

**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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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: [sjchaplin@gmail.com](mailto: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

**Name: Jennifer Smith**

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

Email Address: [jennifer@empoweredrecoverycenter.com](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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@cobdbtcbt.com](mailto: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: Jennifer Smith**

Address: Marietta, Georgia

Phone Number: 407-929-6925

Email Address: [jennifer@empoweredrecoverycenter.com](mailto: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@healingandhellping.com](mailto:Admin@healingandhellping.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](mailto: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](mailto: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](mailto: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**

**Name: Caitlyn Brantley**

Address: Augusta, GA

Phone No.: 706-737-0231

Email Address: [cbrantley@childrenrichment.org](mailto: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](mailto:caringconvo@outlook.com)

License Number: CSW005522

Years in Practice: 12

Years Delivering Supervision: 6

Clinical Orientation: Mental Health, Substance Abuse

**Name: Traci Stewart**

Address: Augusta, GA 30904

Phone Number: 706-305-5180

Email Address: [tcappstewart@gmail.com](mailto:tcappstewart@gmail.com)

License Number: CSW007055

Years in Practice: 15

Years Delivering Supervision: 0

Clinical Orientation: Mental Health, Grief, Hospice, Aging, Caregiver Stress

**Name: Jennifer Williams**

Address: Ft. Gordon, Georgia 30906

Phone Number: 678-416-6556

Email Address: [jenniferjeanwilliams@gmail.com](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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: [trevagjones@gmail.com](mailto: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 settings.

**Name: Warren Mitchell**

Address: Decatur, GA

Phone Number: 770-882-4240

Email Address: [ajourneyofself@gmail.com](mailto: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: Candance Morley**

Address: Covington, GA

Phone Number: 305-926-1154

Email Address: [candancemorley@gmail.com](mailto:candancemorley@gmail.com)

License Number: CSW006297

Years in Practice: 18

Years Delivering Supervision: 7

Areas of Specialization: Anxiety, Trauma, Perinatal Mental Health, Women's Issues, Life Transition, Relationship/Family Issues

**Name: Tor Smith**

Address: Decatur, GA

Phone Number: 404-590-4404

Email Address: [Admin@healingandhelping.com](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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.

### **Douglas**

**Name: Dr. Kerene Brown**

Phone Number: 404-692-2858

Email Address: [drkerenebrown@gmail.com](mailto:drkerenebrown@gmail.com)

License Number: CSW007577

Years in Practice: 5

Years Delivering Supervision: 2

Clinical Orientation: Depression, Grief, Behavioral Issues, Self-esteem, Self-harming, Stress, Substance Use, Suicidal Ideation, Trauma and PTSD, Addiction, Alcohol Use, Anger Management, Antisocial Personality, Anxiety, Bipolar Disorder, Bisexual, LGBTQ+, Life Coaching, Mood Disorders, Obesity, Peer Relationships, Personality Disorders, Racial Identity, Relationship Issues

(Dr. Brown is doing supervision online only)

### **Emanuel**

**Name: Linda Davis**

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: [ldavis4@bellsouth.net](mailto: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: [ebiros@csww.com](mailto:ebiros@csww.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](mailto: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](mailto: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](mailto: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](mailto: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: Jerome Dyson**

Address: Peachtree City, GA

Phone Number: 770-687-8456

Email Address: [jdyson@familytiesinc.com](mailto:jdyson@familytiesinc.com)

License Number: CSW004440

Years in Practice: 25

Years Delivering Supervision: 15

Clinical Orientation: Child and Adolescent Therapy

**Name: Lamecia Eaddy**

Address: Atlanta, Georgia 30364

Phone Number: 704-281-3705

Email Address: [envisionwellnessllcga@gmail.com](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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: Candance Morley**

Address: Covington, GA

Phone Number: 305-926-1154

Email Address: [candancemorley@gmail.com](mailto:candancemorley@gmail.com)

License Number: CSW006297

Years in Practice: 18

Years Delivering Supervision: 7

Areas of Specialization: Anxiety, Trauma, Perinatal Mental Health, Women's Issues, Life Transition, Relationship/Family Issues

**Habersham**

**Name: Donna "Joy" Dunn**

Address: Demorest, GA 30535

Phone Number: 706-878-9619

Email Address: [djdunn74@windstream.net](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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

**Johnson**

**Name: Linda Davis**

Address: Dublin, Georgia 31027

Phone number: 478-278-1898

Email address: [ldavis4@bellsouth.net](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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

