

Disclaimer: *Inclusion in this directory is optional and is not considered an endorsement by NASW Georgia Chapter. If you are an LCSW who meets the requirements under Georgia law to provide supervision to LMSW's and are interested in being listed in the directory, please contact admin.naswga@socialworkers.org or call the Chapter Office at (678) 691-2112. All individuals shown in blue have taken and passed the NASWGA Clinical Supervision Certificate Training.*

COUNTY

Barrow

Name: Andrea Clifton

Address: Dacula, Georgia 30019

Phone number: 770-337-8721

Email Address: aseadreams@att.net

License Number: CSW003477

Years in Practice: 15

Years Delivering Supervision: 15

Clinical Orientation: School social work, Autism, ADHD, LD, BED, Childhood Trauma, Adolescents, Teens, and Young Adults.

Bartow

Name: Samantha Chaplin

Address: White, Georgia

Phone Number: 678-650-7062

Email Address: sjchaplin@gmail.com

License Number: CSW004451

Years in Practice: 11

Years Delivering Supervision: 7

Clinical Orientation: Children and Adolescents, Adults, Substance Use, Mood Disorders, Anxiety Disorders, Disruptive/Impulse Control/Conduct Disorders, CBT, DBT, Motivational Interviewing

Bibbs

Name: Cynthia Bacon-Whitted

Address: Atlanta, GA

Phone number: 404-991-5848

Email address: info@swfcounseling.org

License number: CSW005945
Years in Practice: 20 years
Years Delivering Supervision: 0
Clinical Orientation: Generalist, Medical

Name: Linda Davis

Address: Dublin, Georgia 31027
Phone number: 478-278-1898
Email address: ldavis4@bellsouth.net
License number: CSW005997
Years in Practice: 8
Taken the NASWGA Supervision Training program and passed the exam.
Years Delivering Supervision: 3
Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

Bleckley

Name: Linda Davis

Address: Dublin, Georgia 31027
Phone number: 478-278-1898
Email address: ldavis4@bellsouth.net
License number: CSW005997
Years in Practice: 8
Taken the NASWGA Supervision Training program and passed the exam.
Years Delivering Supervision: 3
Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

Burke

Name: Sylina Holmes

Address: Augusta, Georgia 30909
Phone No.: 706-945-8553
Email Address: caringconvo@outlook.com
License Number: CSW005522
Years in Practice: 12

Years Delivering Supervision: 6
Clinical Orientation: Mental Health, Substance Abuse

Name: Jennifer Williams

Address: Ft. Gordon, Georgia 30906
Phone Number: 678-416-6556
Email Address: jenniferjeanwilliams@gmail.com
License Number: CSW003383
Years in Practice: 43
Years Delivering Supervision: 41
Clinical Orientation: Mental Health

Butts

Name: Amy Ripley

Address: Stockbridge, Georgia 30281
Phone Number: 678-982-4483
Email Address: amy@tinyplanetcounseling.com
License Number: CSW006587
Years in Practice: 6
Years Delivering Supervision: 2
Clinical Orientation: Trauma, EMDR, Attachment, CBT, Anxiety, Depression, PTSD

Cherokee

Name: Samantha Chaplin

Address: White, Georgia
Phone Number: 678-650-7062
Email Address: sichaplin@gmail.com
License Number: CSW004451
Years in Practice: 11
Years Delivering Supervision: 7
Clinical Orientation: Children and Adolescents, Adults, Substance Use, Mood Disorders, Anxiety Disorders, Disruptive/Impulse Control/Conduct Disorders, CBT, DBT, Motivational Interviewing

Name: Jennifer Smith

Address: Marietta, Georgia
Phone Number: 407-929-6925

Email Address: jennifer@empoweredrecoverycenter.com

License Number: CSW006423

Years in Practice: 8

Years Delivering Supervision: 4

Clinical Orientation: Substance Use Disorders, Mental Health Disorders, Eating Disorders, Trauma, Military Sexual Trauma, Domestic Violence, Equine Therapy, Psychodrama, RRT

Clarke

Name: Andrea Clifton

Address: Dacula, Georgia 30019

Phone number: 770-337-8721

Email Address: aseadreams@att.net

License Number: CSW003477

Years in Practice: 15

Years Delivering Supervision: 15

Clinical Orientation: School social work, Autism, ADHD, LD, BED, Childhood Trauma, Adolescents, Teens, and Young Adults

