

Trauma has a way of making time behave strangely. Something that happened months or years ago can feel painfully present when a sound, smell, facial expression, anniversary, or body sensation pulls it forward. A person may know, rationally, that they are safe now, **Psychologist** yet their nervous system reacts as if the danger is still unfolding. That gap between what the mind understands and what the body seems to believe is one of the reasons traumatic stress can feel so confusing, lonely, and hard to explain.

Psychology has spent decades studying traumatic stress, PTSD, anxiety, depression, and the ways people recover after overwhelming experiences. The work is not about forcing someone to “move on” or retell painful events before they are ready. Good trauma therapy is more careful than that. It gives language to what has happened inside a person’s mind and body, helps reduce symptoms, and supports a gradual return to choice, connection, and steadiness.

A psychologist or other licensed mental health professional does not erase the past. No ethical therapy promises that. What trauma therapy can do is help the past become less intrusive. It can help a person sleep with fewer interruptions, understand their reactions with less shame, rebuild trust in their own judgment, and respond to reminders of trauma without feeling completely overtaken by them.

For many people, that is not a small thing. It is the difference between surviving the day and beginning to live inside it again.

## **What traumatic stress can feel like from the inside**

People often expect trauma symptoms to look dramatic from the outside. Sometimes they do. A person may have panic attacks, nightmares, intense anger, or sudden tearfulness. They may avoid places, people, conversations, medical appointments, intimacy, driving, news stories, or anything that brings the trauma too close. They may seem on edge, withdrawn, distracted, or unusually controlled.

But traumatic stress can also be quiet. Some people keep functioning at work, caring for children, answering emails, and showing up on time while privately feeling numb, exhausted, or unreal. Others describe a kind of constant scanning, as though part of the mind is always checking exits, tone of voice, facial expressions, and the possibility of threat. A person may not call it trauma. They may say, “I’m just anxious,” “I’m too sensitive,” “I can’t relax,” or “I don’t know why I’m like this.”

PTSD, or post-traumatic stress disorder, is one possible outcome after trauma, but not every person who experiences trauma develops PTSD. Some people have symptoms that do not fit neatly into a label yet still deserve care. Others experience traumatic stress alongside anxiety or depression. This overlap is common in clinical practice. Trauma can disturb sleep, concentration, appetite, energy, motivation, memory, relationships, and a person’s sense of safety. Those same areas are often affected in anxiety and depression, which is one reason a thoughtful assessment matters.

A person seeking anxiety therapy may eventually realize that their anxiety is tied to earlier experiences of danger, loss, humiliation, violence, neglect, or betrayal. Someone beginning depression therapy may discover that numbness and hopelessness have grown around memories they have never had room to process. Therapy does not need to rush toward a trauma explanation, but it should stay open to one.

## **The role of psychology in trauma care**

Psychology addresses traumatic stress through assessment, psychotherapy, research-informed treatment, and careful attention to the relationship between symptoms and lived [Anxiety therapy](#) experience. Psychologists are typically doctoral-level mental health professionals, often trained through programs leading to a PhD, PsyD, or EdD. They are not medical doctors, but they are trained to evaluate and treat mental health problems. Depending on their role and setting, psychologists may provide counseling, psychological assessment, research, teaching, and other mental health services.

In the United States, psychotherapy is provided by trained, licensed professionals. This can include clinical psychologists, psychiatrists, counselors, social workers, and psychiatric nurses. Licensure matters because it means the professional is accountable to standards of training, ethics, and practice. State boards regulate the practice of psychology to protect public welfare, and requirements vary by state. In many places, psychologist licensure requires doctoral-level training.



For a client, these distinctions can feel overwhelming. What matters most at the beginning is whether the professional is properly licensed, trained to work with trauma, clear about their approach, and able to create a therapy environment that feels respectful and safe enough to begin. Credentials do not replace the human qualities that make therapy work, but they do provide a foundation of accountability.

