

There is a particular kind of exhaustion I hear from many women when they first begin therapy. It is not always the dramatic kind. Often it sounds quiet: "I'm functioning, but I don't feel like myself." Or, "Everyone thinks I'm fine because I keep showing up." Sometimes it comes after years of caring for other people, managing work, carrying family expectations, recovering from trauma, grieving a version of life that did not unfold as planned, or living with anxiety that has become so familiar it almost feels like a personality trait.

Therapy for women is not a separate license or a special category of mental health care. A therapist does not become licensed specifically as a *Trauma therapy* "women's therapist" in the way a psychologist may be licensed through a state board after doctoral-level training. Rather, therapy for women refers to counseling that pays careful attention to women's lived experiences, developmental stages, relationships, bodies, social pressures, safety concerns, identity, and emotional patterns. It is therapy that asks not only, "What symptoms are you having?" but also, "What have you had to carry, and what has it cost you?"

A good mental health service should not reduce a woman to stress, hormones, trauma history, parenting status, relationship role, or diagnosis. It should make room for the whole person. That includes the visible parts of life, such as work, caregiving, conflict, health, and major transitions. It also includes the private parts, the thoughts a person may feel ashamed to say out loud, the numbness after years of pushing through, the fear that if she stops performing competence, everything will fall apart.

What "therapy for women" really means

When people search for therapy for women, they are often looking for more than a provider who accepts appointments. They are looking for a place where their experiences will be understood without being minimized. They may want someone who recognizes how anxiety can hide behind perfectionism, how depression can look like irritability or disconnection, how trauma can shape the body's sense of danger long after the event has passed, and how difficult it can be to ask for help when a person has been praised for needing very little.

Therapy for women can include anxiety therapy, trauma therapy, depression therapy, relationship counseling, support during life transitions, or help with stress and identity. The phrase can also describe an approach. That approach may be collaborative, emotionally attuned, and sensitive to the ways women are often expected to stay agreeable, productive, attractive, available, and resilient, sometimes all at once.

A woman may enter counseling because she is having panic attacks before work meetings. Another may come because she cannot stop replaying a painful relationship. Someone else may be grieving, sleeping badly, snapping at her children, avoiding intimacy, or feeling oddly detached from a life she worked hard to build. The doorway into therapy varies. Underneath, there is often a shared longing: to feel clearer, safer, steadier, and more honest with oneself.

The best counseling does not assume that every woman needs the same thing. Some clients want practical skills quickly because their symptoms are disrupting daily life. Others need a slower space to understand patterns they have repeated for years. Many need both. A therapist's job is to listen closely enough to know the difference.

The role of a psychologist and other licensed professionals

A psychologist is typically a doctoral-level mental health professional, often trained through a PhD, PsyD, or EdD program. Psychologists may provide psychological counseling and other mental health services, and they may also conduct assessment, teach, or engage in research. They are not medical doctors, but they can evaluate and

treat mental health concerns such as depression, anxiety, trauma-related symptoms, and other emotional or behavioral difficulties.

Psychotherapy in the United States may be provided by several kinds of trained, licensed professionals. This can include clinical psychologists, psychiatrists, counselors, social workers, and psychiatric nurses. The details of licensure vary by state, and state psychology boards regulate the practice of psychology to protect public welfare. In some states, psychologist licensure requires doctoral-level psychology training.

For a client, these distinctions matter, but they do not need to become overwhelming. The practical question is whether the provider is trained, licensed where required, and working within their scope of practice. A person seeking care can ask about credentials, experience with specific concerns, therapy approach, confidentiality, fees, availability, and whether the provider offers in-person or telehealth appointments. A trustworthy clinician should be willing to answer those questions plainly.

It is also worth saying that fit matters. Credentials establish a foundation of training and accountability. Fit determines whether a client can actually speak freely, feel respected, and do the hard work therapy asks of her. A highly trained clinician who feels dismissive or rushed may not be the right match. A good therapeutic relationship has warmth, honesty, boundaries, and enough safety for discomfort to become useful rather than overwhelming.