Name: Angela Muffley

Address: Athens, Georgia 30606

Phone Number: 706-224-6627

Email Address: angelamuffleylcsw@gmail.com

License Number: CSW005854

Years in Practice: 10+

Years Delivering Supervision: 4+

Clinical Orientation: Divorce, Non-Violent Communication, Parental Alienation, High Conflict Family Dynamics, Trauma, Adverse Childhood Experiences, Child Welfare, Anxiety Assessment & Clinical Diagnosis, Child Development, IEPs/504 Plans

Clayton

Name: Cynthia Bacon-Whitted

Address: Atlanta, GA

Phone number: 404-991-5848

Email address: info@swfcounseling.org

License number: CSW005945

Years in Practice: 20 years
Years Delivering Supervision: 0
Clinical Orientation: Generalist, Medical

Name: Amy Ripley

Address: Stockbridge, Georgia 30281
Phone Number: 678-982-4483
Email Address: amy@tinyplanetcounseling.com
License Number: CSW006587
Years in Practice: 6
Years Delivering Supervision: 2
Clinical Orientation: Trauma, EMDR, Attachment, CBT, Anxiety, Depression, PTSD

Name: Sadaqa Ward

Address: Atlanta, GA
Phone Number: 213-423-3765
Email Address: sadaqa@drawanertandassociates.com
License Number: CSW004266
Years in Practice: 14
Years Delivering Supervision: 6
Clinical Orientation: Medical Social Work and Behavioral Health Therapy

Cobb

Name: Cynthia Bacon-Whitted

Address: Atlanta, GA
Phone number: 404-991-5848
Email address: info@swfcounseling.org
License number: CSW005945
Years in Practice: 20 years
Years Delivering Supervision: 0
Clinical Orientation: Generalist, Medical

Name: Amanda Montgomery

Address: Marietta, Georgia
Phone Number: 770-676-1654
Email Address: amanda@cobbdbtcbt.com
License Number: CSW005536

Years in Practice: 10

Years Delivering Supervision: 4

Clinical Orientation: Intensively trained in DBT, adherent DBT provider, CBT and strengths-based approach, Prolonged Exposure for PTSD/C-PTSD, Mindfulness. Skilled in treating complex clients, including personality disorders, psychosis, mood disorders and trauma.

Name: Jennifer Smith

Address: Marietta, Georgia

Phone Number: 407-929-6925

Email Address: jennifer@empoweredrecoverycenter.com

License Number: CSW006423

Years in Practice: 8

Years Delivering Supervision: 4

Clinical Orientation: Substance Use Disorders, Mental Health Disorders, Eating Disorders, Trauma, Military Sexual Trauma, Domestic Violence, Equine Therapy, Psychodrama, RRT

Name: Tor Smith

Address: Decatur, GA

Phone Number: 404-590-4404

Email Address: Admin@healingandhelping.com

License Number: CSW007012

Years in Practice: 6

Years Delivering Supervision: 1

Clinical Orientation: Anxiety, Work/school life balance, Adjustment issues, self-esteem issues

Name: Dejerica Tinsley

Address: Marietta, Georgia 30064

Phone Number: 704-291-0002

Email Address: info@becomingmellc.com

License Number: CSW006364

Years in Practice: 3

Years Delivering Supervision: 1

Clinical Orientation: Anxiety, Depression, Trauma, ADHD, ODD/CD, Adjustment Issues

Name: Kimberly Veira

Address: College Park, Georgia

Phone Number: 781-608-6441

Email Address: kveira@hotmail.com

License Number: CSW004011

Years in Practice: 18

Years Delivering Supervision: 16

Clinical Orientation: CBT, TF-CBT and Trauma-Informed Treatment, Children and Families

Name: Danielle Warren

Address: Roswell, Georgia

Phone Number: 678-488-7681

Email Address: dwarren@pathwaystp.com

License Number: CSW006384

Years in Practice: 7

Years Delivering Supervision: 3

Clinical Orientation: Diagnosing, Individual and Family Services, CBT, Mindfulness, IFS, Supervision, Trainings, Consultation

Columbia

05/31/23

Name: Caitlyn Brantley

Address: Augusta, GA

Phone No.: 706-737-0231

Email Address: Cbrantley@childrenrichment.org

License Number: CSW007063

Years in Practice: 7

Years Delivering Supervision: 4

Clinical Orientation: Trauma-therapy with children and teens

Name: Sylina Holmes

Address: Augusta, Georgia 30909

Phone No.: 706-945-8553

Email Address: caringconvo@outlook.com

License Number: CSW005522

Years in Practice: 12

Years Delivering Supervision: 6

Clinical Orientation: Mental Health, Substance Abuse

Name: Jennifer Williams

Address: Ft. Gordon, Georgia 30906

Phone Number: 678-416-6556
Email Address: jenniferjeanwilliams@gmail.com
License Number: CSW003383
Years in Practice: 43
Years Delivering Supervision: 41
Clinical Orientation: Mental Health