A trauma-informed psychologist will usually listen for more than a list of symptoms. They will want to understand what the person has lived through, what brings them to therapy now, what helps them cope, what makes symptoms worse, and what goals feel realistic. Sometimes the first goal is not “heal from trauma” in a sweeping sense. It may be sleeping five hours instead of three. It may be getting through a medical exam without dissociating. It may be answering a partner’s question without shutting down. Good therapy respects these concrete goals.

## **PTSD is not weakness**

One of the most damaging myths about PTSD is that it reflects weakness, fragility, or failure. Many people with traumatic stress have spent years trying harder than anyone can see. They have learned to anticipate danger, compartmentalize pain, stay productive, protect others, and hide distress. The problem is not lack of effort. Often, the problem is that the mind and body adapted to survive conditions that are no longer present, or that should never have happened in the first place.

Trauma responses can be understood as protective systems that became overactive, rigid, or disconnected from the current moment. Avoidance may begin as a way to prevent overwhelm. Emotional numbing may help someone get through unbearable circumstances. Hypervigilance may have been useful in an unsafe environment. Anger may have protected a boundary when no one else did. These responses can become costly when they continue long after the original danger has passed.

This perspective does not romanticize symptoms. Panic, avoidance, numbness, shame, intrusive memories, and sleep disruption can shrink a life. But seeing symptoms as adaptations can reduce self-blame. Instead of asking, "What is wrong with me?" therapy gently opens a different question: "What happened, how did I learn to survive it, and what do I need now?"

That shift can be profoundly relieving.

## **What happens in trauma therapy**

Trauma therapy is not one single method. It is a broad area of psychotherapy focused on helping people reduce traumatic stress and regain functioning. Evidence-based psychotherapies can reduce symptoms of depression, anxiety, and other mental disorders. Within that larger field, trauma-focused care may draw from cognitive, behavioral, relational, and other psychological approaches, depending on the client's needs and the clinician's training.

A first session often looks less dramatic than people fear. It may involve discussing current symptoms, history in broad strokes, safety concerns, previous therapy experiences, medical or psychiatric care, support systems, and goals. A therapist does not need every detail of the trauma immediately. In many cases, pushing too fast can increase distress and undermine trust. Skilled trauma work moves at a pace that allows the person to stay connected enough to benefit.

The early phase often includes education. Many clients feel less frightened when they understand why their body reacts so strongly to reminders, why avoidance brings short-term relief but can narrow life over time, or why sadness and anxiety may intensify after a period of "holding it together." Psychoeducation is not a lecture. It is a way of giving people a map.

Therapy may also help clients notice patterns. For example, a woman who survived a frightening medical experience may feel panic before routine appointments. A person who lived through emotional abuse may read neutral feedback as danger. Someone who experienced violence may become tense when a room grows quiet. These reactions are not random. They often follow a logic shaped by experience.

Naming that logic matters. It helps the person stop treating every reaction as proof that they are broken.

## **Exposure, avoidance, and the careful work of approaching what hurts**

Exposure therapy is a type of cognitive behavioral therapy used for anxiety disorders. In trauma-related care, exposure-based principles may help some clients gradually face reminders they have been avoiding, but this

work requires skill, consent, and pacing. The purpose is not to throw **Trauma therapy fullcupwellness.com** someone into distress. The purpose is to help the brain and body learn, through repeated and supported experience, that certain reminders are not the same as the original danger.

Avoidance is understandable. If driving past a certain intersection triggers shaking and nausea, taking a longer route makes sense in the short term. If talking about the trauma leads to nightmares, silence can feel protective. If crowds make the body tense, staying home can seem like the only way to remain steady. The difficulty is that avoidance often grows. One avoided street becomes several. One avoided conversation becomes emotional distance from everyone. A life organized around not feeling pain can become smaller and smaller.

Good therapy does not shame avoidance. It studies it. What does the person avoid? What does avoidance provide? What does it cost? What would be a tolerable first step toward reclaiming one piece of life?