Why women often wait before seeking help

Many women do not begin therapy when symptoms first appear. They wait until the anxiety becomes hard to hide, the depression affects work or parenting, the trauma responses disrupt sleep, or the emotional numbness becomes frightening. This delay is not always denial. Sometimes it is the result of social training.

A woman may have learned early that she is valued for being helpful, pleasant, capable, or low-maintenance. She may have watched other women in her family endure quietly. She may believe that rest must be earned and that distress must be justified by crisis. If she is still working, caring for others, answering messages, and paying bills, she may tell herself she is not “bad enough” for therapy.

That phrase, **Mental health service Full Cup Wellness** “bad enough,” deserves careful attention. Mental health care is not reserved for collapse. Therapy can help before a person reaches a breaking point. In fact, counseling is often more effective when someone still has enough emotional bandwidth to reflect, practice new skills, and make thoughtful changes. Waiting until life becomes unmanageable is common, but it is not required.

Women also delay therapy because they fear being judged. They may worry a therapist will criticize their relationships, parenting, coping habits, grief, anger, or ambivalence. A woman may love her family and still feel trapped by constant responsibility. She may be grateful for her life and still feel depressed. She may be successful and still feel terrified of failure. Therapy should be able to hold these contradictions without forcing a neat story.

Anxiety therapy: when worry becomes a way of life

Anxiety can be loud, but it can also be organized. It can look like overpreparing, overexplaining, checking, planning, apologizing, researching, scanning other people’s moods, and replaying conversations long after they end. Many women do not identify these patterns as anxiety because they have also been rewarded for them. Being detail-oriented, responsible, and highly responsive can earn praise, even when the nervous system underneath is running on fear.

Anxiety therapy helps a person understand both the symptoms and the system that keeps them going. Evidence-based psychotherapies can reduce symptoms of anxiety and other mental health conditions. Exposure therapy, a

form of cognitive behavioral therapy, is used for anxiety disorders. In plain language, exposure-based work helps people gradually face feared situations, sensations, or memories in a structured way so the brain can learn that avoidance is not the only route to safety.

This does not mean a therapist throws someone into the deepest fear and calls it treatment. Good anxiety therapy is paced. If a client fears driving after panic attacks, the work may begin with understanding panic physiology, identifying catastrophic thoughts, practicing grounding skills, and taking carefully planned steps toward driving again. If the anxiety centers on social situations, therapy may explore the fear of judgment, the urge to rehearse every sentence, and the gradual practice of showing up without perfect control.

Anxiety therapy also pays attention to context. A woman who feels anxious because she is in an unsafe relationship, experiencing discrimination, dealing with financial instability, or living with chronic stress does not simply need to “think differently.” She may need support, planning, boundaries, resources, and validation. Therapy should not mistake realistic concern for irrational fear.

There is a trade-off in anxiety work. Skills can provide relief, but skills alone may feel shallow if anxiety is rooted in deeper beliefs such as “I am only safe when everyone approves of me” or “If I make a mistake, I will be abandoned.” Deeper exploration can create lasting change, but it may take time. The right balance depends on the client’s symptoms, goals, stability, and readiness.

Depression therapy: more than “feeling sad”

Depression is often misunderstood as sadness. Sadness may be part of it, but many women describe depression as heaviness, numbness, disinterest, guilt, fog, irritability, shame, or the sense that ordinary tasks require unreasonable effort. Some cry frequently. Others cannot cry at all. Some sleep more. Others wake at 3 a.m. With dread in their chest. Depression can narrow the future until life feels like a series of obligations rather than a place where pleasure or meaning can return.

