

# Anne Wells, LCSW, LCAS

Fairbanks, AK 99701

## EDUCATION

### Master of Social Work

Western Carolina University – Cullowhee, NC  
Graduate Assistant  
Substance Abuse Certification Program  
August 2010 – May 2012

### Bachelor of Arts in Psychology

*Minor in Sociology*  
North Carolina State University – Raleigh, NC  
Undergraduate Research Assistant, Conference Presenter  
August 2004 – December 2009

## PROFESSIONAL WORK EXPERIENCE

### Director of Psychological Health

168<sup>th</sup> Wing, Alaska Air National Guard  
375 Tanker Road, Eielson, AK 99702  
Supervisor: Rebecca Ferren, LCSW

04/24/2022 – Present  
40 hours per Week  
GS 12 Step 4

As Director of Psychological Health (DPH) for the 168<sup>th</sup> Wing, the primary responsibilities include: to provide operational leadership consultation, direct client services, community capacity building, preventive, remedial, and support services aimed at improving and sustaining the psychological health of Air National Guard (ANG) military members and their families.

Actively support the commander's leadership team in addressing the psychological health of their installation. Provide strategic planning and leadership to implement an ANG comprehensive psychological health strategic plan. Assist leadership in understanding the interface between psychological health and operational readiness, and the role of the DPH in developing and helping leadership apply psychological health solutions to functional/operational problems.

Conduct assessments, routine and crisis evaluations, and diagnostic assessments. Provides short-term, evidence-based problem resolution strategies and services. Provides on-site and telephonic access to psychological health assessments and individual consultation to facilitate coordination of clinical, counseling, and other services promoting the psychological health of NG members and their families.

Design, develop, coordinate, and implement prevention and community outreach and education programs. Implement community organization strategies in collaboration with key organizations to increase awareness of psychological health, develop coordinated plans for reducing risk factors for individuals and within the community, and build and enhance a general culture that promotes psychological health and wellness.

Provide professional consultation, advice, education, and training to other military and non-military health care professionals, medical personnel, military commanders/senior leaders, wing personnel and their family members, and community agencies concerning primary and secondary prevention programs.

Prepare agenda for meetings, compile statistical data, and prepare a variety of recurring reports. Track suicide prevention, maltreatment and other behavioral health program data and participate in writing narrative interpretations of analyses.

### Caregiver Support Coordinator

Charles George VA Medical Center  
1100 Tunnel Road, Asheville, NC 28805  
Supervisor: Patricia Kitlasz, LCSW

04/27/2020 – 04/24/2022  
40 hours per Week  
GS 12 Step 4

Provide clinical evidence-based services and interventions, program development, education (to caregiver, Veteran, and staff) on caregiver issues, community outreach and resource development.

Develop policies and procedures for program operation, prepare reports and statistics for facility, VISN, and national use. Report performance measures to hospital leadership, meet with steering committee to develop clinical programming for caregivers, and identify any gaps in services.

Regularly meet with community stakeholders and interdisciplinary teams to evaluate and enhance the quality of services provided to caregivers, families, and Veterans. Provide direct clinical services in individual and group settings to caregivers and Veterans utilizing evidence-based interventions including REACH-PTSD, Caregivers FIRST, and Whole Health Coaching.

Completed LEAN Yellow Belt training with a focus on delivering quality care and problem solving technological barriers to serving our nations Veterans during COVID-19 pandemic. Regularly provide individual support to caregivers who experience stressors, challenges with access to care, and psychoeducation/skill building to better support the needs of the Veteran. During my time in the Caregiver Support Program, I provide supervision for provisionally licensed social workers as well as master's level interns.

**KEY ACCOMPLISHMENTS:** With the increase in applications for the Caregiver Support Program, I was able to implement an intervention to assess for access to video technology during the initial assessment, which resulted in a decrease of application delays by 89%. In addition to this decrease, applicants were educated on VVC technology, provided equipment as needed, and had increased access to video appointments with other VHA providers. In an effort to increase communication with caregivers and a sense of community, I started a quarterly newsletter with updates on program changes, developed additional support groups, and increased participation in evidence-based interventions. I also collaborated with VISN leadership to improve national templates by volunteering to have leadership listen in on assessments and provide feedback on updated templates.