Crisp

Name: Jennifer Iverson
Address: Cordele, Georgia
Phone Number: 662-242-0122
Email Address: jenivy1022@gmail.com
License Number: CSW000687
Years in Practice: 4
Years Delivering Supervision: 0
Clinical Orientation: Depression, Anxiety, Grief, Military

Name: Lisa Walls
Address: Cordele, Georgia
Phone Number: 229-938-5519
Email Address: lmwallz@gmail.com
License Number: CSW005058
Years in Practice: 17
Years Delivering Supervision: 14
Clinical Orientation: I have years of experience in child welfare as well as geriatric services. I most recently have been providing supervision for clinical practice in psychotherapy using a CBT, ACT, or DBT approach.

Dawson

Name: Jana Serna
Address: Cumming, Georgia
Phone Number: 770-842-7168
Email Address: jana@sernacounseling.com
License Number: CSW005354
Years in Practice: 11

Years Delivering Supervision: 1

Clinical Orientation: Trauma, EMDR, Anxiety, Depression, IFS, CBT

DeKalb

Name: Cynthia Bacon-Whitted

Address: Atlanta, GA

Phone number: 404-991-5848

Email address: info@swfcounseling.org

License number: CSW005945

Years in Practice: 20 years

Years Delivering Supervision: 0

Clinical Orientation: Generalist, Medical

Name: Vivian Burrell

Address: Lawrenceville, Georgia 30043

Phone number: 770-625-0220

Email address: vivianburrell@yahoo.com

License number: CSW004871

Years in practice: 10

Years Delivering Supervision: 0

Clinical orientation: Currently a Field Coordinator at the University of Georgia

Name: Andrea Clifton

Address: Dacula, Georgia 30019

Phone number: 770-337-8721

Email Address: aseadreams@att.net

License Number: CSW003477

Years in Practice: 15

Years Delivering Supervision: 15

Clinical Orientation: School social work, Autism, ADHD, LD, BED, Childhood Trauma, Adolescents, Teens, and Young Adults

Name: Katherine Cossette

Address: Brookhaven, Georgia 30329

Phone number:

Email address: Cossettecounseling@gmail.com

License number: CSW004104

Years in practice: 16

Years delivering supervision: 10

Clinical orientation: Individuals, children, and families; anxiety, depression & family conflict.

Name: Lamecia Eaddy

Address: Atlanta, Georgia 30364

Phone Number: 704-281-3705

Email Address: envisionwellnessllcga@gmail.com

License Number: CSW004401

Years in Practice: 13

Years Delivering Supervision: 4

Clinical Orientation: Mental Health, Aging, Veterans

Name: Anitra Jones

Address: Decatur, Georgia 30030

Phone number: 470-231-5914

Email address: atcounselingandconsulting@gmail.com

License number: CSW005668

Years in Practice: 9

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 0

Areas of Specialization: Child Welfare, School Social Work, Mental Health

Name: Treva Jones

Address: Decatur, GA 30032

Phone number: 404-484-0180

Email address: trevajones@gmail.com

License number: CSW006393

Years in Practice: 10

Years Delivering Supervision: 0

Areas of Specialization: Client-centered, Mental Illness, Mood Disorders, Behavior Modification, TF-CBT, Forensics, Incarceration, EMDR, CRM, Administration, Planning and Organizing (APO), Fo Foster Care/Adoption Competency, Emotional Regulation, Domestic Violence, Substance Abuse,

Private Practice, Children, Youth and Families, and Caregivers. Maintained management and supervisory roles for the past 10 years in work settings.