Depression therapy creates space to name what has been happening without moral judgment. A client may arrive saying, “I have no reason to feel this way.” A therapist may gently challenge the premise. Depression does not require permission. It may emerge in the context of loss, stress, trauma, isolation, relationship strain, health changes, or patterns that have built slowly over time. Sometimes the outside of life looks stable while the inside feels depleted.

Evidence-based psychotherapies can reduce symptoms of depression. In practice, depression therapy often involves several layers. There is the immediate layer of daily functioning: sleep, movement, meals, routines, connection, and reducing isolation where possible. There is the cognitive layer: the harsh internal voice, hopeless predictions, all-or-nothing thinking, and the belief that one is failing at life. There is also the emotional layer: grief that has not had room, anger turned inward, needs that feel dangerous to admit, or years of living according to expectations that no longer fit.

Therapy for depression should not rush a person into forced positivity. When someone is depressed, cheerful advice can feel like another burden. Good therapy offers steadiness first. It helps the client take manageable steps while honoring how hard those steps feel. A therapist might celebrate a five-minute walk, not because it solves depression, but because it interrupts the illness’s demand for stillness and withdrawal. The work is often incremental. Small actions matter because depression tends to argue that nothing matters.

For women, depression may also be tangled with caregiving and identity. A woman may say she has lost herself, then immediately feel guilty because she loves the people she cares for. She may feel resentful, then ashamed of the resentment. Therapy can help separate love from self-erasure. It can ask what support, rest, expression, and

agency might look like in real life, not in an idealized version of life where everyone has unlimited time and money.

Trauma therapy and the need for careful pacing

Trauma therapy requires respect for the nervous system. Trauma is not only an event that happened. It is also what the mind and body learned from the event about danger, trust, control, and survival. Traumatic stress and PTSD are major areas of psychology, and clinicians with trauma expertise understand that symptoms may include intrusive memories, avoidance, hypervigilance, emotional numbing, sleep disruption, shame, irritability, and difficulty feeling safe in relationships.

Women may seek trauma therapy after sexual assault, emotional abuse, childhood neglect, violence, medical trauma, sudden loss, or other experiences that overwhelmed their capacity to cope. Some know exactly what they want to address. Others arrive with symptoms and only later connect them to past experiences. A client may say, "I don't think it was that bad," while describing something that clearly left a mark. Minimization is common, especially when a person survived by telling herself it was normal or that others had it worse.

Trauma therapy is not simply recounting painful memories in detail. In fact, moving too quickly into trauma content can leave a client flooded, dissociated, or reluctant to return. Skilled trauma work often begins with stabilization: building safety, understanding triggers, strengthening grounding skills, and creating a shared plan for how to approach difficult material. The therapist and client track the window between avoidance and overwhelm. Healing tends to happen inside that window, not outside it.

There are moments when trauma therapy needs to slow down. If a client is currently unsafe, experiencing severe instability, or unable to remain present when discussing trauma, the first task is not deep processing. It is safety and support. This is not avoidance. It is clinical judgment. The nervous system cannot metabolize trauma well while still bracing for immediate threat.

There are also moments when therapy gently challenges avoidance. Avoidance can make sense in the short term, but over time it may shrink a person's life. A woman may avoid certain places, conversations, sensations, relationships, or ambitions because they stir old fear. Trauma therapy helps her reclaim choice. Not all at once. Not by pretending nothing happened. By learning, little by little, that the present can become different from the past.

What may happen in a first counseling session

A first therapy session is often less mysterious than people imagine, though it can feel emotionally significant. The clinician usually asks about the concerns that brought the client in, current symptoms, personal history, relationships, stressors, coping strategies, and goals for therapy. There may be paperwork related to consent, confidentiality, fees, and privacy. The therapist may explain their approach and ask what the client hopes will change.

A woman does not have to tell her entire life story in the first hour. Many clients worry they will "do therapy wrong." They will not. Some people talk easily when nervous. Others go blank. Some cry within minutes. Others report facts in a calm voice and feel the emotions later in the car. Therapists are used to all of this.

