

Depression can make ordinary life feel strangely unreachable. A sink full of dishes becomes proof of failure. A text message from a friend feels like a demand. Work tasks that once took twenty minutes stretch across an afternoon. Sleep may come too much or barely at all. Even good news can land flat, as if it belongs to someone else.

People often wait a long time before seeking depression therapy, partly because depression itself argues against getting help. It tells a person they are too tired, too far gone, too difficult, too much of a burden, or not “sick enough” to deserve support. That inner voice can sound convincing, especially when symptoms have been building quietly for months.

Psychological counseling offers a different kind of conversation. Not a pep talk. Not a lecture about gratitude. Not a place where someone is expected to perform being fine. Good therapy creates room to understand what depression is doing, how it is affecting daily functioning, and what practical changes can help symptoms begin to loosen their grip.

Depression therapy is a mental health service provided by trained, licensed professionals. Depending on the setting, psychotherapy may be offered by clinical psychologists, psychiatrists, counselors, social workers, psychiatric nurses, and other qualified clinicians. A psychologist is typically a doctoral-level professional, often trained through a PhD, PsyD, or EdD pathway, and psychologists may provide psychological counseling, assessment, research, teaching, and other mental health services. Psychologists are not medical doctors, but they can evaluate and treat mental health problems such as depression.

Those distinctions matter, but they are not the whole story. When someone is sitting across from a therapist and trying to say, “I do not feel like myself anymore,” credentials alone are not enough. The relationship has to feel steady. The work has to be grounded. The therapist has to understand both the science of depression and the deeply personal way it shows up in a human life.

## What depression can look like when it is not obvious

Some depression is visible from the outside. A person stops going to work, withdraws from everyone, cries often, or cannot manage basic routines. But many people with depression keep moving. They answer emails, pack lunches, attend meetings, care for children, and smile at the right moments. They may look functional while privately feeling numb, ashamed, irritable, or exhausted.

This is one reason depression is sometimes missed. The stereotype of depression as constant sadness does not fit everyone. Some people describe it as heaviness. Others describe a loss of color, a sense that life has gone muted. For some, depression shows up as anger, especially when even small demands feel impossible. For others, it looks like indecision, procrastination, social withdrawal, overeating, under-eating, or scrolling late into the night because going to bed means facing tomorrow.

In counseling, it is common for someone to begin with a sentence like, “I do not know if this is depression, but something is wrong.” That uncertainty is welcome in therapy. A person does not need a perfect vocabulary for their pain before they can receive help.

Depression can also hide behind achievement. A capable professional may keep meeting deadlines **affordable mental health service** while feeling empty after every success. A parent may show up lovingly for their children while privately feeling detached from joy. A student may earn strong grades while feeling worthless. A partner may seem present in a relationship but feel unable to connect emotionally.

Psychological counseling helps slow this down. Instead of asking only, "Are you sad?" therapy looks at patterns: energy, motivation, sleep, appetite, concentration, self-criticism, isolation, hopelessness, and [Anxiety therapy](#) the person's ability to feel pleasure or interest. The details matter because two people can both say "I'm depressed" and need very different kinds of support.

## How psychological counseling helps relieve symptoms

Evidence-based psychotherapy can reduce symptoms of depression, anxiety, and other mental disorders. That sentence is clinically simple, but the lived experience is more textured. Symptom relief rarely arrives as one dramatic breakthrough. More often, it appears in small signs: a person answers one message instead of avoiding all of them, takes a shower before noon, tells the truth in session without apologizing, notices a harsh thought without believing it completely, or makes one decision without spiraling for an hour.

Depression therapy works partly by helping people see the loop they are caught in. Depression changes behavior, and changed behavior can deepen depression. A person feels low, so they cancel plans. After canceling, they feel isolated and guilty. The guilt makes them avoid more people. The isolation confirms the belief that they are alone. Therapy helps interrupt that loop, not by shaming the person into action, but by identifying manageable points of change.

A therapist may help a client examine thought patterns, especially the kind that feel like facts. "I ruin everything." "No one wants me around." "I should be over this by now." "If I cannot do it perfectly, there is no point." Depression often speaks in absolutes. Counseling creates enough distance to ask, "Is this thought accurate, useful, complete, or old?" Sometimes the answer is no. Sometimes the thought contains a piece of truth but leaves out crucial context.