Name: Warren Mitchell

Address: Decatur, GA

Phone Number: 770-882-4240

Email Address: ajourneyofself@gmail.com

License number: CSW003554

Years in Practice: 25

Years Delivering Supervision: 20

Areas of Specialization: Depression, Anxiety, Bipolar, Spiritual Counseling, Marriage/Couples Counseling, Individual and Family and Group Therapy, Stress, Anger Management, Personal Development

Name: Tor Smith

Address: Decatur, GA

Phone Number: 404-590-4404

Email Address: Admin@healingandhelping.com

License Number: CSW007012

Years in Practice: 6

Years Delivering Supervision: 1

Clinical Orientation: Anxiety, Work/school life balance, Adjustment issues, self-esteem issues

Name: Kimberly Veira

Address: College Park, Georgia

Phone Number: 781-608-6441

Email Address: k_veira@hotmail.com

License Number: CSW004011

Years in Practice: 18

Years Delivering Supervision: 16

Clinical Orientation: CBT, TF-CBT and Trauma-Informed Treatment, Children and Families

Name: Sadaqa Ward

Address: Atlanta, GA

Phone Number: 213-423-3765

Email Address: sadaqa@drawanertandassociates.com

License Number: CSW004266

Years in Practice: 14

Years Delivering Supervision: 6

Clinical Orientation: Medical Social Work and Behavioral Health Therapy

Name: Danielle Warren

Address: Roswell, Georgia

Phone Number: 678-488-7681

Email Address: dwarren@pathwaystp.com

License Number: CSW006384

Years in Practice: 7

Years Delivering Supervision: 3

Clinical Orientation: Diagnosing, Individual and Family Services, CBT, Mindfulness, IFS, Supervision, Trainings, Consultation

Dooly

Name: Lisa Walls

Address: Cordele, Georgia

Phone Number: 229-938-5519

Email Address: lmwallz@gmail.com

License Number: CSW005058

Years in Practice: 17

Years Delivering Supervision: 14

Clinical Orientation: I have years of experience in child welfare as well as geriatric services. I most recently have been providing supervision for clinical practice in psychotherapy using a CBT, ACT, or DBT approach.

Dougherty

Name: Lisa Walls

Address: Cordele, Georgia

Phone Number: 229-938-5519

Email Address: lmwallz@gmail.com

License Number: CSW005058

Years in Practice: 17

Years Delivering Supervision: 14

Clinical Orientation: I have years of experience in child welfare as well as geriatric services. I most recently have been providing supervision for clinical practice in psychotherapy using a CBT, ACT, or DBT approach.

Emanuel

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 3

Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

Forsyth

Name: Ellen Biros

Address: Alpharetta, Georgia

Phone Number: 678-793-9367

Email Address: ebiros1csw@gmail.com

License Number: CSW003965

Years in Practice: 22

Years Delivering Supervision: 12

Clinical Orientation: Addiction, Codependency, Anxiety, Depression, Emotional Abuse, Personality Disorders, Private Practice

Name: Jana Serna

Address: Cumming, Georgia

Phone Number: 770-842-7168

Email Address: jana@sernacounseling.com

License Number: CSW005354

Years in Practice: 11

Years Delivering Supervision: 1

Clinical Orientation: Trauma, EMDR, Anxiety, Depression, IFS, CBT

Fulton

Name: Cynthia Bacon-Whitted

Address: Atlanta, GA

Phone number: 404-991-5848

Email address: info@swfcounseling.org

License number: CSW005945

Years in Practice: 20 years

Years Delivering Supervision: 0

Clinical Orientation: Generalist, Medical

Name: Andrea Clifton

Address: Dacula, Georgia 30019

Phone number: 770-337-8721

Email Address: aseadreams@att.net

License Number: CSW003477

Years in Practice: 15

Years Delivering Supervision: 15

Clinical Orientation: School social work, Autism, ADHD, LD, BED, Childhood Trauma, Adolescents, Teens, and Young Adults

Name: Katherine Cossette

Address: Brookhaven, Georgia 30329

Phone number:

Email address: Cossettecounseling@gmail.com

License number: CSW004104

Years in practice: 16

Years delivering supervision: 10

Clinical orientation: Individuals, children, and families; anxiety, depression & family conflict.

Name: Lamecia Eaddy

Address: Atlanta, Georgia 30364

Phone Number: 704-281-3705

Email Address: envisionwellnessllcga@gmail.com

License Number: CSW004401

Years in Practice: 13

Years Delivering Supervision: 4

Clinical Orientation: Mental Health, Aging, Veterans

Name: Victoria C. Fahy

Address: Milton, GA

Phone Number: 201-444-5255

Email Address: vfahy1911@gmail.com

License Number: GA: CSW006239, NJ-44SC04915300

Years in Practice: 22

Years Delivering Supervision: None

Clinical Orientation: Anxiety, CBT, Depression DBT, Acute Medical Trauma, Perinatal Mood Disorders, Trauma SEP, Marital/Couples EFT

Name: Treva Jones

Address: Decatur, GA 30032

Phone number: 404-484-0180

Email address: trevajones@gmail.com

License number: CSW006393

Years in Practice: 10

Years Delivering Supervision: 0

Areas of Specialization: Client-centered, Mental Illness, Mood Disorders, Behavior Modification, TF-CBT, Forensics, Incarceration, EMDR, CRM, Administration, Planning and Organizing (APO), Foster Care/Adoption Competency, Emotional Regulation, Domestic Violence, Substance Abuse, Private Practice, Children, Youth and Families, and Caregivers. Maintained management and supervisory roles for the past 10 years in work settings.