A helpful first session should leave the client with at least a basic sense of how the therapist listens. Does the clinician interrupt too much or not enough? Do they ask thoughtful questions? Do they respect complexity? Do they explain things clearly? Do they seem comfortable with emotion, silence, anger, grief, and uncertainty? The first appointment does not have to feel perfect, but it should feel respectful.

Here is a short set of questions a client might bring to an initial [Anxiety therapy](#) consultation or first session:

- What experience do you have with anxiety therapy, trauma therapy, depression therapy, or the concern I'm bringing in?
- How do you usually structure therapy, and how flexible is that structure?
- What should I expect if I feel worse before I feel better?
- How do you handle confidentiality and situations where safety is a concern?
- How will we know whether therapy is helping?

These questions are not a test the therapist must pass with polished answers. They are a way to begin a transparent relationship. A clinician who welcomes questions usually understands that trust grows through clarity.

The emotional labor women bring into the room

Many women arrive in therapy carrying what could be called invisible management. They remember birthdays, track groceries, anticipate conflict, soothe other people, monitor tone, organize care, notice who is upset, and adjust themselves to prevent disappointment. Even women without partners or children may carry emotional labor at work, in friendships, in extended family systems, or in communities where they are expected to be endlessly available.



This matters because symptoms do not exist in a vacuum. A woman may think she has a personal failure of boundaries when she is actually living in **Psychologist** a system that benefits from her having none. She may think she is "too sensitive" because she notices shifts in mood, when that sensitivity developed as a survival strategy in unpredictable environments. She may think she is bad at relaxing, when relaxation has rarely been safe, modeled, or respected.

Therapy can help translate these patterns into something workable. For example, a client might begin with the complaint that she resents everyone. As therapy unfolds, resentment becomes information. It may reveal chronic overgiving, unclear agreements, fear of disappointing others, or a belief that love must be earned through usefulness. The goal is not to make her less caring. The goal is to help care include herself.

This is often where therapy becomes both tender and uncomfortable. Changing a long-standing pattern can disturb relationships. When a woman stops automatically saying yes, other people may be confused or annoyed. When she names needs, she may feel selfish before she feels free. A therapist can help her tolerate that transition and choose language that is honest without being needlessly harsh.

Culture, identity, and the danger of one-size-fits-all care

Therapy for women must be attentive to identity without making assumptions. A client's experience may be shaped by race, culture, religion, sexuality, disability, immigration history, family structure, socioeconomic stress, community expectations, or past experiences with institutions. A therapist does not need to know everything about every identity to provide good care, but they must be humble, curious, and willing to learn from the client's lived reality.

For some women, family loyalty is central. For others, distance from family is necessary for survival. For some, faith is a source of strength. For others, religious trauma complicates spiritual language. Some women want therapy that helps them stay connected to cultural values while reducing distress. Others need help questioning inherited roles that have become painful. Good counseling does not impose a single definition of empowerment.

A practical example: a therapist might encourage direct communication, but directness does not carry the same meaning in every family or culture. In one context, it may be healthy honesty. In another, it may create genuine risk or rupture. The work is to find communication that fits the client's life, values, and safety, not to copy a script from a textbook.

This is also why specialized marketing language should be held lightly. A practice may describe itself as offering therapy for women or a mental health service for women, and that can help clients find care that feels relevant. But the substance lies in the clinician's skill, ethical grounding, and responsiveness. Names and phrases matter less than what happens in the room.

When therapy feels hard, and when that is normal

Therapy is often relieving, but it is not always comfortable. A client may feel exposed after saying something aloud for the first time. She may feel grief after recognizing how much she has endured. She may feel anger when she starts seeing patterns more clearly. She may even feel temporarily unsettled after sessions because her usual ways of coping are being questioned.