A therapist might help a client practice grounding skills before approaching a feared memory or situation. They might spend time strengthening coping strategies before any direct trauma processing. They might slow down when symptoms spike. The work requires judgment because trauma therapy is not a test of bravery. It is a process of restoring agency.

## **The relationship matters more than people expect**

Many people come to trauma therapy expecting techniques. Techniques can help. But the therapeutic relationship often becomes the place where recovery starts to feel possible.

Trauma frequently damages trust. Sometimes the harm was interpersonal, caused by someone who should have provided care, protection, honesty, or respect. Sometimes the trauma involved institutions, systems, workplaces, communities, or medical settings. Even when the traumatic event was not interpersonal, a person may still feel alienated afterward, as though others cannot understand what has changed.

A steady therapeutic relationship offers something different. The therapist listens without demanding performance. They do not need the client to minimize the story, protect the listener, or make the pain tidy. They can help the client notice when shame appears, when the body leaves the room emotionally, when the voice becomes smaller, or when anger arrives before grief. Over time, therapy can become a place where the person practices being believed, being boundaried, and being honest.

This does not mean the therapist is perfect. Therapists can misunderstand. A good one will invite correction and repair. For trauma survivors, that repair can be meaningful. It shows that a relationship can withstand discomfort without collapse, punishment, or abandonment.

## **Trauma therapy for women**

Therapy for women is not a separate license category. A psychologist does not become a different kind of licensed professional by working with women. Still, many women seek therapy in contexts shaped by gender, caregiving expectations, reproductive experiences, relationship dynamics, workplace pressures, cultural messages, and histories of being dismissed or disbelieved. Trauma therapy can and should be tailored to the person in the room.

Some women arrive after years of carrying distress privately because everyone else's needs seemed more urgent. A client may describe feeling "high functioning" while barely sleeping. Another may feel guilty for setting boundaries with family. Another may not recognize an experience as traumatic because she has spent so long comparing her pain to someone else's and deciding it does not count.

An empathetic mental health service does not flatten those experiences into a stereotype. It asks careful questions. It honors the client's values. It avoids assuming that every woman wants the same kind of support, the same language, or the same goals. For some, therapy focuses on trauma connected to relationships. For others, it centers anxiety, depression, grief, identity, work stress, parenting strain, or the cumulative effect of being strong for too long.

The phrase "therapy for women" is most useful when it signals attentiveness rather than a marketing label. The heart of the work remains individualized care.

## **When trauma looks like anxiety or depression**

Trauma rarely stays in one lane. It can look like generalized worry, panic, irritability, hopelessness, emotional numbness, or loss of interest in daily life. It can make ordinary decisions feel threatening. It can make rest feel unsafe. It can make closeness feel both deeply wanted and hard to tolerate.

Anxiety therapy may help a person understand the cycle of fear, body sensations, anxious predictions, avoidance, and temporary relief. Depression therapy may help a person work with withdrawal, self-criticism, low motivation, grief, and hopelessness. When trauma sits underneath or alongside these symptoms, therapy may need to address both the current pattern and the painful learning that shaped it.

A simple example: someone who survived a frightening event at night may become anxious every evening. They may scroll on their phone until 2 a.m. To avoid silence, then wake exhausted and feel depressed during the day. If treatment only targets sleep hygiene without understanding the trauma link, the plan may feel shallow. If treatment only explores the trauma without helping the person build a realistic nighttime routine, the client may remain depleted. Good clinical work holds both.

Another example: a client may avoid opening mail because past financial or legal stress made official-looking envelopes feel threatening. The avoidance increases anxiety, creates practical consequences, and feeds shame. Therapy can help the client approach the task in small, supported steps while also processing why such a simple action carries so much emotional charge.

These are not failures of character. They are learned patterns with real effects.

## **What a psychologist listens for**

A psychologist assessing traumatic stress listens across several layers. They may ask about symptoms, but also about timing, context, coping, risk, strengths, relationships, and prior treatment. They may explore how the client understands what happened and what meaning they have made of it. Two people can experience similar events and carry very different beliefs afterward. One may think, "I should have stopped it." Another may think, "No one is safe." Another may think, "My needs do not matter." These meanings can quietly shape years of behavior.