Name: Ciara Pierce

Address: Sandy Springs, Georgia

Phone Number: 404-637-9070

Email Address: cpiercelcsw@gmail.com

License Number: CSW006659

Years in Practice: 5

Years Delivering Supervision: 0

Clinical Orientation: Anxiety, Depression, Career

Name: Jana Serna

Address: Cumming, Georgia

Phone Number: 770-842-7168

Email Address: jana@sernacounseling.com

License Number: CSW005354

Years in Practice: 11

Years Delivering Supervision: 1

Clinical Orientation: Trauma, EMDR, Anxiety, Depression, IFS, CBT

Name: Tor Smith

Address: Decatur, GA

Phone Number: 404-590-4404

Email Address: Admin@healingandhelping.com

License Number: CSW007012

Years in Practice: 6

Years Delivering Supervision: 1

Clinical Orientation: Anxiety, Work/school life balance, Adjustment issues, self-esteem issues

Name: Kimberly Veira

Address: College Park, Georgia

Phone Number: 781-608-6441

Email Address: k_veira@hotmail.com

License Number: CSW004011

Years in Practice: 18

Years Delivering Supervision: 16

Clinical Orientation: CBT, TF-CBT and Trauma-Informed Treatment, Children and Families

Name: Sadaqa Ward

Address: Atlanta, GA

Phone Number: 213-423-3765

Email Address: sadaqa@drawanertandassociates.com

License Number: CSW004266

Years in Practice: 14

Years Delivering Supervision: 6

Clinical Orientation: Medical Social Work and Behavioral Health Therapy

Name: Danielle Warren

Address: Roswell, Georgia

Phone Number: 678-488-7681

Email Address: dwarren@pathwaystp.com

License Number: CSW006384

Years in Practice: 7

Years Delivering Supervision: 3

Clinical Orientation: Diagnosing, Individual and Family Services, CBT, Mindfulness, IFS, Supervision, Trainings, Consultation

Gwinnett

Name: Cynthia Bacon-Whitted

Address: Atlanta, GA

Phone number: 404-991-5848

Email address: info@swfcounseling.org

License number: CSW005945

Years in Practice: 20 years

Years Delivering Supervision: 0

Clinical Orientation: Generalist, Medical

Name: Kabian Brown

Address: Snellville, GA

Phone Number: 770-733-1469

Email Address: sosccgllc@gmail.com

License Number: CSW005953

Years in Practice: 14

Years Delivering Supervision: 5

Clinical Orientation: Anxiety, Depression, Men's Issues, Trauma

Name: Vivian Burrell

Address: Lawrenceville, Georgia 30043

Phone number: 770-625-0220

Email address: vivianburrell@yahoo.com

License number: CSW004871

Years in practice: 10

Years Delivering Supervision: 0

Clinical orientation: Currently a Field Coordinator at the University of Georgia

Name: Andrea Clifton

Address: Dacula, Georgia 30019

Phone number: 770-337-8721

Email Address: aseadreams@att.net

License Number: CSW003477

Years in Practice: 15

Years Delivering Supervision: 15

Clinical Orientation: School social work, Autism, ADHD, LD, BED, Childhood Trauma, Adolescents, Teens, and Young Adults

Name: Katherine Cossette

Address: Brookhaven, Georgia 30329

Phone number:

Email address: Cossettecounseling@gmail.com

License number: CSW004104

Years in practice: 16

Years delivering supervision: 10

Clinical orientation: Individuals, children, and families; anxiety, depression & family conflict.

Name: Treva Jones

Address: Decatur, GA 30032

Phone number: 404-484-0180

Email address: trevajones@gmail.com

License number: CSW006393

Years in Practice: 10

Years Delivering Supervision: 0

Areas of Specialization: Client-centered, Mental Illness, Mood Disorders, Behavior Modification, TF-CBT, Forensics, Incarceration, EMDR, CRM, Administration, Planning and Organizing (APO), Foster Care/Adoption Competency, Emotional Regulation, Domestic Violence, Substance Abuse, Private Practice, Children, Youth and Families, and Caregivers. Maintained management and supervisory roles for the past 10 years in work settings.