Therapy also addresses behavior in concrete ways. If someone has stopped leaving the house except for work, the first goal might not be a full social calendar. It might be a ten-minute walk twice a week, one low-pressure coffee with a trusted person, or returning to one activity that used to carry meaning. These steps can sound small from the outside. From inside depression, they can require real courage.

The pace matters. Push too hard, and the person may feel like therapy is another place where they fail. Move too passively, and sessions can become a weekly description of suffering without traction. Skilled depression therapy holds both compassion and movement. It respects how hard things are while still looking for openings.

## What happens in the first few sessions

The first session of depression therapy is often a mix of relief and discomfort. Relief, because the person finally says things out loud. Discomfort, because saying them makes the problem feel real. Many people worry they will cry and not stop. Others worry they will not cry at all and therefore will not be believed. Both reactions are common. A good therapist does not measure pain by tears.

Early sessions usually focus on understanding what has been happening and how long it has been going on. The therapist may ask about mood, sleep, appetite, energy, concentration, work or school functioning, relationships, medical history, safety concerns, past therapy, family stress, trauma history, and current coping habits. These questions are not meant to interrogate. They help form a picture of the person's life, not just their symptoms.

A client might come in saying, "I have been depressed for six months," then realize the roots go back several years. Another might assume their symptoms are purely personal, then notice how strongly they are tied to grief, burnout, relationship strain, traumatic stress, chronic anxiety, or a major life transition. Depression often has

companions. Anxiety therapy, trauma therapy, and depression therapy can overlap because many people do not experience symptoms in neat categories.

A careful therapist also pays attention to risk. When depression includes hopelessness, thoughts of death, or thoughts of self-harm, the conversation becomes more direct. Some clients feel nervous about being honest here, but openness helps the therapist respond appropriately. Discussing safety is part of responsible mental health care. It does not erase the rest of the person's story.

By the end of the first few meetings, therapy usually begins to take shape. The therapist and client may identify goals such as improving daily functioning, reducing rumination, rebuilding connection, processing loss, strengthening boundaries, addressing trauma symptoms, or developing steadier coping strategies. The goals do not need to sound impressive. "I want to stop waking up with dread every morning" is a real goal. So is "I want to feel like I can handle my life again."

## **The difference between being heard and being helped**

Many people seek counseling because they need someone to listen. That need is valid. Depression can be lonely, and being listened to without judgment can soften shame. But therapy is not only listening. It is listening with purpose.

A friend may say, "That sounds awful." A therapist may say that too, then gently ask what happens in the hours after the client has that thought, what they do next, what the thought reminds them of, and whether there are times when the pattern shifts. Therapy listens for structure beneath distress. It looks for the hidden machinery.

There is a balance here. If therapy becomes only technique, clients may feel managed instead of known. If therapy becomes only emotional expression, clients may feel understood but unchanged. Depression therapy works best when both are present: warmth and skill, space and direction, acceptance and challenge.

One client might spend several sessions naming the grief beneath her depression after a relationship ended. Another might need practical work around sleep, work avoidance, and self-critical thinking. Someone else may need to understand how childhood trauma shaped a lifelong expectation of rejection. Another may need help noticing that their "laziness" is actually depletion after years of caregiving and over-functioning.

No single script fits every person. That is why the therapist's clinical judgment matters. Good psychological counseling adapts to the person in the room.

## **Depression, anxiety, and trauma often travel together**

It is common for someone to seek depression therapy and discover that anxiety is also a major part of the picture. Anxiety can keep the nervous system on high alert, draining energy until depression follows. A person may spend the day worrying, scanning for mistakes, replaying conversations, and anticipating criticism. By evening, they feel empty and defeated.

Evidence-based psychotherapy can help with both depression and anxiety. Some approaches focus on thoughts and behaviors, including forms of cognitive behavioral therapy. Exposure therapy, a type of CBT, is used for anxiety disorders. In plain language, exposure-based work helps people gradually face feared situations, sensations, or memories in a structured way rather than remaining trapped in avoidance. That work needs to be done carefully, especially when depression, panic, or trauma symptoms are also present.

Trauma adds another layer. Traumatic stress and PTSD are major areas within psychology, and trauma therapy requires sensitivity to pacing, safety, and the body's stress responses. A person with depression linked to trauma

may not simply need to “think more positively.” They may need help understanding why their system remains guarded, why trust feels dangerous, why numbness once served a protective function, or why ordinary conflict can trigger an outsized reaction.