In September 2020, I collaborated with two surviving ex-prisoner of war Veterans and directed the annual POW ceremony. Due to COVID-19, the ceremony was moved to a virtual format, which required the use of unique problem solving skills to make the ceremony meaningful and community oriented. This involved meeting with our local Cherokee American Legion, interviewing two ex-POWs, and collaborating with the local Veterans History Museum.

#### **Clinical Social Worker – Private Practice**

552 New Haw Creek Road, Asheville, NC 28805

01/01/2021 – 04/01/2022

Approximately 10 hours/week

In addition to working full time at the Asheville VAMC, I started a private practice providing individual psychotherapy to adults on evenings and Saturdays. Primary areas of focus include trauma-informed treatment (CPT-PTSD, EMDR), Cognitive Behavioral Therapy for Depression (CBT-D), and Cognitive Behavioral Therapy for Insomnia (CBT-I). During the bio-psychosocial assessment process, in collaboration with the client, I identify barriers to coping with stressors, develop individualized treatment plans based on diagnosis, and refer to other specialists, as appropriate. With the use of assessment tools, such as CAPS-5, PCL, PHQ9, GAD7, and suicide risk assessments, I regularly measure changes in reported symptoms and severity to inform course of treatment. Through this experience I became familiar with working outside of federal/military resources, became paneled with insurance companies, collaborate with community providers, and am continuously learning the needs of a non-Veteran population.

#### **Licensed Clinical Social Worker**

Cognitive-Behavioral Therapy Center – Asheville, NC  
Supervisor: R.Trent Codd, III, Ed.S., LPC, BCBA

5/7/2019 – 12/31/2020

15-20 hours/week

I began working in the evenings and weekends for a community mental health provider in addition to working full time at the Asheville VAMC in order to expand my understanding of mental health within my local community. My role as an individual therapist was to complete intake assessments, develop individualized treatment plans, determine appropriate diagnosis, and provide individual psychotherapy to patients with various mental health and substance use needs. Treatment modalities including (but not limited to) CPT-PTSD, EMDR, CBT-Depression, CBT-Insomnia, Motivational Interviewing, Mindfulness-Based Stress Reduction, Anger Management, and Community Resiliency Model. I would also assist clients with referrals to applicable services such as intensive outpatient, residential, and inpatient programs.

**Mental Health Clinical Social Worker**

Outpatient Mental Health Clinic  
Charles George VA Medical Center – Asheville, NC  
Supervisor: Lee Sanders, LCSW

03/2017 – 4/27/2020  
40 hours/week  
GS 11 Step 7

For three years I worked at the Outpatient Mental Health Clinic as one of 4 Licensed Clinical Social Workers and one of two Licensed Clinical Addictions Specialists. I provided group and individual psychotherapy to patients and families who were experiencing a variety of psychiatric, medical and social challenges. My responsibilities included conducting bio-psychosocial assessments, developing treatment plans, determining appropriate diagnosis, and collaborating with the interdisciplinary treatment team. I am a certified CBT-Depression, CBT-Insomnia, and Motivational Interviewing provider through the VA's Evidence-Based Psychotherapy Training Program, which included several months of didactic learning, feedback on recorded sessions, and consultation. In addition to these modalities, I have also been trained in EMDR, CPT-PTSD, Mindfulness-Based Stress Reduction (MBSR), Community Resiliency Model (CRM), Smoking Cessation, Whole Health Coaching, and Anger Management.

**KEY ACCOMPLISHMENTS:**

My quarterly productivity rating was consistently over 100%. I started the first CBT-Insomnia group at our facility and collaborated with our sleep clinic to meet the needs of patients with insomnia. I also developed an 8 week Trauma Resiliency group, which utilized somatic based interventions to manage nervous system response to triggers. This group was offered to combat Veterans and based in Community Resiliency Model. I was able to successfully transition the group to two facilitators and it continues to be well attended after my departure from this duty station.

**Primary Care Social Worker**

Primary Care 3 Clinic  
Charles George VA Medical Center – Asheville, NC  
Supervisor: Janet Marsh, LCSW

11/2015 – 03/2017  
40 hours/week  
GS 11 Step 6

During a staffing shortage, I was asked to transfer to the outpatient primary care clinic. My role included working with the Primary Care Physician, RNs, LPNs, and medical support staff to address Veteran needs. Often I would see Veterans on a walk-in basis after they met with their primary care providers to address a variety of needs. Some of these needs included home-health assistance, financial, housing, mental health, benefits, and legal issues. This role required flexibility, prioritization, availability, and an extensive knowledge of both VA resources as well as community supports. Some Veterans were in need of crisis intervention, which included coordinating with the Emergency Department for psychiatric evaluation, de-escalation techniques, coordination with VA police (if appropriate), and involving family members with the Veteran's permission. During this time I developed relationships with staff in all areas of the hospital in order to facilitate open dialogue and partnership.

