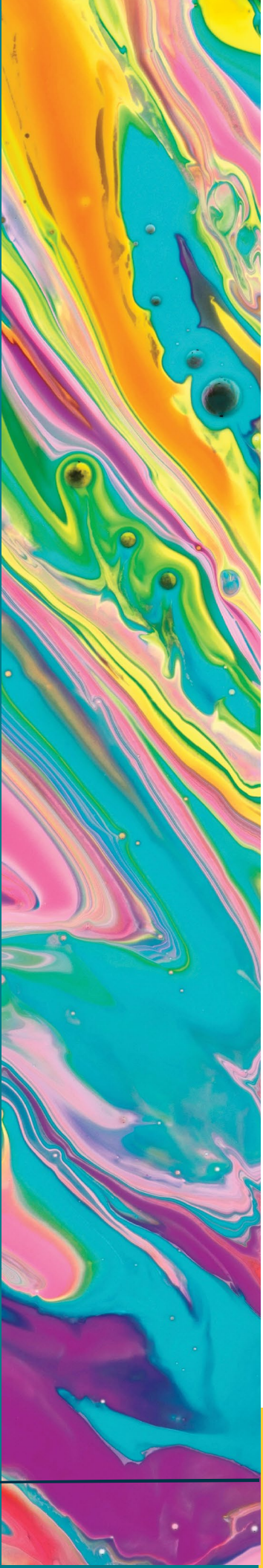
Couch says: "The hope is that they experience a dissociative experience — separate from their body, as if they're floating above themselves. We want people to feel a distance from their traditional sense of consciousness; instead of being consumed by their thoughts, they might see or imagine those thoughts."

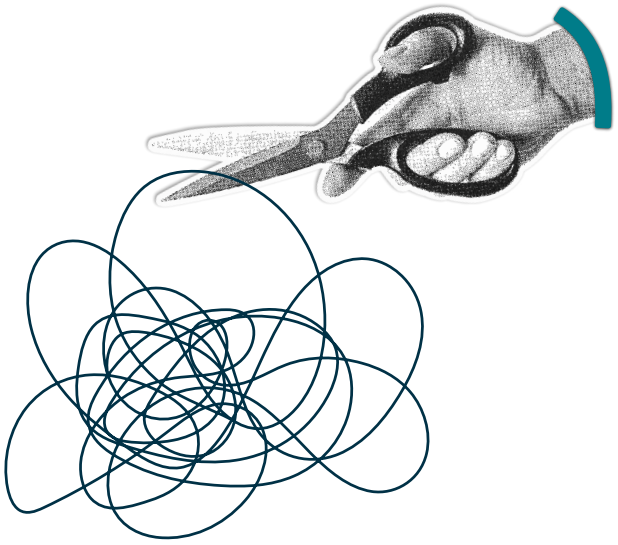
To better relate to clients, some therapists choose to have their own altered experience as part of their training. During Bruton's, she entered a "dream state" that brought forward deep-rooted feelings of belonging and helped her work through a phobia she's had since childhood.

Throughout the entire process, the therapist monitors the client, taking notes on body language or breathing changes so they can discuss the experience immediately afterward and in follow-up appointments, called integration sessions.

"That's the best part, the psychotherapy component, where the therapist is right there to help clients process what they experienced and integrate it into their life and their mental health," Couch says.







At a tipping point

While ketamine is legal to prescribe, the FDA has not approved it for mental health treatment, aside from the esketamine nasal spray — meaning most insurance companies won't cover it. Providers can bill prep and integration sessions as traditional therapy appointments, but clients must typically pay out of pocket for off-label ketamine and dosing sessions, creating access and equity issues.

"As social workers, we have a responsibility to push for models of care that are ethically grounded, trauma-informed and financially accessible," Witkowski says. "That includes integrating KAP into community mental health and insurance-based practices and offering sliding scale or group models."

Momentum was moving toward greater access and treatment options, but that has slowed recently, according to Bruton. Last year, the FDA seemed poised to approve MDMA, another psychedelic, for PTSD treatment, but the agency rejected it and requested another phase 3 clinical trial.

In addition, while psychedelics have been used by Indigenous peoples for centuries in ceremonial rituals, healing and community bonding, they are more likely to be stigmatized as a party drug in Western cultures. High-profile cases of addiction and abuse — like the 2023 death of *Friends* star Matthew Perry, in part, from the effects of ketamine — only reinforce that perception.

"Public understanding is growing through media and podcasts, but because of the MDMA decision, we've hit the brakes," Bruton says. "It's heartbreaking because we don't have good treatment in terms of medicine for severe PTSD, but we also don't want to rush something that's not ready."

Witkowski remains optimistic about the future of KAP and psychedelic-assisted therapy more broadly. This year, New Mexico became the third state to decriminalize psilocybin, better known as "magic mushrooms," to treat depression, PTSD and other disorders. PBS News reported in July that the FDA may reconsider MDMA.