Habersham

Name: Donna "Joy" Dunn

Address: Demorest, GA 30535

Phone Number: 706-878-9619

Email Address: djdunn74@windstream.net

License Number: CSW003568

Years in Practice: 20

Years Delivering Supervision: 11

Areas of Specialization: Depression, Anxiety, ADHD, Bipolar Disorder, Schizophrenia, Geriatrics

Name: Andrea Clifton

Address: Dacula, Georgia 30019

Phone number: 770-337-8721

Email Address: aseadreams@att.net

License Number: CSW003477

Years in Practice: 15

Years Delivering Supervision: 15

Clinical Orientation: School social work, Autism, ADHD, LD, BED, Childhood Trauma, Adolescents, Teens, and Young Adults

Henry

Name: Lamecia Eaddy

Address: Atlanta, Georgia 30364

Phone Number: 704-281-3705

Email Address: envisionwellnessllcga@gmail.com

License Number: CSW004401

Years in Practice: 13

Years Delivering Supervision: 4

Clinical Orientation: Mental Health, Aging, Veterans

Name: Amy Ripley

Address: Stockbridge, Georgia 30281

Phone Number: 678-982-4483

Email Address: amy@tinyplanetcounseling.com

License Number: CSW006587

Years in Practice: 6

Years Delivering Supervision: 2

Clinical Orientation: Trauma, EMDR, Attachment, CBT, Anxiety, Depression, PTSD

Name: Tor Smith

Address: Decatur, GA

Phone Number: 404-590-4404

Email Address: Admin@healingandhelping.com

License Number: CSW007012

Years in Practice: 6

Years Delivering Supervision: 1

Clinical Orientation: Anxiety, Work/school life balance, Adjustment issues, self-esteem issues

Name: Sadaqa Ward

Address: Atlanta, GA

Phone Number: 213-423-3765

Email Address: sadaqa@drawanertandassociates.com

License Number: CSW004266

Years in Practice: 14

Years Delivering Supervision: 6

Clinical Orientation: Medical Social Work and Behavioral Health Therapy

Jackson

Name: Andrea Clifton

Address: Dacula, Georgia 30019

Phone number: 770-337-8721

Email Address: aseadreams@att.net

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Years in Practice: 15

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Clinical Orientation: School social work, Autism, ADHD, LD, BED, Childhood Trauma, Adolescents, Teens, and Young Adults

Johnson

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 3

Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

Laurens

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 3

Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

Lumpkin

Name: Donna "Joy" Dunn

Address: Demorest, GA 30535

Phone Number: 706-878-9619

Email Address: djdunn74@windstream.net

License Number: CSW003568

Years in Practice: 20

Years Delivering Supervision: 11

Areas of Specialization: Depression, Anxiety, ADHD, Bipolar Disorder, Schizophrenia, Geriatrics

McDuffie

Name: Jennifer Williams

Address: Ft. Gordon, Georgia 30906

Phone Number: 678-416-6556

Email Address: jenniferjeanwilliams@gmail.com

License Number: CSW003383

Years in Practice: 43

Years Delivering Supervision: 41

Clinical Orientation: Mental Health

Montgomery

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

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Newton

Name: Treva Jones

Address: Decatur, GA 30032

Phone number: 404-484-0180

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Online (Georgia)

Name: Cynthia Bacon-Whitted

Address: Atlanta, GA

Phone number: 404-991-5848

Email address: info@swfcounseling.org

License number: CSW005945

Years in Practice: 20 years

Years Delivering Supervision: 0

Clinical Orientation: Generalist, Medical

Name: Samantha Chaplin

Address: White, Georgia

Phone Number: 678-650-7062

Email Address: sichaplin@gmail.com

License Number: CSW004451

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Clinical Orientation: Children and Adolescents, Adults, Substance Use, Mood Disorders, Anxiety Disorders, Disruptive/Impulse Control/Conduct Disorders, CBT, DBT, Motivational Interviewing

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Address: Augusta, Georgia 30909