### **Newton**

**Name: Treva Jones**

Address: Decatur, GA 30032

Phone number: 404-484-0180

Email address: [trevajones@gmail.com](mailto: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: Candance Morley**

Address: Covington, GA

Phone Number: 305-926-1154

Email Address: [candancemorley@gmail.com](mailto:candancemorley@gmail.com)

License Number: CSW006297

Years in Practice: 18

Years Delivering Supervision: 7

Areas of Specialization: Anxiety, Trauma, Perinatal Mental Health, Women's Issues, Life Transition, Relationship/Family Issues

### **Online (Georgia)**

**Name: Cynthia Bacon-Whitted**

Address: Atlanta, GA

Phone number: 404-991-5848  
Email address: [info@swfcounseling.org](mailto:info@swfcounseling.org)  
License number: CSW005945  
Years in Practice: 20 years  
Years Delivering Supervision: 0  
Clinical Orientation: Generalist, Medical

**Name: Dr. Kerene Brown**

Phone Number: 404-692-2858  
Email Address: [drkerenebrown@gmail.com](mailto:drkerenebrown@gmail.com)  
License Number: CSW007577  
Years in Practice: 5  
Years Delivering Supervision: 2  
Clinical Orientation: Depression, Grief, Behavioral Issues, Self-esteem, Self-harming, Stress, Substance Use, Suicidal Ideation, Trauma and PTSD, Addiction, Alcohol Use, Anger Management, Antisocial Personality, Anxiety, Bipolar Disorder, Bisexual, LGBTQ+, Life Coaching, Mood Disorders, Obesity, Peer Relationships, Personality Disorders, Racial Identity, Relationship Issues

**Name: Samantha Chaplin**

Address: White, Georgia  
Phone Number: 678-650-7062  
Email Address: [sjchaplin@gmail.com](mailto: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

**Name: Sylina Holmes**

Address: Augusta, Georgia 30909  
Phone No.: 706-945-8553  
Email Address: [caringconvo@outlook.com](mailto: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](mailto: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](mailto: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@cobbdbtcbt.com](mailto: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: Ciara Pierce**

Address: Sandy Springs, Georgia

Phone Number: 404-637-9070

Email Address: [cpiercelcsw@gmail.com](mailto: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](mailto: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](mailto: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](mailto: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: [sjchaplin@gmail.com](mailto: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

### **Richmond**

05/31/23

**Name: Caitlyn Brantley**

Address: Augusta, GA

Email Address: [Cbrantley@childrenrichment.org](mailto: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](mailto:caringconvo@outlook.com)

License Number: CSW005522

Years in Practice: 12

Years Delivering Supervision: 6

Clinical Orientation: Mental Health, Substance Abuse

**Name: Traci Stewart**

Address: Augusta, GA 30904

Phone Number: 706-305-5180

Email Address: [tcappstewart@gmail.com](mailto:tcappstewart@gmail.com)

License Number: CSW007055

Years in Practice: 15

Years Delivering Supervision: 0

Clinical Orientation: Mental Health, Grief, Hospice, Aging, Caregiver Stress

**Name: Jennifer Williams**

Address: Ft. Gordon, Georgia 30906

Phone Number: 678-416-6556

Email Address: [jenniferjeanwilliams@gmail.com](mailto: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](mailto: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](mailto: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: [trevajones@gmail.com](mailto: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 setting.

**Name: Candance Morley**

Address: Covington, GA

Phone Number: 305-926-1154

Email Address: [candancemorley@gmail.com](mailto:candancemorley@gmail.com)

License Number: CSW006297

Years in Practice: 18

Years Delivering Supervision: 7

Areas of Specialization: Anxiety, Trauma, Perinatal Mental Health, Women's Issues, Life Transition, Relationship/Family Issues

**Spalding**

**Name: Amy Ripley**

Address: Stockbridge, Georgia 30281

Phone Number: 678-982-4483

Email Address: [amy@tinyplanetcounseling.com](mailto: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](mailto: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](mailto:jenivy1022@gmail.com)

2300 Henderson Mill Road NE, Suite 125, Atlanta, GA 30345

(678) 691-2112 / (678) 691-2068 fax / [admin.naswga@socialworkers.org](mailto:admin.naswga@socialworkers.org) / [www.naswga.org](http://www.naswga.org)

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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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