Trauma-related depression can look like emotional shutdown. It can also look like relentless self-blame. Some people carry the belief that what happened was their fault, or that they should have prevented it, or that they are permanently damaged. Therapy can help examine those beliefs with care. Not abruptly. Not with forced reassurance. Carefully, over time, with respect for how the mind tries to survive overwhelming experiences.

Anxiety therapy, trauma therapy, and depression therapy are sometimes named separately because each has distinct tools and areas of focus. In real practice, they may be woven together. A skilled clinician pays attention to which thread needs attention first.

## **Therapy for women and the pressure to keep functioning**

Therapy for women is not a separate license category. Rather, it describes therapy that is responsive to the client’s needs, identity, stressors, relationships, history, and context. Many women seek counseling while carrying visible and invisible responsibilities: paid work, caregiving, emotional labor, family expectations, pregnancy or postpartum adjustment, relationship strain, grief, trauma histories, body image distress, or years of being the person everyone else relies on.

Not every woman’s depression is about gendered expectations, of course. Therapy should not reduce anyone to a category. Still, many women describe a familiar pattern: they can recognize everyone else’s needs but struggle to name their own. They may arrive in therapy saying, “Nothing that bad happened,” while describing years of chronic stress, criticism, caretaking, or disconnection from themselves.

Depression in women can be misread as irritability, perfectionism, withdrawal, or being “too sensitive.” Some clients have spent years being praised for resilience when what they actually needed was support. Therapy offers a place to question whether constant endurance is the *Psychologist* same as wellness.

In a practice such as Full Cup Wellness, or any mental health service that speaks to the needs of women, the phrase “full cup” can resonate because depression often feels like trying to pour from emptiness. The clinical work still matters most: careful assessment, ethical practice, appropriate training, and a therapy relationship that respects the person’s complexity. A warm brand name is not a substitute for competent care, but it may help someone take the first step toward support if it reflects the kind of steadiness they are seeking.

## **What a psychologist brings to depression therapy**

A psychologist typically has doctoral-level training and may provide psychological counseling, assessment, and other mental health services. In the United States, licensure is regulated by state psychology boards, which exist to safeguard public welfare. Requirements vary by state, but psychologist licensure commonly involves doctoral-level psychology training. These details help protect the public because therapy involves trust, vulnerability, and clinical responsibility.

A psychologist’s training can be especially useful when symptoms are complicated. Depression may overlap with anxiety, trauma, grief, relationship distress, attention problems, medical concerns, or major life changes. A psychologist can help evaluate what may be contributing to the symptoms and recommend a treatment plan within their scope of practice. When medication evaluation is needed, psychologists may collaborate with or refer to medical professionals, such as psychiatrists or other prescribers, depending on the situation and local systems of care.

For many clients, the value of working with a psychologist is not just the degree. It is the ability to think clinically while remaining human. A good psychologist notices patterns without turning the client into a case study. They can ask hard questions without being harsh. They can explain symptoms in a way that reduces shame rather than making the person feel analyzed from a distance.

Still, psychologists are not the only professionals who provide psychotherapy. Licensed counselors, clinical social workers, psychiatrists, psychiatric nurses, and other trained professionals may also provide psychotherapy. The right fit depends on the client's needs, the clinician's training, availability, specialty, cost, and the quality of the therapeutic relationship.



## **When depression therapy starts to work**

Progress in therapy can be subtle. People sometimes expect improvement to feel like happiness, but early progress may feel more like space. A little more room between a thought and a reaction. A little more ability to get through the morning. A little less dread before a difficult conversation. A moment of laughter that catches the person by surprise.

Therapy can also feel harder before it feels easier. When someone has been numb for a long time, reconnecting with emotion may bring sadness to the surface. When avoidance has been the main coping strategy, facing neglected tasks or painful memories can stir anxiety. This does not mean therapy is failing. It means the work needs to be paced well.

Clients often notice progress in ordinary details. They stop apologizing for taking up time in session. They begin saying, "I noticed something this week." They catch themselves using all-or-nothing language. They tell a friend the truth instead of disappearing. They rest without needing to justify it. They make a medical appointment, open the mail, take a walk, or set a boundary. None of these moments would make a dramatic movie scene. In therapy, they matter.