A trauma-informed assessment is not an interrogation. It should leave room for the client to decline, pause, or say, "I'm not ready to talk about that yet." Many people worry that therapy will require them to disclose everything at once. In most thoughtful care, the therapist only needs enough information to understand the current concerns and plan responsibly.

There are also practical questions. Is the person currently safe? Are they sleeping? Are they using alcohol or substances to cope? Are they having thoughts of self-harm? Do they have support? Are there medical issues that need attention? Is medication being managed by another professional? A psychologist may coordinate with other providers when appropriate and with consent, depending on the situation.

The point is not to reduce a person to risk factors. It is to see the whole picture clearly enough to help.

## **A brief guide to starting trauma therapy**

Beginning therapy can feel intimidating, especially when trust has been injured. The first step does not have to be dramatic. Sometimes it is simply sending an email, making a call, or reading a provider's information and noticing how your body responds.

A few questions can help when choosing a therapist or mental health service:

1. Are they licensed or appropriately credentialed to provide psychotherapy in your state?
2. Do they have experience working with traumatic stress, PTSD, anxiety, or depression?
3. Can they explain their approach in plain language without pressuring you?
4. Do they invite questions about pace, consent, privacy, and goals?
5. Do you feel respected in the first conversation, even if you also feel nervous?

Those questions are not about finding a perfect therapist. They are about finding someone safe and competent enough to begin with. Many people need one or two sessions before they can tell whether the fit feels workable. That is normal. Therapy is personal, and fit matters.

If you are considering a practice such as Full Cup Wellness or another local provider, it is reasonable to ask what kinds of therapy they offer, who provides care, what credentials clinicians hold, and whether they work with trauma-related concerns. A trustworthy practice should be able to answer clearly.

## **The pace of healing is rarely linear**

Clients often hope that once they start therapy, symptoms will steadily improve week by week. Sometimes progress does look that way, at least for a while. More often, trauma recovery moves unevenly. A person may sleep better for several weeks, then an anniversary or conflict brings symptoms back. They may feel proud after setting a boundary, then feel guilty the next day. They may have a powerful session and then feel emotionally tired.

This does not mean [Therapy for women](#) therapy is failing. Trauma work often stirs systems that were built to avoid pain. As avoidance loosens, feelings may become more noticeable. As numbness softens, grief may surface. As confidence grows, old relationships may shift. These changes can be healthy and still uncomfortable.



A skilled therapist helps clients interpret these moments without panic. They might ask what changed, what support is needed, and whether the treatment pace needs adjustment. Sometimes the work should slow down. Sometimes the client needs more grounding before deeper processing. Sometimes practical life stress is so high that therapy focuses temporarily on stabilization rather than trauma memories.

There is wisdom in pacing. Fast is not always effective. Slow is not always avoidance. The art lies in knowing the difference.

## **Safety, consent, and control in the therapy room**

Because trauma often involves loss of control, trauma therapy should pay close attention to consent. The client should understand what is being suggested and why. They should be able to ask questions. They should be able to say when something feels like too much. A therapist may encourage growth and gently challenge avoidance, but coercion has no place in ethical trauma care.

Control can be built into small details. The client can choose where to begin. They can decide how much detail to share. They can pause. They can notice body sensations without being forced to relive an event. They can collaborate on goals. These choices may seem ordinary, but for someone whose boundaries were ignored, they can be deeply reparative.

Confidentiality also matters. Therapy depends on privacy, with certain legal and ethical limits that a therapist should explain at the outset. Knowing what is private and what exceptions exist helps clients make informed choices about disclosure.

The best trauma therapy does not make the therapist the expert on the client's life. The therapist brings training, structure, and clinical judgment. The client brings lived knowledge of their own experience. Healing usually requires both.