Meanwhile, research continues to demonstrate the efficacy of ketamine and other psychedelics in mental health treatment. A bipartisan bill introduced in the House last spring would increase access to psychedelics for veterans and fund new clinical trials. Locally, Roswell Park Comprehensive Cancer Center created the Psychedelic Science Initiative to study psychedelics in cancer treatment.

"Psychedelic-assisted therapy is at a tipping point," Witkowski asserts. "With promising research, growing public interest and regulatory shifts, access will likely continue expanding, especially as MDMA and psilocybin approach FDA consideration. Ketamine, being already legal, will likely remain the most accessible psychedelic tool in the near term, and I expect its use in mental health settings to keep growing."

Decluttering 101

BY CATHERINE DONNELLY

Photos: John Schlia

Cindy German, MSW '08, founded her professional organization business, Finding Space, as a side hustle over a decade ago. After she moved a few times, she realized she liked streamlining her own things and helping friends reorder their living spaces too. Last year, the business became her full-time job.

The most common situations that German helps people manage are unexpected deaths or a medical crisis that necessitates downsizing. "No one plans to collect so many things," she says. "Life gets busy and suddenly someone is alone in a huge house filled with memories and stuff and needs to move."

German hopes that by planning ahead, she can help people feel more prepared when tragedy strikes.

"It is hard to confront a lifetime of memories by yourself," she says. "I enjoy this work and the process of getting to know someone, helping them process grief or other trauma and reframe their memories. I know I was born to be a social worker."

While German uses her trauma-informed skills to help her clients, anyone can follow this process to declutter and refresh well-used spaces.

"Consistency is key. Find a place for everything! If you put 'like things with like things' you will be able to find your favorite scarf when you want it and not waste time wondering where it got dropped the last time you wore it."

— Cindy German, MSW '08

Assess

Before you tackle a space (your garage, closet, room or even a drawer) take time to evaluate the situation. German recommends that you set a goal, so you know when you've succeeded: "I ask clients what they expect to see when we are done. We write that down and refer to it regularly to keep us on track."

- **Are there piles of paperwork?** You only need to keep three years of taxes and one year of bills.
- **Are there duplicates?** People often buy multiples of items they are afraid of not having when they need them, like paper products or guest items.
- **Are there obviously damaged items?** Removing them could open up space quickly.

Prepare zones

When you are ready to start, set up four zones: keep, donate, recycle and toss. "The zones are important for making decisions about where objects are going," German explains. "Everything you touch needs to be placed into a zone when you are done looking at it."

- Markers, tape, sticky notes, boxes and bags are essential.
- You may need gloves and masks if a space is moldy or animals have access to it.
- Label the zones clearly.

Sort

With a goal in mind, begin to touch each object. German says this is where a friend or helper is important because you can talk about things, have assistance moving heavy items and get permission to throw something away.

"Every item you saved was important to you once," she says. "But you really want to keep items that help you move forward, not keep items that leave you stuck or blocked. This is why donating items is so important. Your items can still be loved."

- Look at everything! Important papers can be misfiled. Special objects may be buried.
- Try to keep moving and not get stuck. If you start to freeze while considering an object, move on to something else.
- Take a break when needed.

Organize

When you've completed the sorting, put your keep pile back in a sensible order. "For small spaces, the reset may be simple. Larger spaces can take time, and this is where a professional organizer can help you," German says. "Being able to enjoy your treasures is a wonderful thing."

- Clear the zones as quickly as you can. If it is trash or a donation, take it out right away to avoid the temptation to change your mind.
- Review if your goal was achieved.
- Celebrate the experience.

University at Buffalo
School of Social Work

685 Baldy Hall
205 Founders Promenade
Buffalo, NY 14260-1050

CONNECT WITH US

Photo: Meredith Forrest Kulwicki

A social worker's best friend

This spring, UB MSW students got an introduction to animal-assisted social work — and spent plenty of quality time with a certified therapy dog named Maxwell — through a new elective course from the School of Social Work.

Students learned how animals are trained and certified, as well as the therapeutic value they can provide, particularly for clients struggling through grief and loss, crisis, trauma and PTSD. The course included a mix of online and optional in-person classes, during which students heard from guest speakers and interacted with therapy dogs like Maxwell.

"All people can benefit from therapy animals," says Rachel Zielinski, LCSW-R, BA/MSW '08, adjunct instructor. "Maxwell is great for grounding when clients get really activated or have a high level of anxiety. He can be helpful for teens or people with autism. Some clients even see us as a team together, so it reduces anxiety for clients who count on him being there for sessions."

Scan to read more ----------►

Welcoming our new students

At orientation this fall we welcomed a new cohort of MSW students who are eager to join our vital profession.

Photo: Stephen Gabris