Symptom relief is not always linear. A person may have three better weeks and then crash after a conflict, anniversary, hormonal shift, loss, work stressor, or family visit. A strong therapy process does not treat a setback as proof that nothing has changed. It asks what happened, what helped, what did not, and what the setback reveals about the next layer of work.

# A practical picture of a therapy session

A depression therapy session does not have to follow a rigid formula. One week may focus on a recent argument with a partner. Another may examine the client's habit of staying in bed until the last possible minute, then feeling ashamed all day. Another may explore the origin of a belief like, "My needs are a problem." Another may involve planning how to get through an especially difficult weekend.

The therapist may reflect patterns, teach coping skills, ask questions, offer interpretations, help track mood and behavior, or practice a conversation the client has been avoiding. Sometimes the most important moment is a pause. A client says, "I guess I do not matter," then laughs lightly to move past it. The therapist slows down and says, "Can we stay with that sentence for a moment?" That kind of attention can open a door.

Good therapy does not require a client to arrive with a polished agenda. Many people begin sessions with, "I do not know what to talk about." Often, that sentence itself contains useful information. Is the person disconnected from their feelings? Afraid of being a burden? Worried about doing therapy wrong? So tired that even choosing a topic feels like too much? Therapy can work with all of that.

At the same time, therapy benefits from honesty about what is and is not helping. If a client feels sessions are too vague, too intense, too quiet, too structured, or missing the main issue, it is appropriate to say so. A [Trauma therapy](#) solid therapist can discuss the process without defensiveness. That conversation often strengthens the work.

## Questions worth asking before choosing a therapist

Finding a therapist while depressed can feel unfairly difficult. The person who most needs help may have the least energy for phone calls, forms, insurance questions, and waiting lists. If possible, it can help to keep the search simple and focus on fit, training, and access rather than trying to find a perfect match from the start.

Here are a few questions that can clarify whether a therapist may be a good fit:

1. What experience do you have treating depression, anxiety, or trauma symptoms?
2. What does therapy with you usually look like after the first few sessions?
3. How do you approach goals and symptom relief?
4. Are you licensed to provide psychotherapy in this state?
5. If my symptoms worsen, how do you handle safety planning or coordination of care?

These questions are not a test the therapist has to pass with fancy language. The answers should feel clear, respectful, and grounded. A therapist who cannot promise quick relief may actually be more trustworthy than one who guarantees a cure. Mental health care requires honesty about uncertainty, pace, and the client's individual situation.

## The role of self-compassion, without pretending it is easy

People with depression are often told to be kinder to themselves. The advice is true, but it can sound almost insulting when self-criticism feels automatic. If a person could simply decide to stop attacking themselves, they likely would have done it already.

In therapy, self-compassion is not a decorative idea. It is a clinical shift. Depression feeds on contempt: "I am pathetic." "I should be stronger." "Other people have it worse." "I am wasting everyone's time." These thoughts

may feel motivating, but over time they usually deepen paralysis. People rarely heal through sustained internal cruelty.

Self-compassion does not mean avoiding responsibility. It means taking responsibility without self-destruction. A client can say, "I have been isolating, and it is hurting me," without adding, "because I am a terrible person." They can say, "I need to change how I handle stress," without concluding, "I am broken." That distinction sounds small. It changes the emotional conditions under which growth becomes possible.

A therapist may help a client develop language that feels believable rather than forced. For some people, "I love myself" feels too far away. A more honest first step might be, "I am having a hard time, and I am trying." Or, "This symptom is not the whole of me." Or, "I can take one next step without solving my entire life today."

## **When therapy should include more support**

Depression therapy can be powerful, but it does not exist in a vacuum. Some people need additional supports, especially when symptoms are severe, safety is a concern, functioning has sharply declined, or depression coexists with significant trauma, substance use, eating concerns, or medical issues. Psychological counseling may be one part of a broader care plan.

A therapist may recommend coordination with a primary care clinician, evaluation by a psychiatrist or another qualified prescriber, more frequent sessions, group therapy, family or couples work, or a higher level of care if risk is acute. These recommendations should be explained clearly. Needing more support is not a personal failure. It is a clinical response to the level of suffering and risk.

There are also times when therapy fit needs to be reconsidered. If a client consistently feels dismissed, judged, stereotyped, or unsafe, that matters. Some discomfort is part of therapy, especially when addressing painful truths, but disrespect is not treatment. A client has the right to ask questions, seek clarification, or look for another provider.