Phone No.: 706-945-8553

Email Address: caringconvo@outlook.com

License Number: CSW005522

Years in Practice: 12

Years Delivering Supervision: 6

Clinical Orientation: Mental Health, Substance Abuse

Name: Diana Hope

Address: McDonough, GA 30253

Phone Number: 770-495-0179

Email Address: dianahopelcsw@gmail.com

License Number: CSW006143

Years in Practice: 16

Years Delivering Supervision: 5

Areas of Specialization: Behavioral Activation, CBT, Psychodynamic Psychotherapy, Child/Parent Relationships, Older Adults, Depression, Anxiety, PTSD

Name: Treva Jones

Address: Decatur, GA 30032

Phone number: 404-484-0180

Email address: trevajones@gmail.com

License number: CSW006393

Years in Practice: 10

Years Delivering Supervision: 0

Areas of Specialization: Client-centered, Mental Illness, Mood Disorders, Behavior Modification, TF-CBT, Forensics, Incarceration, EMDR, CRM, Administration, Planning and Organizing (APO), Foster Care/Adoption Competency, Emotional Regulation, Domestic Violence, Substance Abuse, Private Practice, Children, Youth and Families, and Caregivers. Maintained management and supervisory roles for the past 10 years in work settings.

Name: Amanda Montgomery

Address: Marietta, Georgia

Phone Number: 770-676-1654

Email Address: amanda@cobdbtcbt.com

License Number: CSW005536

Years in Practice: 10

Years Delivering Supervision: 4

Clinical Orientation: Intensively trained in DBT, adherent DBT provider, CBT and strengths-based approach, Prolonged Exposure for PTSD/C-PTSD, Mindfulness. Skilled in treating complex clients, including personality disorders, psychosis, mood disorders and trauma.

Name: Ciara Pierce

Address: Sandy Springs, Georgia

Phone Number: 404-637-9070

Email Address: cpiercelcsw@gmail.com

License Number: CSW006659

Years in Practice: 5

Years Delivering Supervision: 0

Clinical Orientation: Anxiety, Depression, Career

Name: Jana Serna

Address: Cumming, Georgia

Phone Number: 770-842-7168

Email Address: jana@sernacounseling.com

License Number: CSW005354

Years in Practice: 11

Years Delivering Supervision: 1

Clinical Orientation: Trauma, EMDR, Anxiety, Depression, IFS, CBT

Name: Dr. Tamara Thorn

Address: Richmond Hill, GA 31324

Phone number: 704-820-4933

Email address: Tamarathorn3@yahoo.com

License number: CSW004234

Years in Practice: 18

Years Delivering Supervision: 11

Areas of Specialization: Crisis Intervention and Assessment, Abuse/Neglect, Anxiety Disorders, Disorders Associated with a Medical Condition, Employee Assistance, Forensic, Psychotic Disorders, Substance Abuse Disorders

Name: Sadaqa Ward

Address: Atlanta, GA

Phone Number: 213-423-3765

Email Address: sadaqa@drawanertandassociates.com

License Number: CSW004266

Years in Practice: 14

Years Delivering Supervision: 6

Clinical Orientation: Medical Social Work and Behavioral Health Therapy

Pickens

Name: Samantha Chaplin

Address: White, Georgia

Phone Number: 678-650-7062

Email Address: sichaplin@gmail.com

License Number: CSW004451

Years in Practice: 11

Years Delivering Supervision: 7

Clinical Orientation: Children and Adolescents, Adults, Substance Use, Mood Disorders, Anxiety Disorders, Disruptive/Impulse Control/Conduct Disorders, CBT, DBT, Motivational Interviewing

Richmond

05/31/23

Name: Caitlyn Brantley

Address: Augusta, GA

Email Address: Cbrantley@childrenrichment.org
License Number: CSW007063
Years in Practice: 7
Years Delivering Supervision: 4
Clinical Orientation: Trauma-therapy with children and teens

Name: Sylina Holmes
Address: Augusta, Georgia 30909
Phone No.: 706-945-8553
Email Address: caringconvo@outlook.com
License Number: CSW005522
Years in Practice: 12
Years Delivering Supervision: 6
Clinical Orientation: Mental Health, Substance Abuse

Name: Jennifer Williams
Address: Ft. Gordon, Georgia 30906
Phone Number: 678-416-6556
Email Address: jenniferjeanwilliams@gmail.com
License Number: CSW003383
Years in Practice: 43
Years Delivering Supervision: 41
Clinical Orientation: Mental Health

Rockdale

Name: Katherine Cossette
Address: Brookhaven, Georgia 30329
Phone number:
Email address: Cossettecounseling@gmail.com
License number: CSW004104
Years in practice: 16
Years delivering supervision: 10
Clinical orientation: Individuals, children, and families; anxiety, depression & family conflict.