**KEY ACCOMPLISHMENTS:**

I became a certified instructor in Prevention and Management of Disruptive Behavior (PMDB) Levels 1-4. I co-facilitated PMDB trainings on a monthly basis in addition to my assigned duties. All of our VA Medical Center staff are required to take some portion of this training on an annual basis. I also completed Whole Health Coaching training, which required 6 days of classroom training and consultation calls.

**Inpatient Psychiatric Social Worker**

Inpatient Psychiatric Unit  
Charles George VA Medical Center – Asheville, NC  
Supervisor: Janet Marsh, LCSW

09/2014 – 11/2015  
40 hours/week  
GS 11 Step 3

Completed bio-psychosocial assessments for recently admitted Veterans to develop a treatment plan, involve family members as appropriate, identify the Veteran's needs, and work with an interdisciplinary team. This often involved managing chronic conditions such as homelessness, substance use, severe mental illness, and collaborating with community partners involved in the Veteran's

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care. Developed discharge plans appropriate to a Veteran's level of care, such as referrals to skilled nursing facilities, assisted living facilities, intensive outpatient services, and setting up a care plan.

**HUD-VASH Social Worker**

Health Care for Homeless Veterans  
Charles George VA Medical Center – Asheville, NC  
Supervisor: Allison Bond, MSW, LCSW

06/2013 to 09/2014

40 hours/week

GS 11 Step 2

As a case manager for the Housing and Urban Development - Veterans Affairs Supported Housing (HUD-VASH) team, I completed intake assessments for homeless Veterans, identify appropriate housing interventions, collaborate with community partners to identify available housing, and provide monthly support to ensure Veteran's needs are being met. I assisted Veterans in developing skills such as budgeting and stress management to assist their ability to maintain independent housing utilizing a Housing First approach. Within the Health Care for Homeless Veterans (HCHV) team, I assisted in restructuring team assignments to improve work-flow and reduce staff burnout. In collaboration with other staff, I also helped organized a Landlord Lunch and Learn meeting to assist in recruiting potential landlords, educate community members about the HUD-VASH program, and develop relationships with stakeholders.

**Mental Health Social Worker**

Rutherford County Community Based Outpatient Clinic – Rutherfordton, NC  
Supervisor: Holly Harris, MSW, LCSW

8/2012 to 6/2013

20 hours/week

GS 9 Step 3

Following the completion of my VA internship, I was hired as an outpatient mental health social worker for the Rutherford CBOC to provide individual and group psychotherapy. Responsibilities included completing bio-psychosocial assessments, analyzing information to determine appropriate diagnosis, develop treatment plans in collaboration with the Veteran, coordinate with community agencies, and regularly assess progress with treatment goals. In this role, I also provided coverage for the Primary Care social worker which involved addressing medical needs and offering services to Veterans and families as appropriate.

**KEY ACCOMPLISHMENTS:**

When I started working at the CBOC, there were previously no outpatient groups available. Veterans who were interested in outpatient groups were expected to either travel to the Asheville VAMC or connect through V-tel, which often experienced technical difficulties and did not provide the optimal group environment. With the support of my coworker, I implemented an evidence based substance use group (Seeking Safety) and successfully recruited a committed group of Veterans who regularly participated in treatment and expressed appreciation for a locally based group to support their recovery. This group continued after my change in duty station.

**CONFERENCE PRESENTATIONS**

- Parker, A.E., Kupersmidt, J. B., & Pawlak, A. (2010). *The Moment Program: Mindfulness-based, middle school academic achievement program*. Poster presented at the Mind and Life Summer Research Institute, Garrison, NY, June 2010.
- Pawlak, A. N. & Milam, L. N. (April 2009). *Examining North Carolina's Work First Program*. Paper presented for attendees of the Southern Sociological Society Conference. New Orleans, LA.

**PROFESSIONAL LICENSES**

Licensed Clinical Social Worker (LCSW) – North Carolina #C009107

Licensed Clinical Addiction Specialist (LCAS) – North Carolina LCAS-20710

## REFERENCES

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