## **Small steps that can support therapy between sessions**

Therapy is often one hour a week or less. The rest of life continues between appointments. Depression may not allow sweeping lifestyle changes right away, so between-session practices should be realistic. A plan that looks impressive but never happens is less useful than a modest practice the client can repeat.

Five manageable supports often pair well with depression therapy:

1. Write down mood changes, sleep patterns, and major stressors in a few words each day.
2. Choose one low-effort action that reduces isolation, such as replying to a safe person.
3. Keep one routine anchored, even imperfectly, such as waking, eating, or going outside.
4. Notice one recurring self-critical thought and bring it to therapy.
5. Reduce one avoidant behavior by a small amount rather than trying to eliminate it overnight.

These practices are not substitutes for counseling. They give therapy more material to work with and help the client notice patterns that are easy to forget once the session begins. The goal is not to become a perfect patient. The goal is to gather evidence about what worsens symptoms and what creates even slight relief.

## **Hope that does not ask you to fake anything**

Hope can be a complicated word for someone with depression. It may feel too bright, too demanding, or too far from the truth. Some people do not come to therapy because they feel hopeful. They come because some small part of them is not ready to give up, even if that part is quiet.



That is enough to begin.

Depression therapy does not require a person to arrive confident that life can change. It only asks for a starting place: the symptoms as they are, the story as the person understands it, the questions they are afraid to ask, and the willingness to meet regularly enough for a therapeutic relationship to form. From there, psychological counseling can help identify patterns, reduce symptoms, build coping skills, address trauma or anxiety when present, and support a more livable daily rhythm.

Relief may come gradually. It may come with setbacks. It may begin before the person fully trusts it. But many people do experience meaningful change through evidence-based psychotherapy. They learn that depression is not a character flaw. They learn that numbness, exhaustion, avoidance, and self-criticism are symptoms and patterns, not proof of worthlessness. They learn that help can be both compassionate and practical.

If depression has been narrowing your life, counseling can offer a place to widen it again, carefully, honestly, and one step at a time.

**Name:** Full Cup Wellness

**Address:** 1700 Eureka Road, Suite 155, Roseville, CA 95661

**Phone:** (916) 705-2896

**Website:** <https://fullcupwellness.com/>

**Email:** [hello@fullcupwellness.com](mailto:hello@fullcupwellness.com)

**Hours:**

Monday: 8:00 AM - 8:00 PM

Tuesday: 8:00 AM - 5:00 PM

Wednesday: 8:00 AM - 5:00 PM

Thursday: 8:00 AM - 5:00 PM

Friday: 8:00 AM - 5:00 PM

Saturday: 12:00 PM - 7:00 PM

Sunday: 12:00 PM - 8:00 PM

**Open-location code / plus code:** PQR3+W6 Roseville, California, USA

**Map/listing URL:** <https://maps.app.goo.gl/CxD9V58rsSzXWt7Q8>

**Google Map:**

**Socials:**

<https://www.facebook.com/fullcupwellnessonline/>

<https://fullcupwellness.com/>

Full Cup Wellness provides psychotherapy for adult women from its Roseville office at 1700 Eureka Road, Suite 155, Roseville, CA 95661.

The practice is led by Dr. Holly Spotts, Psy.D., a licensed psychologist with experience supporting women through anxiety, depression, trauma, relationship stress, and major life transitions.

Full Cup Wellness offers in-person therapy in Roseville and online therapy for clients located in California, Florida, and Mississippi.

The practice uses an integrative therapy approach, drawing from methods such as Emotionally Focused Individual

Therapy, Cognitive Behavioral Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and mindfulness-based care.

Full Cup Wellness serves women who are looking for a supportive place to slow down, understand their patterns, and reconnect with themselves in a more grounded way.

Clients in Roseville, Granite Bay, Rocklin, Citrus Heights, Folsom, and the greater Sacramento area can contact the practice to ask about in-person availability.

For online therapy, clients should confirm eligibility and availability based on their current state location and clinical needs.

To ask about scheduling or a consultation, call (916) 705-2896 or visit <https://fullcupwellness.com/>.

The public map listing for Full Cup Wellness points to the Roseville office near Eureka Road, with plus code PQR3+W6 Roseville, California, USA.

Full Cup Wellness does not provide crisis services; anyone experiencing a mental health emergency should call or text 988, call 911, or go to the nearest emergency room.