## **What improvement can look like**

Recovery does not always announce itself with a dramatic breakthrough. Often, it appears in ordinary moments. A client notices they drove past a triggering place and stayed present. They slept through the night twice in one week. They answered a message they had avoided. They felt anger without exploding or disappearing. They remembered something painful and also remembered that they were in their current home, in their current life, with choices available.

Some symptoms may reduce. Others may become easier to manage. A person may still have memories, but the memories carry less force. They may still feel sadness, but not the same hopelessness. They may still become anxious, but they recover more quickly. They may recognize early signs of overwhelm and respond before the day unravels.

Progress might include:

1. Fewer or less intense trauma reminders interrupting daily life.
2. More ability to stay present during difficult emotions.
3. Reduced avoidance of safe but triggering situations.
4. Improved sleep, concentration, or connection with others.
5. Less shame about normal responses to abnormal stress.

These changes matter because trauma often steals confidence in small increments. Recovery gives it back the same way. Not all at once, but enough to notice.

## **When therapy brings up fear**

It is common to feel afraid of starting trauma therapy. People worry they will fall apart, be judged, be told their experience was not serious enough, or discover feelings they cannot manage. Some worry that if they open the door to the past, it will never close again.

A responsible therapist takes those fears seriously. They do not respond with a cheerful "Don't worry." They help the client build enough stability to approach the work safely. They explain that therapy can be paced. They check in. They notice when a client is overwhelmed. They treat hesitation not as resistance, but as information.

Sometimes fear comes from previous bad experiences with therapy or other systems. A client may have felt rushed, pathologized, dismissed, or misunderstood. Naming that history can help. A psychologist or therapist who works well with trauma should be able to hear, "I'm not sure I trust this process," without becoming defensive.

Trust is not a switch. It is built through repeated experiences of respect.

## **The wider life around trauma**

Trauma therapy happens for one hour at a time, but recovery unfolds in the rest of life. Work schedules, caregiving, finances, health, culture, faith, relationships, and community all shape what healing can look like. A treatment plan that ignores these realities may sound good on paper and fail by Wednesday.

For example, a client caring for young children may not have long stretches of quiet for reflection after therapy. A person working multiple jobs may need practical coping tools that fit into five-minute spaces. Someone whose family does not support therapy may need help protecting privacy. A client with depression may struggle to complete between-session practices, not because they do not care, but because energy is low.

Good therapy adapts. It does not assume that every client can journal for thirty minutes a day, take time off work, or have supportive people nearby. It looks for realistic openings. One grounding exercise before sleep. One planned conversation. One avoided task approached with support. One moment of noticing, "I am reacting to then, but I am living in now."

These small practices are not small to the nervous system. Repetition teaches.

## Why professional help can make a difference

Many trauma survivors have already tried to heal alone. They have read, prayed, exercised, stayed busy, avoided, talked to friends, gone silent, changed jobs, ended relationships, started new ones, or promised themselves the past would not matter anymore. Some of those efforts may have helped. People are resourceful. But when symptoms persist, professional care can offer structure that self-help cannot.

A trained therapist can see patterns the client may be too close to notice. They can help distinguish trauma responses from present-day danger. They can support gradual change without pushing too far too fast. They can address anxiety and depression when those symptoms travel with trauma. They can help the client make sense of reactions that once felt inexplicable.

A psychologist brings doctoral-level training and a professional role grounded in evaluation and treatment of mental health concerns. Other licensed professionals may also provide psychotherapy, depending on their training and scope of practice. The shared goal is not to make the client dependent on therapy. It is to help the client develop more freedom outside of it.

That freedom may begin quietly. The first honest sentence. The first full breath. The first time a person says, "Something happened to me, and I am still here." Over time, those moments gather weight.

Trauma changes people, but it does not have to have the final word. With skilled trauma therapy, compassionate care, and an approach that respects both pain and resilience, many people find that their lives can become larger than what happened to them. PTSD and traumatic stress deserve serious attention. So does the person carrying them.

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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.