Name: Lamecia Eaddy
Address: Atlanta, Georgia 30364

Phone Number: 704-281-3705
Email Address: envisionwellnessllcga@gmail.com
License Number: CSW004401
Years in Practice: 13
Years Delivering Supervision: 4
Clinical Orientation: Mental Health, Aging, Veterans

Name: Treva Jones

Address: Decatur, GA 30032
Phone number: 404-484-0180
Email address: trevagjones@gmail.com
License number: CSW006393
Years in Practice: 10
Years Delivering Supervision: 0
Areas of Specialization: Client-centered, Mental Illness, Mood Disorders, Behavior Modification, TF-CBT, Forensics, Incarceration, EMDR, CRM, Administration, Planning and Organizing (APO), Foster Care/Adoption Competency, Emotional Regulation, Domestic Violence, Substance Abuse, Private Practice, Children, Youth and Families, and Caregivers. Maintained management and supervisory roles for the past 10 years in work setting.

Spalding

Name: Amy Ripley

Address: Stockbridge, Georgia 30281
Phone Number: 678-982-4483
Email Address: amy@tinyplanetcounseling.com
License Number: CSW006587
Years in Practice: 6
Years Delivering Supervision: 2
Clinical Orientation: Trauma, EMDR, Attachment, CBT, Anxiety, Depression, PTSD

Sumter

Name: Lisa Walls

Address: Cordele, Georgia
Phone Number: 229-938-5519
Email Address: lmwallz@gmail.com
License Number: CSW005058

Years in Practice: 17

Years Delivering Supervision: 14

Clinical Orientation: I have years of experience in child welfare as well as geriatric services. I most recently have been providing supervision for clinical practice in psychotherapy using a CBT, ACT, or DBT approach.

Tift

Name: Jennifer Iverson

Address: Cordele, Georgia

Phone Number: 662-242-0122

Email Address: jenivy1022@gmail.com

License Number: CSW000687

Years in Practice: 4

Years Delivering Supervision: 0

Clinical Orientation: Depression, Anxiety, Grief, Military

Name: Lisa Walls

Address: Cordele, Georgia

Phone Number: 229-938-5519

Email Address: lmwallz@gmail.com

License Number: CSW005058

Years in Practice: 17

Years Delivering Supervision: 14

Clinical Orientation: I have years of experience in child welfare as well as geriatric services. I most recently have been providing supervision for clinical practice in psychotherapy using a CBT, ACT, or DBT approach.

Toombs

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 3

Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

Treutlen

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 3

Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

Turner

Name: Jennifer Iverson

Address: Cordele, Georgia

Phone Number: 662-242-0122

Email Address: jenivy1022@gmail.com

License Number: CSW000687

Years in Practice: 4

Years Delivering Supervision: 0

Clinical Orientation: Depression, Anxiety, Grief, Military

Name: Lisa Walls

Address: Cordele, Georgia

Phone Number: 229-938-5519

Email Address: lmwallz@gmail.com

License Number: CSW005058

Years in Practice: 17

Years Delivering Supervision: 14

Clinical Orientation: I have years of experience in child welfare as well as geriatric services. I most recently have been providing supervision for clinical practice in psychotherapy using a CBT, ACT, or DBT approach.

Twiggs

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 3

Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

Washington

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 3

Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor

White

Name: Donna "Joy" Dunn

Address: Demorest, GA 30535

Phone Number: 706-878-9619

Email Address: djdunn74@windstream.net

License Number: CSW003568

Years in Practice: 20

Years Delivering Supervision: 11

Areas of Specialization: Depression, Anxiety, ADHD, Bipolar Disorder, Schizophrenia, Geriatrics

Wilcox

Name: Lisa Walls

Address: Cordele, Georgia

Phone Number: 229-938-5519

Email Address: lmwallz@gmail.com

License Number: CSW005058

Years in Practice: 17

Years Delivering Supervision: 14

Clinical Orientation: I have years of experience in child welfare as well as geriatric services.

I most recently have been providing supervision for clinical practice in psychotherapy using a CBT, ACT, or DBT approach.

Wilkinson

Name: Linda Davis

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: ldavis4@bellsouth.net

License number: CSW005997

Years in Practice: 8

Taken the NASWGA Supervision Training program and passed the exam.

Years Delivering Supervision: 3

Clinical Orientation: Mental Health, Crisis Intervention, Geriatric Care, Hospice Care, Forensics, Domestic Violence, Individual/Group Therapy, CBT, Field Coordinator/Instructor