## **Popular Questions About Full Cup Wellness**

### **What does Full Cup Wellness do?**

Full Cup Wellness provides psychotherapy for adult women. Publicly listed areas of focus include anxiety, depression, trauma recovery, relationship concerns, support for mothers, adult children of emotionally immature parents, and high-achieving or professional women.

### **Where is Full Cup Wellness located?**

Full Cup Wellness is located at 1700 Eureka Road, Suite 155, Roseville, CA 95661. The practice also offers online therapy for eligible clients in California, Florida, and Mississippi.

### **Who is the therapist at Full Cup Wellness?**

Full Cup Wellness is led by Dr. Holly Spotts, Psy.D., a licensed psychologist. The official website describes her as specializing in the unique challenges faced by modern women.

### **Does Full Cup Wellness offer online therapy?**

Yes. Full Cup Wellness publicly lists online therapy for women located in California, Florida, and Mississippi. Clients should confirm current eligibility, availability, and clinical fit directly with the practice.

### **What therapy approaches does Full Cup Wellness use?**

The practice describes its approach as integrative. Publicly listed approaches include Emotionally Focused Individual Therapy, Cognitive Behavioral Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and mindfulness-based work.

## Does Full Cup Wellness offer therapy for anxiety and depression?

Yes. Full Cup Wellness lists therapy for anxiety and depression among its specialties. The practice works with women who may be experiencing worry, low mood, self-criticism, relationship stress, or feeling stuck.

## Does Full Cup Wellness offer trauma therapy?

Yes. Trauma recovery is publicly listed as one of the practice's specialties. Clients should contact Full Cup Wellness directly to discuss whether the practice is an appropriate fit for their needs.

## What are Full Cup Wellness's hours?

Public day-by-day business hours were not listed during review. Contact the practice directly to confirm current scheduling availability.

## Is Full Cup Wellness a crisis service?

No. Full Cup Wellness does not provide crisis services. In a mental health emergency or immediate danger, call or text 988, call 911, or go to the nearest emergency room.

## How can I contact Full Cup Wellness?

Call (916) 705-2896, email [hello@fullcupwellness.com](mailto:hello@fullcupwellness.com), visit <https://fullcupwellness.com/>, or view the public Facebook page at <https://www.facebook.com/fullcupwellnessonline/>.

## Landmarks Near Roseville, CA

**Eureka Road:** Full Cup Wellness is located on Eureka Road in Roseville, making this the most practical local reference point for clients visiting the office.

**Douglas Boulevard:** Douglas Boulevard is a major Roseville corridor near the office area. Clients nearby can contact Full Cup Wellness to ask about in-person therapy availability.

**Sutter Roseville Medical Center:** This major medical campus is a familiar landmark near the Eureka Road corridor. Full Cup Wellness serves clients from its nearby Roseville office and through eligible online therapy.

**Maidu Regional Park:** Maidu Regional Park is a well-known Roseville park and community destination. Clients in nearby neighborhoods can reach out to Full Cup Wellness for therapy options.

**Downtown Roseville:** Downtown Roseville is a central local district with shops, restaurants, and civic destinations. Full Cup Wellness serves Roseville-area clients from its Eureka Road office.

**Westfield Galleria at Roseville:** The Galleria is one of the area's best-known shopping destinations. Clients in and around north Roseville can contact Full Cup Wellness about scheduling.

**Fountains at Roseville:** This shopping and dining area is a familiar landmark near the Galleria. Full Cup Wellness is a local therapy option for clients in the broader Roseville area.

**Granite Bay:** Granite Bay is close to eastern Roseville. Residents can ask Full Cup Wellness about in-person appointments in Roseville or online therapy when eligible.

**Rocklin:** Rocklin is a nearby Placer County city. Clients in Rocklin may find the Roseville office convenient or may ask about online therapy options.

**Citrus Heights:** Citrus Heights is southwest of Roseville. Adults seeking therapy for women's mental health concerns can contact Full Cup Wellness to ask about fit and scheduling.

**Folsom Lake:** Folsom Lake is a major regional landmark east of Roseville. Clients in nearby communities can reach out to Full Cup Wellness for Roseville-based or online therapy availability.

**Sacramento:** Sacramento is the larger metro area surrounding Roseville. Full Cup Wellness serves local clients from Roseville and online clients in eligible states.