Some discomfort is part of growth. Too much discomfort can be counterproductive. A good therapist pays attention to pacing and invites feedback. If a client leaves every session feeling shattered and unsupported, something needs to change. If therapy stays pleasant but never touches the real pain, something may also need to change. The work lives between safety and challenge.

It is appropriate for clients to tell therapists what is not working. A woman might say, "I need more practical tools," or "I feel like we move away from painful topics too quickly," or "I shut down when you ask several questions at once." These comments are not rude. They are part of treatment. In many cases, talking about the therapy relationship becomes healing in itself, especially for clients who have spent years hiding discomfort to protect other people's feelings.

Progress can be subtle. It may look like pausing before apologizing. Sleeping one hour longer. Naming anger without exploding. Driving past a place once avoided. Saying no and surviving the guilt. Noticing a depressive spiral two days earlier than usual. Returning to a hobby without needing to be good at it. These changes may not sound dramatic, but they can alter the texture of daily life.

Choosing a mental health service that fits

Finding the right mental health service can take persistence. Availability, cost, insurance, location, scheduling, and provider specialization all matter. So does the client's sense of emotional safety. Some people prefer a psychologist because of doctoral-level training or assessment expertise. Others work well with a counselor, social worker, psychiatrist, or psychiatric nurse trained to provide psychotherapy. The important point is that the professional is appropriately trained, licensed where required, and suited to the concern.

For someone considering a practice such as Full Cup Wellness or any counseling provider, it can help to look beyond warm website language and ask practical questions. What services are offered? Who provides them? What are the clinicians' credentials? Is the practice clear about fees and policies? Does the provider have experience with anxiety, trauma, depression, or the life issues bringing the client to therapy? Does the tone of communication feel respectful?

A client does not need to know the exact diagnosis before reaching out. Many people begin with ordinary language: "I feel anxious all the time," "I think my past is affecting me," "I can't get out of this low place," "I'm overwhelmed," or "I need help sorting through what's happening." A trained clinician can help clarify what kind of care may fit.

There are times when therapy alone may not be enough, or when additional support is needed. If someone is at immediate risk of harm, feels unable to stay safe, or is experiencing a crisis, urgent support is necessary. If symptoms are severe, persistent, or impairing basic functioning, a therapist may recommend additional evaluation or coordinated care. That recommendation should not be heard as failure. It is part of responsible treatment.

What healing can begin to feel like

Healing rarely feels like becoming a completely different person. More often, it feels like returning to oneself with more honesty. A woman may still be caring, but less self-abandoning. Still ambitious, but less driven by terror. Still sensitive, but less ashamed of it. Still affected by the past, but not governed by it in the same way.

In therapy, women often learn to distinguish responsibility from over-responsibility. They learn that anxiety is not intuition every time it speaks. They learn that depression can lie convincingly. They learn that trauma responses once made sense, even if those responses now limit life. They learn that boundaries are not punishments. They learn that needs do not disappear simply because they were ignored.

The work can be slow, especially when patterns were shaped over many years. A client who learned to please others as a child may not become comfortable with conflict after three sessions. Someone with trauma may need time before the body believes safety is possible. Someone with depression may need repeated evidence that small actions can accumulate. Therapy respects repetition because the mind and body often require practice, not just insight.

What matters is not performing wellness. It is building a life with more room to breathe. That may include fewer panic-driven decisions, more honest relationships, steadier moods, clearer boundaries, less shame, and a more compassionate inner voice. It may include grief, too. Sometimes healing means mourning the years spent surviving. That grief deserves tenderness.

Therapy for women, at its best, offers a grounded place to tell the truth. Not the polished truth. Not the version designed to keep everyone comfortable. The fuller truth, the one that includes strength and pain, competence and fatigue, love and resentment, fear and hope. In that kind of counseling relationship, mental health care

becomes more than symptom reduction. It becomes a practice of being met, understood, and supported while learning new ways to live.

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

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, 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.